CEPH SELF-STUDY

Master of Public Health, Community Health Education and B.S. Health Science, Public Health Education

Department of Health Science and Human Ecology

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##### Table of Contents

Accreditation Team 3

List of Abbreviations 4

List of Tables 5

Introduction 8

Criterion 1.0. The Public Health Programs 10

1.1. Mission 10

1.2. Evaluation and Planning 15

1.3. Institutional Environment 28

1.4. Organization and Administration 34

1.5. Governance 36

1.6. Fiscal Resources 43

1.7. Faculty and Other Resources 46

1.8. Diversity 54

Criterion 2.0 Instructional Programs 64

2.1 Degree Offerings 64

2.2 Program Length 65

2.3 Public Health Core Knowledge 67

2.4 Practical Skills 68

2.5 Culminating Experience 71

2.6 Required Competencies 73

2.7 Assessment Procedures 89

2.8 Bachelor’s Degrees in Public Health 99

2.9 Academic Degrees 124

2.10 Doctoral Degrees 124

2.11 Joint Degrees 124

2.12 Distance Education or Executive Degree Programs 124

Criterion 3.0 Creation, Application and Advancement of Knowledge 125

3.1. Research 125

3.2 Service 134

3.3 Workforce Development 138

Criterion 4.0 Faculty, Staff and Students 140

4.1 Faculty Qualifications 140

4.2 Faculty Policies and Procedures 146

4.3 Student Recruitment and Admissions 148

4.4 Advising and Career Counseling 152

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# List of Abbreviations

ASA Administrative Support Assistant

ASC Administrative Support Coordinator

ATI Academic Technology and Innovation

BS Bachelor of Science

CEPH Council on Education for Public Health

CERF Continuing Education Reserve Funds

CHES Certified Health Education Specialist

CISP Center for International Studies Program

CNS College of Natural Sciences

CSUSB California State University, San Bernardino

DEC Chair/Dept. evaluation committee

ESG Eta Sigma Gamma

FAM Faculty Administrative Manual

FTE Full time equivalent

FTES Full time equivalent students

GPA Grade Point Average

HSCI Health Science and Human Ecology

IR Institutional Research

IRB Institutional Review Board

MPH Master of Public Health

MSHSA M.S. Health Services Administration

OAR/FDPCC Office of Academic Research/Faculty Professional Development Coordination committee

OCE Office of Community Engagement

OSR Office of Student Research

PAWS Progressive Advising Worksheet

PHE Public Health Education

RPT Retention, Promotion, Tenure

SLO Student Learning Outcome

SOTE Student Opinion of Teaching Effectiveness

TRC Teaching Resource Center

UBAC University Budget Advisory Committee

WASC Western Association of Schools and Colleges

WTE Weighted Teaching Units

# List of Tables

Table 1.2.1 Program Goals/Objectives with Data Source and Responsible Parties 16

Table 1.2.2 Evaluation Activity by Year for the Last Three Years 22

Table 1.2.3 Outcome Measures for the Last Three Years 24

Table 1.5.1 Primary Faculty Committees at CSUSB for 2015-2016 41

Table 1.6.1 Sources of Funds and Expenditures by Major Category and Academic Year 44

Table 1.6.2 Outcome Measures for the Last Three Years 45

Table 1.7.1 Headcount of Primary Faculty 46

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Department or Specialty Area 47

Table 1.7.3 Outcome Measures for the Last Three Years 52

Table 1.8.1 PHE Student Demographics 60

Table 1.8.2 MPH Student Demographics 61

Table 1.8.3 Primary Faculty Demographics 61

Table 1.8.4 Staff Demographics 62

Table 1.8.5 Summary Data for Faculty, Students and/or Staff 63

Table 2.1.1 Instructional Matrix – Degrees & Specializations 64

Table 2.3.1 Required Courses Addressing Public Health Core Knowledge Areas for MPH Degree 67

Table 2.6.1a PHE Core Competencies (All courses are listed under HSCI) 73

Table 2.6.1b MPH Core Competencies (All courses are listed under HSCI) 74

Table 2.6.1.c PHE Concentration Competencies (All courses are listed under HSCI) 75

Table 2.6.1.d MPH Concentration Competencies (All courses are listed under HSCI) 75

Table 2.6.2a Core Courses and Activities through which Core Competencies for PHE are Met 76

Table 2.6.2b Concentration Courses and Activities through which Core Competencies for PHE are Met 78

Footnote: \* Refers to HSCI 404, 423 and 550. These courses are electives and students have the choice of taking courses in other departments. 79

Table 2.6.2c Core Courses and Activities through which Concentration Competencies for PHE are Met 80

Table 2.6.2d Concentration Courses and Activities through which Concentration Competencies for PHE are Met 81

Table 2.6.2e Core Courses and Activities through which Core Competencies for MPH are Met 82

Table 2.6.2f Concentration Courses and Activities through which Core Competencies for MPH are Met 83

Table 2.6.2g Core Courses and Activities through which Concentration Competencies for MPH are Met 84

Table 2.6.2h Concentration Courses and Activities through which Concentration Competencies for MPH are Met 85

Table 2.7.1a Students in PHE Degree, By Cohorts Entering Between Academic year 2007-2008 to 2015-2016\* 91

Table 2.7.1b Students in MPH Degree, By Cohorts Entering Between Academic year 2007-2008 to 2015-2016 93

Table 2.7.2a Destination of Graduates (PHE program) by Employment Type 96

Table 2.7.2b Destination of Graduates (MPH program) by Employment Type 96

Table 2.7.3 CHES/MCHES Results 97

Template K 99

Template L 101

TEMPLATE M 115

TEMPLATE N 121

Template O 123

Table 3.1.1 Research Activity from 2014-2015, 2015-2016, 2016-2017 128

Table 3.1.2 Outcome Measures for the Last Three Years 131

Table 3.1.3 Student Involvement in Research 132

Table 3.2.1 Faculty Service from 2014-2017 135

Table 3.2.2 Outcome Measures for the Last Three Years 136

Table 4.1.1 Current Primary Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area 141

Table 4.1.2. Other Faculty Used to Support Teaching Programs (adjunct, part-time, secondary appointments, etc.) 142

Table 4.1.3 Outcome Measures for the Last Three Years 145

Table 4.3.1 Quantitative Information on MPH Enrollment for Past Three Years 150

Table 4.3.2. Student Enrollment in the Past Three Years 150

Table 4.3.3. Outcome Measures for the Last Three Years 151

Table 4.4.1 Student Satisfaction Survey Results 153

# Introduction

The Master of Public Health program (MPH) at California State University, San Bernardino (CSUSB) was established in Fall 2006 with the goal of educating health professionals in order to further their careers as educators, supervisors, leaders, and administrators in various public health settings. The purpose of the MPH program is to prepare professionals with the knowledge and skills needed to identify, assess, evaluate, and resolve public health problems with competencies in program planning, implementation, and evaluation. Today, most of our students are working professionals, with a background in public health or related field.

The MPH program is traditionally a full-time, two-year program. Students are admitted in the Fall quarter only, and progress through the competency-based curriculum in cohorts. In some cases, such as due to work hours or financial limitations, students may enroll part-time. The University allows graduate students a total of seven years to complete a degree program. The curriculum includes an internship experience that further enables our students to develop novel skills, or seek further professional growth experiences. The MPH program currently has one concentration: Community Health Education.

The Bachelor of Science (B.S.) in Health Science, with a concentration in Public Health Education (PHE), is housed in the department of Health Science and Human Ecology (HSCI), and is one of three concentrations under the B.S. degree in Health Science. The PHE concentration is aimed at preparing students for professional entry-level positions at various public health agencies, community-based organizations, and international organizations, among others. The curriculum is competency-based, similar to the MPH, and is compliant with standards set by the Council on Education for Public Health (CEPH), and by the National Commission for Health Education Credentialing (NCHEC). Currently, there are 170 students with a declared concentration of PHE.

Several characteristics distinguish the MPH and PHE degrees at CSUSB. Currently, CSUSB is the only public university in the Inland Empire that offers a public health program (undergraduate or graduate) and thus serves as the primary source of academic training for the local workforce development. Additionally, as a Hispanic Serving Institute (HSI), CSUSB, and thus the program, aims to educate the unique population of the service area, with a majority of the student population being first generation college students. Most of our students are from the local geographic area, and the cost of CSUSB programs has been a driving factor in student enrollment. To best serve our graduate students, who are also working professional students, the majority of MPH courses are offered at night, online, and in hybrid formats.

Several of the undergraduate and graduate courses are taught by adjunct faculty who not only work in the professional field, such as San Bernardino and Riverside County Public Health Departments, but also further provide students unique experiences in their courses by incorporating practice experiences. Several of such adjunct faculty in the program also have supervisory roles at their place of work, and have provided internship opportunities to the students.

The present self-study includes information relevant to the MPH and PHE degrees, and when needed, the HSCI department and College of Natural Sciences (CNS)-specific information is provided. The terminology **program** in this self-study is defined as both MPH and PHE (as they are the unit of accreditation), and when needed, separate MPH and PHE information is provided. **Program faculty** is defined as a collective noun representing all primary and secondary faculty members in PHE and MPH, and when appropriate, primary faculty versus secondary is clarified. **Year** is defined as academic year, and when appropriate, fiscal or calendar year is used and appropriately labeled.

This self-study represents a comprehensive assessment of the program, academic offerings, strengths and weaknesses, and plans for improvement. It should be noted that the University is currently in the quarter to semester transition state, with a tentative start date of Fall 2020, and when applicable, changes to the aforementioned programs resulting from such transition are addressed throughout the self-study.

# Criterion 1.0. The Public Health Programs

## 1.1. Mission

The program shall have a clearly formulated and publicly stated mission with supporting goals, objectives and values.

**1.1.a. A clear and concise mission statement for the program as a whole.**

Our mission is to 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.

**1.1.b. A statement of values that guides the program.**

**Vision and Values**

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. 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 the 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.

**1.1.c. One or more goal statements for each major function through which the program intends to attain its mission, including a minimum, instruction, research, and service.**

**Instructional Goals**

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

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

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

**Research Goals**

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

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

**Service Goals**

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

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

**Infrastructure Goals**

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

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

**1.1.d. A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c.**

**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 pre-field experience to develop competencies in workforce requirements.

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

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

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

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

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

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

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

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

Objective 3.6: All undergraduate students must obtain a grade of C or higher in all major coursework.

Objective 3.7: All graduate students must obtain a grade point average of 3.0 or higher in the program.

**Research Goals and Objectives**

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

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

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

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

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

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

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

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

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

**Service Goals and Objectives**

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

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

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

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

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

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

Objective 7.1: At least 50% of 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.

**1.1.e. A description of the manner in which mission, goals, and objectives are developed, including a description of how various specific stakeholder groups were involved in their development.**

The program faculty developed the program mission, goals, and objectives, in 2006 to ensure: (1) consistency and continuity across the undergraduate and graduate programs, (2) ascertain their relevance to CEPH accreditation, and (3) to ensure objectives were measureable and aligned with assessment procedures. Every three years the mission, goals, and objectives are reviewed and updated to meet the changing population and workforce needs. The latest updates were made in May 2016. During Fall and Spring quarters, the graduate program coordinator assess student feedback on the mission, goals, and objectives.

**1.1.f. A description of how the mission, values, goals and objectives were made available to the program's constituent groups, including the general public, and how they are routinely reviewed and revised to ensure relevance.**

The program mission, goals, and objectives are made available to the general public through the department website, and to students through program-specific Blackboard pages. A policy has been put in place for faculty and other stakeholders to review program mission, goals, and objectives every three years in order to ensure the program meets the current workforce demands. The assessment, undergraduate, and graduate coordinators lead the revision process.

**1.1.g. Assessment of the extent to which this criterion is met.**

This criterion is fully met and faculty are committed to continuous efforts to revise and update the mission, goals, and objectives.

## 1.2. Evaluation and Planning

**The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals, and objectives; for assessing the program’s effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria defined in this document.**

**1.2.a. A description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need be described only once. If systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party of each.**

Measurable outcome objectives have been developed to assess the program's effectiveness against the program mission, goals, and objectives. Table 1.2.1 displays the data systems and responsible parties associated with each objective.

#### Table 1.2.1 Program Goals/Objectives with Data Source and Responsible Parties

Key: AC = assessment coordinator, DF = department faculty, DC = department chair, EAB = external advisory board, PC = program coordinator

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| Instructional Goals and Objectives |
| Goal 1: Design, implement, and evaluate a competency and practice-based program. |
| Objectives | Data Source | Responsible parties |
| Objective 1.1: The program faculty will review the mission, goals, objectives, and program competencies at a minimum of every three years.  | Program review meeting minutes | AC, DF, DC, EAB, PC |
| Objective 1.2: The program coordinators will review the course offerings and syllabi at a minimum of once every academic year.  | Coordinator’s meeting minutes | AC, DC, EAB, PC |
| Objective 1.3: At least 80% of required program courses will incorporate written or oral communication. | Syllabi review | AC, DC, PC |
| Objective 1.4: All program courses will be evaluated for student learning outcomes in a period of three years. | Student learning outcome report from faculty | AC, DC, PC |
| Objective 1.5: At least 70% of program students enrolled in HSCI 451 or HSCI 617, will complete a student satisfaction survey each academic year. | Student satisfaction survey | AC, PC |
| Objective 1.6: At least 70% of program students taking the exit survey will report satisfaction with the program. | Exit survey | AC, PC |
| Objective 1.7: Alumni survey will be available to alumni through the department website. | Department website | AC, PC |
| Goal 2: Ensure all program students are prepared to assume public health related jobs. |
| Objectives | Data Source | Responsible parties |
| Objective 2.1: 100% of program students will complete 120 hours of internship at a pre-approved training site to demonstrate application of competencies.  | Fieldwork evaluation | AC, DC, PC |
| Objective 2.2: 100% of program students will complete pre-field experience to develop competencies in workforce requirements.  | HSCI 489, HSCI 689 | AC, DC, PC |
| Objective 2.3: 100% of program students will complete e-portfolio to demonstrate skills in public health competencies.  | HSCI 493, and HSCI 608 syllabi review | AC, DC, PC |
| Objective 2.4: The program will hold quarterly advising and/or information sessions on academic and career counseling for program students.  | Advising/information session minutes  | AC, EAB, PC |

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| **Table 1.2.1 continued** |
| Goal 3: Sustain an environment of academic rigor through its faculty and student body. |
| Objectives | Data Source | Responsible parties |
| Objective 3.1: 100% of primary faculty will have a doctorate degree in Public Health or closely related field.  | Faculty CV | AC, DC, PC |
| Objective 3.2: At least 70% program faculty will have at least 1 year of professional job experience.  | Faculty CV | AC, DC, PC |
| Objective 3.3: The average grade point average (GPA) of admitted MPH students will be at least 3.0. | Transcript review | AC, DC, PC |
| Objective 3.4: The average last 90-quarter unit GPA of admitted MPH students will be at least 3.0. | Transcript review | AC, DC, PC |
| Objective 3.5: All MPH students must obtain a B- or higher in each program coursework. | Transcript review | AC, DC, PC |
| Objective 3.6: All undergraduate students must obtain a grade of C or higher in all major coursework.  | Transcript review | AC, DC, PC |
| Objective 3.7: All graduate students must obtain a grade point average of 3.0 or higher in the program.  | Transcript review | AC, DC, PC |
| Research Goals and Objectives |
| Goal 4: Prepare students to conduct ethically-based public health research.  |
| Objectives | Data Source | Responsible parties |
| Objective 4.1: 100% of program students will take a research methodology class that includes research paper or protocol development.  | Syllabi review | AC, DC, PC |
| Objective 4.2: 100% of program students enrolled in HSCI 468, HSCI 451, HSCI 617, or HSCI 608, will have Institutional Review Board (IRB) training.  | Syllabi review | AC, DC, PC |
| Objective 4.3: At least 50% of primary faculty will be involved in student-led research projects. | Faculty CV | AC, DC, PC |
| Objective 4.4: At least one student from the program will get departmental honors each year. | Transcript review | AC, PC |

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| **Table 1.2.1 continued** |
| Goal 5: Foster an environment for faculty exploration of public health research.  |
| Objectives | Data Source | Responsible parties |
| Objective 5.1: 100% of faculty involved in research will have Institutional Review Board (IRB) training.  | IRB data | AC, DC, PC |
| Objective 5.2: At least 50% of program’s primary faculty will participate in research or scholarly activities either directly or in consultation with local, regional, state, national, and/or organizations related to public health issues.  | Faculty CV | AC, DC, PC |
| Objective 5.3: At least 50% of program’s primary faculty will have a peer-reviewed publication or presentation of research or scholarly activity in a three-year period. | Faculty CV | AC, DC, PC |
| Service Goals and Objectives |
| Goal 6: Strengthen relationships between the program faculty, students, and public health workforce in the service area.  |
| Objectives | Data Source | Responsible parties |
| Objective 6.1: At least one networking event will be held each academic year for program students. | Event minutes | AC, DC, PC |
| Objective 6.2: Convene and sustain an MPH External Advisory Board consisting of workforce stakeholders.  | Program coordinators’ annual report | AC, DC, EAB, PC |
| Objective 6.3: Conduct needs assessment of public health workforce every three years. | Program coordinators’ annual report | AC, DC, PC |
| Objective 6.4: Provide at least one workforce training opportunity every year. | Program coordinators’ annual report | AC, DC, PC |
| Goal 7: Promote active involvement of faculty and students in serving the community at-large. |
| Objectives | Data Source | Responsible parties |
| Objective 7.1: At least 50% of program’s primary faculty will be involved in community service related activity through coursework, organizations, or regional initiatives. | Faculty CV | AC, DC, PC |
| Objective 7.2: Eta Sigma Gamma, the honorary society, will conduct at least three community service activities each academic year. | Report from faculty advisors | AC, DC, PC |

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| **Table 1.2.1 continued** |
| Sustainability Goals and Objectives |
| Goal 8: The program will have the fiscal and other resources needed to sustain itself. |
| Objectives | Data Source | Responsible parties |
| Objective 8.1: At least three primary faculty (50% FTE or more) will be available for the program. | College and department budget | DC |
| Objective 8.2: The student faculty ratio (based on total faculty FTE) will be 35 or less. | Institutional research | DC |
| Objective 8.3: 100% of program faculty will have access to office, computer and printing facilities. | Department administrative support coordinator | DC |
| Objective 8.4: The MPH program coordinator will have one course reassigned time (4 quarter units) each academic year. | Graduate studies | DC, Graduate Studies |
| Objective 8.5: The assessment coordinator will have at least 2 quarter units assigned time each quarter.  | Department budget | DC |
| Objective 8.6: The department will provide at least three study rooms for program students. | Department administrative support coordinator | DC |
| Objective 8.7: The program will have a computer lab with at least 25 desktop computers for coursework using software.  | Department administrative support coordinator | DC |
| Objective 8.8: The program will have laboratory space to sustain at least 24 students per lab for HSCI 120.  | HSCI 120 lecturer | DC |
| Objective 8.9: At least ⅓ of the department budget will be allocated to the public health program (PHE and MPH). | Department administrative support coordinator | DC |
| Goal 9: The program will promote and sustain diversity to reflect the service area population and needs. |
| Objectives | Data Source | Responsible parties |
| Objective 9.1: At least 50% of the program faculty and staff appointments will reflect the diversity of the surrounding service area.  | Institutional report data | AC, DC, PC |
| Objective 9.2: At least 50% of the program students will reflect the diversity of the surrounding service area. | Institutional report data | AC, DC, PC |
| Objective 9.3: At least 50% of the program students will be first generation college students.  | Institutional research  | AC, DC, PC |
| Objective 9.4: The program will offer at least two courses that incorporate cultural competency coursework.  | Curriculum review | AC, DC, PC |

**1.2.b. A description of how the results of evaluation processes described in Criterion 1.2.a are monitored, analyzed, communicated, and regularly used by managers responsible for enhancing the quality of programs and activities.**

**Program review:** Program coordinators, in collaboration with the assessment coordinator, review student learning outcomes (SLOs) for each required course and make recommendations to the faculty, when needed, for the next year (1.4, 2.1, 2.2, 2.3, 9.4). At the beginning of each academic year, program and assessment coordinators review previous academic year fieldwork reports for undergraduate and graduate students to assess demonstration of public health competencies (1.3). Moreover, the program coordinators review syllabi for each course annually and provide recommendations for the next year (1.2). A major challenge has been the lack of an undergraduate coordinator, and thus the task is primarily up to the graduate and assessment coordinators; further limiting timely evaluation of key components of the program. In the year 2016-2017, the department will ensure an undergraduate coordinator is available. The program coordinators will continue to maintain an on-going process to evaluate and monitor the overall efforts to align program activities to mission, goals, and objectives.

To ensure students are able to provide feedback on the program, they complete an annual student satisfaction survey (1.5). For undergraduate students, the Principles of Epidemiology course (HSCI 451) conducts a student satisfaction survey (

[http://csusb.az1.qualtrics.com/SE/?SID=SV\_9NU6M5QhPoY5tBz)](http://csusb.az1.qualtrics.com/SE/?SID=SV_9NU6M5QhPoY5tBz)

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

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

The program and assessment coordinators,in order to assess faculty and student research involvement, also review faculty *curriculum vitae,* institutional data reports on graduation, and courses (4.1-4.4, 5.1-5.3). Finally, in order to ensure the program composition reflects the service area demographics, program and assessment coordinators also conduct an annual review of institutional data (9.1-9.3).

**External review:** The program coordinators, in collaboration with department faculty, chair, assessment coordinator, and input from external advisory board members review the mission, goals, objectives, and program competencies every three years (1.1). In Fall 2015 an external advisory board was re-established, and the MPH program coordinator held the annual meeting with such stakeholders to review program goals and objectives (6.2). CSUSB’s current campus accreditation with the Western Association of Schools and Colleges (WASC) is through 2021.

Program and assessment coordinators review the exit survey (1.6), alumni survey (1.7), and employer survey, to evaluate the impact of the program on the workforce. In addition, program and assessment coordinators review feedback on workshops and training sessions provided to the public health workforce.

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

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| Table 1.2.2 Evaluation Activity by Year for the Last Three Years |
| Evaluation activity | Year 12014-2015 | Year 22015-2016 | Year 32016-2017 |
| Program review  |
| Program review every three years  | Not measured | September 2016 | Not measured |
| Competency report | Annual | Annual | Annual |
| Fieldwork evaluations | June 2015 | June 2016 | Scheduled June 2017 |
| Syllabi review | September 2014 | September 2015 | September 2016 |
| Student satisfaction survey | Not measured | Fall 2015, Winter 2016, Spring 2016 | Fall 2016, Winter 2017, Spring 2017 |
| Networking event  | Not measured | December 2015 | December 2016 |
| Faculty and student review  |
| Faculty CV review | June 2015 | June 2016 | Scheduled June 2017 |
| Institutional report data review | June 2015 | June 2016 | Scheduled June 2017 |
| Institutional review board data review  | June 2015 | June 2016 | Scheduled June 2017 |
| Transcript review  | June 2015 | June 2016 | Scheduled June 2017 |
| ESG annual report | Not measured | May 2016 | Scheduled June 2017 |
| Workforce need assessment  | Not measured | August 2016 | Not a measurement year |
| External evaluation  |
| Exit survey | Not a measurement year | June 2016 | Scheduled June 2017 |
| Alumni survey  | Ongoing | Ongoing | Ongoing |
| Workshop evaluation  | Not a measurement year | September 2016 | Not a measurement year |

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| **Table 1.2.2 continued** |
| Evaluation activity | Year 12014-2015 | Year 22015-2016 | Year 32016-2017 |
| Communication of results  |
| Program coordinators’ annual report  | Not a measurement year | June 2016 (MPH)Not a measurement year for PHE | Scheduled June 2017 |
| Quarterly newsletter | Not a measurement year | Winter 2016, Spring 2016 | Fall/Winter completedSpring scheduled in June 2017 |
| Website and Blackboard updates | Ongoing | Ongoing | Ongoing |

**1.2.c. Data regarding the program's performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (e.g., 1.6, 2.7, 3.1, 3.2, 3.3, 4.1, 4.3, or 4.4), the program should parenthetically identify the criteria where the data also appear. See CEPH Outcome Measures Template.**

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| Table 1.2.3 Outcome Measures for the Last Three Years |
| Instructional Goals |
| **Outcome measures** | **Target** | **2014-2015** | **2015-2016** | **2016-2017** |
| 1.1 Review of mission, goals, objectives, and program competencies. | Every 3 years | Not measured | Met | Not measured |
| 1.2 Review of course offerings and syllabi.  | 1 per year | Met | Met | Met |
| 1.3 Required program courses will incorporate written or oral communication. | 80% | Met | Met | Met |
| 1.4 Program courses will submit a student learning outcome evaluation report.  | Every 3 years | Not measured | Met | Not measured |
| 1.5 Students will complete a student satisfaction survey each academic year. | 70% | Not measured | Met  | Met |
| 1.6 Students will complete exit survey each academic year.  | 70% | Met | Met  | Met |
| 1.7 Alumni survey. | On website | Met | Met | Met |
| 2.1 120 hours of field experience to demonstrate competencies.  | 100% | Met | Met | Met |
| 2.2 Pre-field experience. | 100% | Met | Met | Met |
| 2.3 E-portfolio. | 100% | Met |  | Met |
| 2.4 Advising and/or information sessions.  | 3x per year | Met | Met | Met |

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| **Table 1.2.3 continued**  |
| **Outcome measures** | **Target** | **2014-2015** | **2015-2016** | **2016-2017** |
| 3.1 Doctorate degree for primary faculty. (also in 4.1.d) | 100% | Met | Met | Met |
| 3.2 At least 1-year job experience for part-time faculty. (also in 4.1.d) | 70% | Met | Met | Met |
| 3.3 Average GPA of admitted MPH students. | 3.0 | Met | Met | Met |
| 3.4 Average last 90-unit GPA of admitted MPH students. | 3.0 | Met | Met | Met |
| 3.5 Minimum grade of B- or higher in MPH courses. | 100% | Met | Met | Met |
| 3.6 Minimum grade of C or higher in undergraduate major courses. | 100% | Met | Met | Met |
| 3.7 Minimum GPA of 3.0 for all graduate students | 100% | Met | Met | Met |
| 4.1 Research methodology course.  | 100% | Met | Met | Met |
| 4.2 IRB training for students. | 100% | Met | Met | Met |
| 4.3 Primary faculty will be involved in student-led research projects. (also in 3.1.d) | 50% | Met | Met | Met |
| 4.4 Departmental honors.  | 1 program student/yr | Met | Met | Met |
| 5.1 IRB training for faculty.  | 100% | Met | Met | Met |
| 5.2 Program faculty will participate in research or scholarly activities either directly or in consultation with local, regional, state, national, and/or organizations related to public health issues.  | 50% | Met | Met | Met |
| 5.3 Program faculty will have a peer-reviewed publication or presentation of research or scholarly activity in a three-year period. | 50% | Not measured | Met | Not measured |

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| **Table 1.2.3 continued**  |
| **Outcome measures** | **Target** | **2014-2015** | **2015-2016** | **2016-2017** |
| 6.1 Networking event will be held each academic year for program students. | 1 per year | Not measured | Met | Met |
| 6.2 Convene and sustain an MPH External Advisory Board consisting of workforce stakeholders.  | Board members | Not met | Met | Met |
| 6.3 Assessment of public health workforce needs. | Every 3 years | Not measured | Met | Not measured |
| 6.4 Provide workforce training. | 1 per year | Not met |  |  |
| 7.1 Program faculty will be involved in community service related activity through coursework, organizations, or regional initiatives. | 50% | Met | Met | Met |
| 7.2 Community service activities by Eta Sigma Gamma. | 3 per year | Met | Met | Met |
| 8.1 Primary faculty with at least 50% FTE. (also in 1.6.d) | 3  | Met | Met | Met |
| 8.2 Student/faculty ratio (also in 1.6.d) | 35 or less | Met | Met | Met |
| 8.3 Office, computer, and printing facilities for faculty. (also in 1.7.i) | 100% | Met | Met | Met |
| 8.4 Reassigned time for MPH coordinator. (also in 1.6.d) | 4-quarter units | Met | Met | Met |
| 8.5 Reassigned time for assessment coordinator. (also in 1.6.d) | 2-quarter units. | Not measured | Met | Not met |
| 8.6 Study rooms. (also in 1.7.i) | 3 | Met | Met | Met |
| 8.7 Desktop computers for lab. (also in 1.7.i) | 25 | Met | Met | Met |
| 8.8 HSCI 120 lab. (also in 1.7.i) | 24 students/lab | Met | Met | Met |
| 8.9 Budget allocation (also in 1.6.d) | 1/3rd of total | Met | Met | Met |
| 9.1 Program faculty/staff reflect diversity of service area. | 50% | Met | Met | Met |
| 9.2 Students reflect diversity of service area. | 50% | Met | Met | Met |
| 9.3 First generation college students. | 50% | Met | Met | Met |
| 9.4. Courses in cultural competency. | 2 | Met | Met | Met |

**1.2.d. A description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents, including institutional officers, administrative staff, faculty, students, alumni, and representatives of the public health community.**

Starting August 2014, the MPH program coordinator (Dr. Becerra) attended the CEPH Accreditation Orientation Workshop to understand the accreditation process and self-study requirements. Based on the information presented during the workshop, the Accreditation Committee was formed, which included the MPH program coordinator, department assessment coordinator (Ms. Olney, MPH), department interim chair for 2015-2016 (Dr. Chen-Maynard), department administrative support coordinator (Ms. Rinebolt), and two program students (Ms. Jansen and Ms. Marmolejo). The committee decided, in consultation with department faculty, that Dr. Becerra and Ms. Olney would be the accreditation co-coordinators and thus lead the process, with input from all members of the program. Throughout the process, the accreditation co-coordinators sought input from students, including Q&A sessions with undergraduates in Fall 2015, quarterly informal Q&A sessions with MPH students, and student satisfaction survey to assess student perception of program activities. The self-study was also made available to all program students through program-specific Blackboard pages along with anonymous surveys to obtain student input. Announcements were emailed to all students to provide input. Student suggestions were incorporated throughout the self-study document. Dr. Becerra and Ms. Olney also conducted alumni feedback sessions throughout the process and incorporated suggestions in the self-study. Dr. Becerra also sought input from the Associate Dean of the College, Associate Dean of Graduate Studies, and External Advisory Board members. The accreditation committee distributed a draft of the self-study document to all department faculty, College Dean, the Graduate Dean, program students, and department faculty and staff. External advisory board members were given the objectives to evaluate and provide feedback, with appropriate changes made where feasible.

**1.2.e. Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to this criterion.**

This criterion is met with commentary. Evaluation and planning for the program continues to be a focus for the program coordinators. Significant efforts have been dedicated to the delivery of practice-based curriculum that engages high impact pedagogies in courses, as well as opportunities for research in course content.

A major strength of the program is the curriculum designed around the needs of the professional field in the service area, and thus courses are offered at night. The program and assessment coordinators conduct quarterly evaluations of student learning outcomes, and thus ensure that competencies of the professional field are met.

The faculty will continue to meet each academic year to analyze and improve the quality of the program and activities.

## 1.3. Institutional Environment

**The program shall be an integral part of an accredited institution of higher education.**

**1.3.a. A description of the institution in which the program is located, and the names of accrediting bodies (other than CEPH) to which the institution responds.**

The University:

CSUSB was founded in 1965 and is part of the 23 campus California State University system. CSUSB began as a small liberal arts college and has become a comprehensive university that serves the diverse community known as the Inland Empire. The university established an off-campus center at Palm Desert in 1987.

CSUSB’s vision statement is: California State University, San Bernardino, will be a leading contributor to the growth and development of the region, in particular, as well as the state and nation. The university will serve the region, state, and nation by preparing leaders for the 21st century with a global outlook and the skills needed for educational, social, economic, political, environmental and cultural advancement.

The university has worked intentionally to serve and support the learners in its community. The accreditation body that governs CSUSB is the WASC, Accrediting Commission for Senior Colleges and Universities. Other accrediting bodies that oversee academic programs on campus are listed on this website under Academic Programs: <http://academicprograms.csusb.edu/accreditationAgencies.html>

CNS consists of nine departments (Biology, Chemistry & Biochemistry, Geological Sciences, Health Science and Human Ecology, Kinesiology, Mathematics, Nursing, Physics; and the School of Computer Science and Engineering) and offers bachelor’s, master's degrees, and curricula for pre-professional students in medicine, veterinary medicine, nutrition, physical therapy, and dentistry. The college seeks to educate the next generation of scientists and future health professionals as well as promote a science-literate citizenship who are equipped to make informed decisions in daily life. The college ensures, with institutional support, that all departments are well equipped with modern computers and scientific instrumentation, so that students graduate from our programs with state-of-the-art skills.

The college endeavors to help its students interact with this distinctive environment to gather the educational benefits from it, and then to make their own contributions to it through research, internships, cooperative education and other training placements, and shared facilities.

**Site visitors’ comment:** 1.3: Please describe the reporting lines from the program coordinator to the Board of Trustees

The program coordinator does not report to the Board of Trustees. The program coordinator reports to the Graduate dean, then the Graduate dean reports to the Graduate council (the MPH program coordinator is also a member of this council), Graduate council reports to Academic Provost.

**1.3.b. One or more organizational charts of the university indicating the program's relationship to the other components of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.**



**1.3.c. A description of the program's involvement and role in the following:**

**Program’s involvement and role in budgeting and resource allocation.**

The budgeting system for CSUSB is the same as for other campuses in the CSU System. The budget for the entire 23-campus system is set each year by the California State Assembly and State Legislature and administered through the CSU Chancellors’ Office and the Board of Trustees.

The CSUSB administration determines the amount allocated to each College. The Dean of CNS provides an allocation to each department based on programmatic needs. In consultation with the Dean and Associate Dean, department chairs address budgetary concerns and requests based on program needs and FTE. During this meeting the chairs can extend requests for additional funds based on program needs. The College also has a full-time Development Officer who assists programs to increase funds for students and alumni development, when needed. The program does not receive separate allocation for institution level tuition and fees. Specific courses in the department, including HSCI 120 and HSCI 273, which are part of the program have laboratory fees ($10 per student for each course). The monies resulting from these courses are added to a trust fund and are allocated to course-related needs only. There are no indirect costs in the program.

Benefits for faculty and staff are paid by the central budget and are not allocated to the program. The program, housed in the HSCI department, by default receives 1/3rd (1/6 for PHE and 1/6 for MPH) of department budget. Such budget is primarily for the part-time faculty hired for the program, research support in the form of start-up funds (in addition to that provided by the Dean’s office), operational costs, and additional ongoing expenses related to travel, printing, software, etc. While the accreditation fees are paid by the Academic Programs under the Division of Academic Affairs, additional expenses are not a part of the accreditation fee, such as hotels, travel, per diem for site visitors, the program is responsible for such fees out of the 1/3rd allocation. If needed, program coordinators may request additional funds from department chair for such support and to-date such support has been approved to ensure sustainability of the program.

**Program’s involvement and role in personnel recruitment, selection, and advancement, including faculty and staff.**

The faculty recruitment process for the program, is consistent with all programs at CSUSB, and is described in sections 642.4 of the Faculty Administrative Manual (FAM) found at http://senate.csusb.edu/FAM/Policy/(Admin)Recruit\_Faculty.pdf.

Our goal is to ensure that a successful recruitment process promotes equity and inclusion and will result in a broad and diverse pool of highly qualified applicants.  We advertise as broadly as possible, including disciplinary publications and web sites to reach as broad an audience as possible.

The department faculty members and coordinators relay needs for faculty to the department chair, and such requests are forwarded to the college Dean, who considers them and makes recommendation to the provost, who makes the final approval decision. Applicants for faculty positions are reviewed by a committee (with a minimum of three faculty) usually comprised of HSCI department faculty, including program faculty as well. The program coordinators and/or faculty may make additional recommendations to the search committee for specific expertise needed in the program. The committee reviews all applications and makes recommendations for candidates to be interviewed. The dean must approve those being invited for the interview. The department and program faculty may vote for acceptable status of each candidate for interview. Upon final recommendation to the department, the department chair discusses salary, startup funds, and other items in the hiring process package. The chair then discusses the terms with the Dean, which may include compensation, responsibilities of the position, workload, service credit, moving expenses, and start-up funding. The Office of the Provost has the final authorization to extend an offer to the candidate. The Office of the Provost has the final authorization to make offers.

For part-time faculty hiring, the department chair consults with program coordinators to assess the needs of the program. All program coordinators and faculty can make recommendations for part-time faculty hiring and can review applications for such positions.

If there is a vacancy for a staff member, the department chair makes a request to the Dean; and when the search is approved, a department committee of faculty, including program faculty, is formed with a representative from the Dean's office for the selection process. Training and support is provided to individuals who will be involved in the faculty recruitment process. The recruiting committee also uses a staff recruitment guideline and checklist. These can be found in the electronic resource files.

**Program’s role in academic standards and policies, including establishment and oversight of curricula.**

The Faculty Senate, through its standing and ad hoc committees, is the body responsible for the development of academic policies at CSUSB. Guidelines for senate are provided in section 822.4 of the FAM: http://senate.csusb.edu/FAM/Policy/(Admin)Curriculum\_Guidelines.pdf

Each college also has curriculum committee. Currently, at least one program faculty is a member of the College’s curriculum committee to ensure representation of the program.

In the HSCI department, the public health curriculum sub-committee is a sub-division of the HSCI department curriculum committee. Program coordinators (PHE and MPH) are responsible for ensuring curricula alignment with college and institutional goals, as well as accreditation standards. Program coordinators, in collaboration with program faculty, and department faculty (when applicable) may propose changes to the course content and/or program. Specific institutional guidelines have been established to make such proposals and they can be found on the Academic Program website: http://academicprograms.csusb.edu/curriculum.html.

Once the program curriculum sub-committee presents the proposed changes to the department curriculum committee and approval is obtained, the chair forwards the information to the Dean’s office, who then provides the information to the college curriculum committee. If approved, the college curriculum committee forwards the information to the University curriculum committee. If approved, the items are placed on the agenda of the faculty senate executive committee and the curriculum items are finally approved by the Faculty Senate. During each of these processes, program coordinators and/or program faculty may attend meetings to provide clarifications or answer questions. The Academic Affairs Council composed of the deans and representatives from the academic affairs review the final documents before the changes are made in the University Bulletin of Courses.

**1.3.d. If a collaborative program, descriptions of all participating institutions and delineation of their relationships to the program.**

Not applicable.

**1.3.e. If a collaborative program, a copy of the format written agreement that establishes the rights and obligations of the participating universities in regard to the program's operation.**

Not applicable.

**1.3.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.**

This criterion is fully met. The program is an integral part of the HSCI department and the CSUSB academic environment. The program has access to the shared resources at CSUSB campus, including computer labs, library resources, technology services, and meeting spaces. These resources allow program faculty and students to be part of high impact teaching practices. As with any program, budget and resource allocation is dependent on state funds. As noted previously, the CSU system is funded by the California State Assembly and Legislature, and the final budget is allocated to each campus through the Chancellor’s office. As such, a weakness related to this area could be lack of separate operating budget dedicated to the program only. However, the shared resources do provide program faculty and students access to a wider pool of resources and thus may serve as a long-term benefit for the program.

## 1.4. Organization and Administration

**The program shall provide an organizational setting conducive to public health learning, research, and service. The organizational setting shall facilitate interdisciplinary communication, cooperation, and collaboration that contribute to achieving the program's public health mission. The organizational structure shall effectively support the work of the program's constituents.**

**1.4.a. One or more organizational charts delineating the administrative organization of the program, indicating relationships among its internal components.**

In addition, the MPH graduate coordinator directly works with the Graduate Dean and Associate Graduate Dean, as well as administrative support from Graduate Studies for day-to-day activities of the MPH program.

**1.4.b. A description of the manner in which interdisciplinary coordination, cooperation, and collaboration occur and support public health learning, research and service.**

The program faculty work in collaboration with the HSCI department in regards to teaching, research, and service. For example, the undergraduate students in the program share several common courses with other concentrations and majors in the department. The internship course, which includes both public health education and healthcare management students, provides another integrative and multidisciplinary opportunity for students to share practical experiences in the field. In addition, several faculty have a multidisciplinary background and research collaborations with faculty from other departments (Psychology, Nursing, etc.). This, in turn, has allowed for student mentorship in research that is across multiple fields. Several faculty serve on committees throughout the campus, which further serves as an opportunity to have cross-disciplinary collaboration. For example, Dr. Monideepa Becerra and Dr. Paulchris Okpala work in collaboration with Dr. Geraldine Fike from nursing on health literacy related to mammogram among low income women. Similarly, Dr. Monideepa Becerra works in collaboration with Dr. Christina Hassija in Psychology, resulting in several peer-reviewed publications related to food security, mental health, and veterans health. Several public health education undergraduate students complete the Health Equity and Health Disparities certificate (<http://cphdrt.csusb.edu/certificates/index.html>), for which Dr. Monideepa Becerra serves as the coordinator for. This interdisciplinary certificate allows students to gain insight into different aspect of population health through courses in other departments, including Psychology and Sociology.

**1.4.c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.**

This criterion is fully met. Program faculty maintain a strong interdisciplinary relationship, both within the HSCI department and the CSUSB campus. For example, program faculty have a diverse background, including health education, health administration, environmental health, etc. thus providing students an interdisciplinary curriculum. The organizational structure of the program, within the HSCI department, also provides faculty the opportunity to collaborate with other programs. A weakness to the structure of the program is the undergraduate coordinator does not receive any reassigned time, and as such, in the academic year 2015-2016 there was no undergraduate coordinator. As such, during this time the assessment coordinator and the MPH graduate coordinator took on the tasks of the program. As a result, this has caused a considerable amount of workload for the coordinators. Future plan of 4 units release time for undergraduate coordinator has been proposed.

## 1.5. Governance

**The program administration and faculty shall have clearly defined rights and responsibilities concerning program governance and academic policies. Students shall, where appropriate, have participatory roles in the conduct of program evaluation procedures, policy setting and decision making.**

**1.5.a. A list of standing and important ad hoc committees, with a statement of charge, composition and current membership for each.**

In most cases, the program does not have a separate committee structure from the HSCI department. The HSCI department faculty meets bi-weekly where program faculty may communicate questions, concerns, and/or updates related to the program. The following are lists of HSCI department committees that play a part in the program, and other distinct program committees.

Part-time Faculty Evaluation Committee

The Committee conducts class visitations for part-time faculty and writes annual review reports.

Committee composition for 2016-2017 included: Drs. Monideepa Becerra, Joe Hughes, Lal Mian, Nicole Henley, and Paulchris Okpala. All except Joe Hughes and Lal Mian are primary public health faculty.

Department Evaluation Committee

The Department Evaluation Committee is designed to review full-time tenure-track/tenure faculty during the retention, promotion and tenure (RPT) process.

Committee composition for 2016-2017 included:Drs. Ted Coleman, Lal Mian, and Dwight Sweeney (retired). Only Ted Coleman is primary public health faculty.

Curriculum Committee

The Committee is designed to review curriculum proposals from the program and make recommendations to the department chair. All faculty that is the HSCI department serve on this committee.

The committee composition for 2016-2017 included: Drs. Monideepa Becerra (for undergraduate and graduate Public Health programs, primary faculty), Joe Hughes (for Nutrition and Food Sciences program), Lal Mian (for Environmental Health Sciences program), Nicole Henley (for undergraduate Healthcare Management, primary faculty), and Paulchris Okpala (for Master of Science in Health Services Administration, primary faculty).

Faculty and/or Chair Search Committee

The Committee serves to conduct searches for Chair, and/or new tenure-track/tenured faculty positions.

The committee composition for 2015-2016 includes: Drs. Ted Coleman, and Joe Hughes, Lal Mian and Chair Search Committee included Drs. Joe Hughes, Lal Mian, and Nicole Bournias-Vardiabasis (from Biology). Ted Coleman is primary public health faculty.

Graduate Admissions Committee

The Committee annually reviews all MPH applications and accepts qualified students to the graduate program. The committee further meets to discuss and update policies, the student handbook, the application protocol, including requirements, regulations, processes, and deadlines. The 2016-2017 committee members were: Dr. Dimitri Tamalis (Department Chair), Dr. Monideepa Becerra (MPH Coordinator, primary faculty), and Dr. Paulchris Okpala (M.S. Health Services Administration [MSHSA] Coordinator, primary faculty).

The Graduate Research Committee works in collaboration with department faculty and students to ensure research opportunities for studies. The committee is co-chaired by graduate coordinators. The 2015-2016 committee members were: Dr. Monideepa Becerra (MPH Coordinator, primary faculty), Dr. Paulchris Okpala (MSHSA Coordinator, primary faculty), and student representatives on a rotating basis.

The Graduate Marketing Committee meets as needed to promote the department graduate programs to prospective students. The 2015-2016 committee members were: Dr. Monideepa Becerra (MPH Coordinator, primary faculty), Dr. Paulchris Okpala (MSHSA Coordinator, primary faculty), and student representatives on a rotating basis.

A list of standing committees relevant for the MPH program are as follows (the undergraduate concentration does not have any separate committees):

MPH Curriculum Sub-Committee

The Sub-Committee meets quarterly to evaluate course syllabi, curricula changes/updates, substitutions, transfers, and course evaluations.
The 2016-2017 committee members were: Dr. Department Chair (Department Chair), Dr. Monideepa Becerra (MPH Coordinator, primary faculty), Dr. Paulchris Okpala (MSHSA Coordinator, primary faculty), Ms. Amber Olney (Assessment Coordinator, adjunct faculty), and student representatives on a rotating basis.

Public Health Accreditation Committee

The Committee meets once a year to evaluate accreditation and departmental standards for practical experience, evaluate student reports, and make recommendations. The 2015-2016 committee members were: Dr. Dimitri Tamalis (Department Chair), Dr. Monideepa Becerra (MPH Coordinator, primary faculty), Ms. Amber Olney (Assessment Coordinator, adjuct faculty), Ms. Connie Marmalejo (MPH Student Coordinator), Ms. Autumn Jansen (MPH Student Coordinator).

**Site visitors’ comment:** 1.5: The self-study states that the Public Health Accreditation Committee evaluates student reports. What are these student reports? There is also a reference to two MPH student coordinators as members of the committee: are these staff or students? Where do they fit in the organizational chart in Criterion 1.4?

Student reports are student feedback during orientation, student satisfaction and exit survey. Since the last time the report was written, the number of student coordinators have increased from two to five. The coordinators are all students of the MPH program, however, one is also a staff member of another department of campus. The students are not included in the organizational chart as the positions are temporary. However, they directly report to program and assessment coordinators and work in collaboration with administrative support staff.

Public Health Professional Development Committee

Consists of MPH Accreditation Committee members and is chaired by the MPH graduate coordinator.

**Site visitors’ comment:** Please provide more information about the Public Health Professional Development Committee? For example, how often does it/will it meet? Is this committee separate from the Public Health Accreditation Committee?

This committee was established after the pre-site visit meeting with Mollie Mulvanity when the committee realized that we needed professional development workshops. The committee meets as needed and periodically distributes fliers to sites where local public health professionals work, such as the public health departments and American lung association. Currently, due to its early development phases, the committee consists of the same members of the accreditation committee.

External Advisory Board

Consists of stakeholders, including community organization representatives, MPH student representative, alumni, and graduate coordinator. The committee meets annually to give input regarding curriculum changes, program reviews, internship opportunities, policies, handbook, and public health workforce preparedness. A name and contacts of the committee can be obtained from the graduate coordinator.

**Site visitor’s comment:** Please provide a list of current members on the External Advisory Board.

Aaron Gardner, Riverside Department of Public Health

Ami Shah, Director Operations, Care Connections

Araceli Maldonado, alumna

Devin Arias, Community Manager, American Lung Association

Iana Cyphers, alumna

Julie Hernandez, lecturer

Tamika Simpson, Planned Parenthood (former), WIC (current)

Maggie Hawkins, Director, Randall Lewis Health Policy Fellowship

Commander Miguel Cruz, Centers for Disease Control and Prevention

**Site visitors’ comments:** Does the program have meeting minutes for any of its program or department committees?

Prior to Fall 2016, the program and department did not keep consistent minutes, however, starting Fall 2016, all department meetings have minutes, though not all committees keep minutes.

**1.5.b. Identification of how the following functions are addressed within the program's committees and organizational structure:**

**General program policy development.**

The program governance is the responsibility of the program coordinators who consult with faculty and administrators as necessary. The final authority, however, related to the policy development lies with the HSCI department chair, who may further consult with all HSCI faculty, Dean, and other administrators. Some changes to policy, such as academic curriculum, in the program may require Faculty Senate approval. The HSCI department chair position is 2/3rd chair and is a 12-month appointment.

**Planning and evaluation.**

Program planning and evaluation is an on-going process with a formalized evaluation scheduled every three years. Each academic year, the program coordinators, along with the assessment coordinator, review the student learning outcomes (SLOs), labeled as CEPH competencies in the present self-study. This evaluation includes examples of student artifacts and a review of the syllabus to ensure consistency. Each academic year, the program coordinators also review the current student survey, exit survey, and alumni survey; with the MPH coordinator working on current student and exit survey in collaboration with the Office of Graduate Studies. At the end of each academic year, the program coordinators compile the program coordinator’s report, and disseminate the results and recommendations to the HSCI department (and the Office of Graduate Studies for MPH program). Such program evaluations provide for programmatic planning and modifications to the current curriculum. Student representatives on a rotating basis also evaluate the mission, goals, and objectives and feedback is taken into account during scheduled formalized evaluation time.

**Budget and resource allocation.**

As noted in Criterion 1.3.c, the Dean allocates budget and resources to the department chair, who then allocates to programs, with the unit of accreditation in this self-study receiving 1/3rd of budget. At the department level the HSCI department chair handles program issues related to budget and resource allocation; though the program coordinators may request specific budget and resource allocation. In addition, travel support is available to program coordinators for CEPH accreditation workshops.

Further resources are available to individual program faculty. For example, funding opportunities for teaching related activities are available through the teaching resource center (TRC), including travel for teaching conferences, attending workshops, reassigned time for course-redesign, etc. Research support is also available, as noted in section 1.3c, for individual Faculty in the program. Announcements of such funds are available to faculty via university listservs as well as during scheduled department meetings.

**Student recruitment, admission, and award of degrees.**

The Student Admission and Recruitment Office performs the task of undergraduate student recruitment. They work with counselors of local high schools and middle/high school teachers, and students. The campus also has a Presidential Academic Excellence Scholars program. This scholarship is awarded to San Bernardino County high school students who graduate within the top 1% of their high school graduating class. Students must be nominated by their high school principal in order to be considered for this award. The scholarship is renewable for up to three years. In order to maintain continued eligibility each year the recipient must complete a minimum of 36 units each year, and maintain a 3.5 GPA. CSUSB only admits new students in the fall term. Some exceptions are made to admit veterans, athletes, and special circumstances.

The HSCI department, and thus program, does not and cannot have a special requirement to accept students, anyone may declare to major in Health Science with a concentration in Public Health Education, Health Care Management, or Environmental Health Science. Nutrition and Food Sciences is a separate bachelor degree. All students are required to successfully complete courses in the program and general education. All students must receive a minimum grade of C or better for upper division (300 and 400) level courses to graduate. Students file for graduation two quarters before their anticipated graduating term.

The MPH coordinator, who serves on the Marketing Committee for the department, recruits graduate students. Recruitment items include a recruitment brochure, which lists the requirements and qualifications for the program, as well as posters for the major and competencies posted around the departmental floor and website, information sessions, and workshops related to MPH application process. The MPH coordinator also recruits students through communicating application dates with health professionals in the service area and part-time faculty who work for public health agencies. The MPH coordinator has implemented a social media campaign, including advertising the program through the main institution’s CSUSB’s Facebook page.

**Faculty recruitment, retention, promotion and tenure.**

The program adheres to all university policies and procedures as noted in the FAM (http://senate.csusb.edu/FAM/FAM-640-44.htm). Department and program faculty advertise faculty positions through professional agency listservs. As noted in Criterion 1.3.c, a search committee, including at least three tenured HSCI department faculty review all applications for faculty positions, and all program faculty have the opportunity to interact and meet with the top candidates (2-3 candidates) during a campus visit. The interviews include a formal faculty teaching demonstration, a formal research and grant presentation, an interview with the Dean and the Provost, as well as an informal lunch, dinner, and meetings with other campus administrators (Office of Sponsored Research, Teaching Resource Center, etc.). The search committee makes recommendations to the department faculty and chair, and the faculty may vote. The department chair then makes recommendations to the Dean, and the Dean further makes recommendations to the Provost. The Provost has the final authority to offer a contract. As noted above, the evaluation committee is involved in retention, promotion, and tenure process.

**Academic standards and policies, including curriculum development.**

The Faculty Senate, through its standing and ad hoc committees, is the body responsible for the development of academic policies at CSUSB. Guidelines for senate are provided in section 822.4 of the FAM (refer to section 1.3.c). In the HSCI department, the MPH curriculum sub-committee is a sub-division of the HSCI department curriculum committee. The MPH program coordinator and assessment coordinator are responsible for ensuring curricula alignment with college and institutional goals, as well as accreditation standards.

**Research and service expectations and policies.**

In the program, providing high quality instruction is the primary responsibility of faculty. The program encourages faculty to be part of research, and other activities that include student mentorship. Although the majority of part-time faculty are working professionals, the program encourages faculty to work with primary faculty on research projects. All faculty are expected to be involved in professional growth activities related to research and/or service, either directly or in-directly (such as consultation).

The Office of Community Engagement (OCE) provides quarterly funding opportunities to faculty in order to support community-based research projects. Furthermore, the Office of Student Research remains a strong supporter of faculty and student research programs. At the program level, research agenda has developed two main objectives: support for students, and support for faculty. Therefore, all program students take a research methodology course to ensure competency in research.

**1.5.c. A copy of the bylaws or other policy document that determines the rights and obligations of administrators, faculty, and students in governance of the program, if applicable.**

Policies on shared governance and policies can be found on Faculty Senate website:

http://senate.csusb.edu

**1.5.d. Identification of program faculty who hold membership on university committees, through which faculty contribute to the activities of the university.**

#### Table 1.5.1 Primary Faculty Committees at CSUSB for 2016-2017

|  |  |
| --- | --- |
| **Faculty** | **Committees at CSUSB** |
| Dr. Becerra | * Member, Institutional Review Board
* Member, University Graduate Council
* Member, OSR Grant Review Committee
* Coordinator, Health Equity Certificate
* Member, Center for Health Equity
* Member, Department Part-time Faculty Evaluation Committee
* Member, Department Marketing Committee
* Member, Department Curriculum Committee
* Faculty Advisor, Eta Sigma Gamma, Delta Delta Chapter
* Coordinator, MPH Program
* Chair, Accreditation Committee for Public Health
* Coordinator, Public Health Newsletter
* Chair, Public Health Professional Development Committee
 |
| Dr. Coleman | * Member, Campus Health Oversight Committee
* Member, Institutional Review Board
* Member, Center for Developmental Disabilities Advisory Board
* Member, Instructional Quality Committee
* Member, Gender and Sexuality Studies Scholarship Sub-committee
* Member, Women’s Studies Program Steering Committee
* Member, Nursing Department Advisory Board
* Member, Wellness Network
* Member, College of Natural Sciences Evaluation Committee
* Member, Department Evaluation Committee
* Member, Department Faculty Search Committee
 |
| Dr. Henley  | * Coordinator, Undergraduate healthcare management Program
* Member, Department Part-Time Faculty Evaluation Committee
* Member, Department Marketing Committee
* Member, Department Curriculum Committee
* Faculty Advisor, Eta Sigma Gamma, Delta Delta Chapter
 |
| Dr. Otiniano Verissimo  | * Member, Center for Health Equity
* Faculty Advisor, Eta Sigma Gamma, Delta Delta Chapter
 |

**1.5.e. A description of student roles in governance, including any formal student organizations.**

There are four student organizations in the Department: Eta Sigma Gamma, the Student Health Service Administration Association, the Nutrition Student Association, and the Environmental Health Science Student Association. Public health students are primarily involved in Eta Sigma Gamma (ESG), a national honorary society, though are encouraged to join additional organizations. The MPH program does not have a separate graduate student organization, though students are encouraged to join ESG, which participates in public health initiatives, both on and off campus. 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. All students (undergraduate and graduate), are encouraged to join state, and national public health organizations. Electronic resource files include student activities for ESG. Graduate students in the MPH program are also involved in several public health initiatives. For example, for National Public Health Week, several graduate students provided information session to graduate and undergraduate classes on a variety of topics, including body image, HIV, food insecurity, and mental health. Graduate student also participated in a competition to create public service announcement for the student health center.

**Site visitor’s comment:** How many public health students are members of Eta Sigma Gamma? Does this include MPH and BS students?

Currently, ESG has 31 PHE students and 1 MPH student, in addition to healthcare management and other major students interested in public health education field. Most of the MPH students are not officially part of ESG, due to conflict in meeting times, however, MPH students participate in other volunteer activities, such as National Public Health Week (please see above paragraph).

**1.5.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses, and plans relating to this criterion.**

This criterion is met with commentary. A major strength of the program is that it can draw from the resources of the HSCI department. The program has the necessary committees as all faculty from the department collaboratively work on program-specific needs. When appropriate, however, program-specific committees are also supported. The program has a well-established protocol on policies, flow of approval, and adequate budget needed for everyday support. While recruitment for MPH students have been low in the past, effective Fall 2015, collaborative effort was established to recruit and the enrollment in Fall 2016 has increased considerably. The program is committed to following the university’s policies on recruitment of faculty and staff, and has a diverse body of faculty with public health experience to support the program’s mission. The faculty continue to serve on department, college, and university committees, thus providing representation of the department and program at the university level. Significant campus-wide initiatives to support faculty’s research exists, and faculty in the program continue to seek out such opportunities. While undergraduate students have been involved in some service activities, such campus-based opportunities have been limited for graduate students and proposal of improving service options for graduate students are being developed.

## 1.6. Fiscal Resources

**The program shall have financial resources adequate to fulfill its stated mission and goals, and its instructional, research, and service objectives.**

**1.6.a. A description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities. The description should include as appropriate, discussion about the legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery taxes or levies imposed by the university or other entity within the university, and other policies that impact the fiscal resources available to the program.**

The tuition and state allocations are collected by the Chancellors’ Office and are distributed to each of the 23 campuses based on full time equivalent students (FTES), size of the campus, and other special circumstances. The university allocates student fees. The total budget along with the allocations from Chancellors’ Office are distributed to each division (Academic Affairs, Students Affairs, Administration and Finance, Information Technology Services, Advancement, and President's Office) with recommendations by University Budget Advisory Committee (UBAC), which is made up of faculty, administrator, staff, and students. The UBAC makes recommendations to the President regarding the distribution of the funds and majority of the budget is allocated to the Division of Academic Affairs. There is no separate allocation for tuition or fees to the program. The MPH program coordinator receives a 4-quarter unit reassigned time each academic year.

**1.6.b. A clearly formulated program budget statement showing sources of all available funds and expenditures by categories, since the last accreditation visit or for the last five years, whichever is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in a table format as appropriate to the program. (See CEPH Data Template 1.6.1.)**

The program does not have a separate budget. The following are budget lines for the HSCI department. PHE and MPH each receive 1/6th, thus 1/3rd for the unit of accreditation, of the HSCI department budget.

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| --- |
| Table 1.6.1 Sources of Funds and Expenditures by Major Category and Academic Year |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2012-2013** | **2013-2014** | **2014-2015** |  **2015-2016**  | **2016-2017** |
|  |  |  |  |  |  |
| Tuition & Fees |  $13,213.14  |  $13,611.56  |  $13,386.16  |  $13,500.50  |  $11,966.47  |
| State Appropriation |  $849,022.00  |  $857,592.00  |  $902,340.49  |  $1,006,118.67  |  $1,087,311.00  |
| University Funds |  $132,080.00  |  $202,310.00  |  $108,615.00  |  $122,146.00  |  $155,025.00  |
| Grants/Contracts |  $12,000.00  |  $4,000.00  |  $28,000.00  |  $28,000.00  |  $44,200.00  |
| Indirect Cost Recovery |  |  |  |  |
| Endowment |  |  |  |  |  |
| Gifts |  |  |  |  |  |
| Other (Unit 3 Increases) |  |  $43,256.00  |  |  |
| Other (Augmentation) |  $6,967.00  |  $7,863.00  |  |  |  |
| Other (Benefits) |  $420,022.32  |  $434,034.31  |  $483,647.89  |  $506,569.35  |  $419,242.50  |
| Other Add'l Sections |  $4,000.00  |  $7,949.00  |  $27,614.94  |  $38,145.60  |  $75,575.00  |
| Total |  $1,433,304.46  |  $1,505,799.31  |  $1,579,245.54  |  $1,714,480.12  |  $1,793,319.97  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Faculty Salaries |  $806,159.98  |  $844,179.00  |  $868,266.77  |  $1,020,167.98  |  $907,703.62  |
| Staff Salaries |  $87,329.17  |  $77,613.09  |  $97,365.10  |  $78,028.28  |  $45,324.11  |
| Benefits |  $420,022.32  |  $434,034.31  |  $483,647.89  |  $506,569.35  |  $419,242.50  |
| Operations |  $24,078.74  |  $34,882.61  |  $26,247.47  |  $26,512.85  |  $82,742.54  |
| Travel |  $5,169.69  |  $2,712.99  |  $8,126.05  |  $20,697.68  |  $470.61  |
| Other |  |  |  |  |  |
| Other |  |  |  |  |  |
| Total |  $1,342,759.90  |  $1,393,422.00  |  $1,483,653.28  |  $1,651,976.14  |  $1,455,483.38  |

**1.6.c. If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be accomplished by a description of how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointment elsewhere.**

Not applicable.

**1.6.d. Identification of measurable objectives by which the program assesses the adequacy of its fiscal resources, along with data regarding the program's performance against those measures for each of the last three years.**

Since the public health program (both PHE and MPH) are part of the HSCI Department as a whole, fiscal resources to each program are delineated by the Department Chair to each program’s needs. The program faculty developed the following measurable objectives to assess fiscal resources for the program.

* At least three primary faculty (50% Full time equivalent [FTE] or more) will be available for the program.
* The student faculty ratio (based on total faculty FTE) will be 35 or less.
* The MPH program coordinator will have one course reassigned time (4 quarter units) each academic year.
* The assessment coordinator will have at least 2-quarter units reassigned time each quarter.
* At least 1/3rd of the department budget will be allocated to the public health program.

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| Table 1.6.2 Outcome Measures for the Last Three Years |
| **Outcome measures** | **Target** | **2014-2015** | **2015-2016** | **2016-2017** |
| Primary faculty (50% FTE).  | 3  | 5 | 5 | 4 |
| The student faculty ratio.  | 35 or less | 25.04 | 19.33 | 29.77 |
| Reassigned time for the MPH coordinator. | 4-quarter units | 4 quarter units | 4 quarter units | None taken |
| Reassigned time for the assessment coordinator. | 2-quarter units. | Not measured | 2 quarter units | 1 quarter unit |
| Budget allocation.  | 1/3rd  | 1/3rd | 1/3rd | 1/3rd |

**1.6.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.**

This criterion is fully met and will continue to be met in the future.

## 1.7. Faculty and Other Resources

**The program shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.**

**1.7.a. A concise statement or chart defining the number (headcount) of primary faculty employed by the program for each of the last three years, organized by concentration. (See CEPH Data Template 1.7.1.)**

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| --- |
| Table 1.7.1 Headcount of Primary Faculty |
|  | **2014-2015** | **2015-2016** | **2016-2017** |
| Public Health program (PHE and MPH) | 5 | 5 | 4 |

**1.7.b. A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years (calendar years or academic years) prior to the site visit. Data must be presented in a table format (see CEPH Data Template 1.7.2) and include at least the following information: a) headcount of primary faculty, b) FTE conversion of faculty based on % time devoted to public health instruction, research and service, c) headcount of other faculty involved in the program (adjunct, part-time, secondary appointments, etc.), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of primary faculty plus other (non-primary) faculty, f) total FTE of primary and other (non-primary) faculty, g) headcount of students by department or program area, h) FTE conversion of students, based on definition of full-time as nine or more credits per semester, i) student FTE divided by regular faculty FTE and j) student FTE divided by total faculty FTE, including other faculty. all programs must provide data for a), b) and i) and may provide data for c), d) and j) depending on whether the program intends to include the contributions of other faculty in its FTE calculations. Template 1.7.2 Faculty, Students and Student/Faculty Ratios by Core Knowledge Area (schools) or Specialty/Concentration Area (programs).**

Student FTE is calculated as 1 full time student = 1 student FTE.

Faculty FTE is calculated as number of units taught for public health courses + portion of 9 academic year units dedicated to research and/or service related to public health / 45 total units allocated per academic year.

**Site visitors’ comment:** Is faculty FTE calculated the same way for primary and non-primary faculty?

Faculty FTE for primary and non-primary faculty who are in the tenure track line, are calculated the same. Part-time faculty do not get research or service units. But the total units allocated for all faculty is the same, which is 45.

1.7: Please provide an updated Table 1.7.2 that provides numbers for the 2016-2017 academic year. In Table 1.7.2, the primary faculty FTE is shown as 3.11; however, in Criterion 4.1, the primary faculty FTE adds up to 3.02. Please correct or explain the difference.  Table 1.7.2 should break out the MPH degree alone. For each academic year, there should be two rows: MPH only and MPH + BS.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| Table 1.7.2a Faculty, Students and Student/Faculty Ratios by Department or Specialty Area for PHE and MPH  |
|  | **HC Primary Faculty** | **FTE Primary****Faculty** | **HC Other Faculty** | **FTE Other****Faculty** | **HC Total Faculty**  | **FTE Total****Faculty**  | **HC Students\*** | **FTE Students** | **SFR by Primary****Faculty FTE** | **SFR by Total****Faculty FTE** |
| 2014-2015 | 5 | 2.41 | 13 | 3.42 | 18 | 5.83 | 196 | 146 | 60.58 | 25.04 |
| 2015-2016 | 5 | 3.11 | 18 | 4.91 | 23 | 8.02 | 192 | 155 | 49.84 | 19.33 |
| 2016-2017 | 4 | 3.02 | 14 | 4.84 | 18 | 7.86 | 255 | 234 | 77.48 | 29.77 |

Table 1.7.2b Faculty, Students and Student/Faculty Ratios by Department or Specialty Area for MPH only |
|  | **HC Primary Faculty** | **FTE Primary****Faculty** | **HC Other Faculty** | **FTE Other****Faculty** | **HC Total Faculty**  | **FTE Total****Faculty**  | **HC Students\*** | **FTE Students** | **SFR by Primary****Faculty FTE** | **SFR by Total****Faculty FTE** |
| 2014-2015 | 2 | 0.58 | 5 | 0.71 | 7 | 1.29 | 12 | 12 | 20.69 | 9.03 |
| 2015-2016 | 1 | 0.29 | 5 | 0.71 | 7 | 1.00 | 10 | 10 | 34.48 | 10.00 |
| 2016-2017 | 3 | 1.22 | 3 | 0.36 | 6 | 1.58 | 34 | 31 | 25.41 | 19.62 |

\*Includes PHE and MPH students (full time for PHE is 12 quarter units, full time for MPH is 8 quarter units)

Key: HC = Head Count

Primary = Full-time faculty who support the teaching programs—see CEPH [FAQ on Required Faculty Resources](http://ceph.org/pdf/Faculty_Resources_FAQ.pdf) for definition

FTE = Full-time-equivalent

Other = Adjunct, part-time and secondary faculty

Total = Primary + Other

SFR = Student/Faculty Ratio (FTE student/FTE faculty)

**1.7.c. A concise statement or chart concerning the headcount and FTE of non-faculty, non-student personnel (administration and staff) who support the program.**

Administrative support coordinator

* Monitor and reconcile all budgets regarding state, foundation, faculty grants, trust funds, class accounts, and CERF accounts.
* Forecast department needs on an annual basis, allocating resources to specific programmatic areas, and preparing budgets and reports providing recommendation to the department chair.
* Quarterly schedule building in PeopleSoft.
* Process requisitions.
* Prepare faculty appointment forms and hire in PeopleSoft.
* Process work orders and key requests.
* Handle sensitive interactions/situations and confidential information as required.
* Supervise and coordinate Administrative Support Assistant (ASA) and student assistants.

Administrative support assistant

* Reception duties including: answering the phones; typing department/college/university forms; letters and memos; removing student advisement holds; creating and distributing faculty office hours and teaching schedule lists; and other clerical duties as assigned.
* Assist faculty with duplicating requests, advising forms, student files, change of grade forms, ordering textbooks, and other duties as assigned.
* Coordinate with the Administrative Support Coordinator (ASC) for inventory and ordering of supplies, monitoring of waitlists, and adding students to classes.
* Schedule the usage of the conference room.
* Processing petty cash forms and requesting guest parking passes.
* Updating the department bulletin boards and display cases.

**1.7.d. A description of the space available to the program for various purposes (offices, classrooms, common space for student use, etc.) by location.**

**Offices:** The department office suite is located on the second floor of the Physical Sciences Building. The department chair and the staff members are housed in the department office suite. Each tenure track faculty and full-time lecturer has an office, while some of the adjunct faculty share office space.

**Common space for faculty:** There is a conference room and a photocopy room that the HSCI Department shares with the Department of Physics**.**

**Common space for students:** There are two study rooms for graduate students. There is an undergraduate study room that is open to all department students.

**Classroom space:** There is a computer lab with 30 computers used by several courses offered by the department. There is a lab for HSCI 120 operated by the department. There are 3 classrooms allocated to the department. Also, there are 2 large lecture rooms shared with other departments on the second floor, and additional university classroom space is available to the program for use.

**1.7.e. A concise statement of the laboratory space and description of the kind, quantity and special features or special equipment.**

The computer lab has 30 computers, and the lab is used for HSCI 273 (computer software for the HSCI), HSCI 315 (statistics for HSCI), and occasionally, epidemiology courses also use the lab.

The HSCI 120 lab is set for 24 students, and this is a part of the general education program. The students in the lab work on activities related to epidemiology, nutrition, anthropometric assessment, environmental health, drugs/alcohol/tobacco, stress, personal assessment, behavior change, and safe sex.

There are 3 faculty research labs with specialized equipment for Environmental Health Science, and Nutritional Science, on the third floor of the building, these are open to program faculty for collaborative use.

**1.7.f. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration, and staff.**

A computer lab with 30 desktop computer (Dell) stations, with additional 10 more expected by next academic year, for technology based courses. These computers are equipped with the software needed for courses that require computer and software use, including Microsoft Office, SPSS, EpiInfo, etc.

A study room is available for undergraduate students. Two research rooms with both Macs and PCs (will be available in Fall 2016) are available for graduate students. In addition, the department has 3-4 laptops available for graduate students to check out for research and study purposes. Every faculty and staff have a desktop computer and printer access, there is a station in the department office for faculty use with a scanner, test grader, and printer. All students at CSUSB also have the option of checking out laptops from the library that comes equipped with Microsoft Office and SPSS.

**1.7.g. A concise description of library/information resources available for program use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities and document-delivery services.**

CSUSB has one central library, the John M. Pfau Library. The Pfau Library is open 78 hours per week during the academic year, and 64 hours per week during summer sessions. Under the guidance of a CSU system-wide library strategic plan, the Pfau Library has successfully transitioned from the traditional print environment to one that embraces and integrates current technology and electronic resources.

**Electronic Resources**

The library currently has access to more than 150 subscribed databases, several of which cover areas relevant to Health Science. In addition, the Pfau Library was designated as a partial Federal Document Depository in 1999, which has increased online and print access to government documents, another important resource for Health Science.

1. Electronic Periodicals

In order to meet its mission of supporting the teaching and research information needs of faculty and students, the library migrated from print to electronic journal collection as quickly as possible. The library has more than 23,000 full text electronic journals, magazines, and newspapers. Online periodicals can be located through the Pfau Library’s “Books & Media” search as well as through the “Online Journals List,” available on the library’s website.

2. Online Databases

The library subscribes to several research indexes and other relevant online databases in Health Science. Significant databases include but are not limited to:

PubMed

CINAHL

Biological Abstracts

ScienceDirect

Wiley Online Library

SpringerLink

3. SFX:

In an effort to provide students with an easy way to retrieve full text articles, the library implemented the “Search for Full Text” service, that links most of the abstract and index databases with the library’s electronic journals, making it easy for students to find full text articles online, to locate print materials in the library, and to place Interlibrary Loan requests for all other items.

**Services**

1. Web Site

The library’s website (http://library.csusb.edu) has become increasingly useful to our students. Not only does it allow access to electronic databases, but it also contains a wide variety of information and tools to assist students and faculty.

2. Resource Sharing Efforts

Information on the local library consortium of which we are a member, is readily available both within the library and online. Students can easily obtain a card allowing them to use 20 different libraries that are members of the Inland Empire Academic Libraries Cooperative. Geographically, these are spread throughout San Bernardino, Riverside, and Eastern Los Angeles Counties, increasing our students’ access to libraries close to their homes. Access information for those libraries, such as location and hours of operation, is also easily available online.

3. Interlibrary Loan Services (ILL)

ILL services have also become easier to access and achieve results much more quickly than in the past. Faculty and students can now enter ILL requests online. This is an important asset for our students who do much of their library research from home or work. Students now make much greater use of interlibrary loan throughout the development of their projects. Requested articles are delivered electronically. The Interlibrary Loan office sends an email notification to requesters to alert them when their articles or books have arrived. Articles may be downloaded from the ILLiad system; books are picked up at the library. In summer 2010, the Pfau Library joined a newly formed "Rapid ILL Pod," which has significantly increased both our access to articles, and the speed with which they are delivered (generally across the pod, 95% of article requests are filled within 24 hours).

4. Electronic Reserves

In addition to the standard Course Reserves desk for course-related materials, the Electronic Reserves system allows students to view or print selected full text material chosen by faculty for their use.

5. Library Instruction and Reference Services

Library Instruction: With an emphasis on critical information literacy as an essential component of lifelong learning, the library provides advanced research instruction programs each quarter. Any faculty may request an instructional session tailored to the needs of their course.

Reference Services: The Research Assistance Desk is open 54 hours per week during the academic year for students and faculty seeking help for their research. Assistance is available in person or by phone. Guides and handouts produced by the librarians are readily available in the library on the library’s website. The library offers an email reference service, which allows students to send reference questions by email at any time. Texting and live chat with CSUSB librarians also are available.

The Pfau Library, along with other CSU libraries, participates in a real-time online reference service available through the National Academic QuestionPoint 24/7 Reference Cooperative. Students may chat with a reference librarian in the cooperative to solve their information needs any time.

6. Online Tutorials

The Pfau Library offers the Library Tutorials, a series of online lessons that teach students critical information literacy theory as well as skills required for doing basic research online or in the library. Students can work through all of the lessons or pick those that fit their needs. The library began producing specialized "LibGuides" at faculty request to address course-specific research assignments. Please see <http://libguides.csusb.edu/>.

7. Collection Development Liaisons

Every department at CSUSB has an assigned liaison librarian who functions as that department’s primary contact and oversees orders for materials relevant to its programs. The liaison for Health Science and Human Ecology is Bonnie Petry.

**1.7.h. A concise statement of any other resources not mentioned above, if**

**available.**

TRC ([http://trc.csusb.edu/index.htm)](http://trc.csusb.edu/index.htm%29) provides workshops and funding to all faculty to expand their knowledge and skills to be effective instructors. Academic Technology and Innovation (ATI) (<http://ati.csusb.edu)> Office works with faculty individually or in a workshop format to provide skills related to Blackboard classroom management system, accessibility course material, light board and other on-line tools. The Office of Student Research (OSR) (<http://osr.csusb.edu)> and Graduate Studies (<http://gradstudies.csusb.edu)> provide workshops for students to learn about research, avoiding plagiarism, thesis formatting, and other programs to assist students.

In addition, several resources related for faculty mentorship, student counseling and other needs, are available on campus with a full list available at: <http://trc.csusb.edu/resources_faculty/index.html>.

**1.7.i. Identification of measurable objectives through which the program assesses the adequacy of its resources, along with data regarding the program's performance against those measures for each of the last three years.**

Since the public health program (both MPH and PHE) are part of the HSCI department, program resources to each program are delineated by the Department Chair to meet program’s needs. The program faculty developed the following measurable objectives to assess program resources.

* 100% of program faculty will have access to office, computer, and printing facilities.
* The department will provide at least three study rooms for program students.
* The program will have a computer lab with at least 25 desktop computers for coursework using software.
* The program will have laboratory space to sustain at least 24 students per lab for HSCI 120.

|  |
| --- |
| Table 1.7.3 Outcome Measures for the Last Three Years |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome measures** | **Target** | **2014-2015** | **2015-2016** | **2016-2017** |
| Office, computer, and printing facilities access for program faculty. | 100% | 100% | 100% | 100% |
| Study rooms. | 3 | 3 | 3 | 3 |
| Desktop computers for lab. | 25 | 25 | 29 | 37 |
| HSC 120 lab. | 24 students/lab | 24 students/lab | 24 students/lab | 24 students/lab |

**1.7.j. Assessment to the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.**

This criterion is met with commentary. For each of the academic years measured, there has been at least three (5 actual count) primary faculty with 50% FTE for the program (PHE and MPH) and we expect that to continue in the near future. The program also has several part-time faculty who serve as a faculty resource for the program and the students. The practical experiences of the part-time faculty provide an enriching educational experience for the students, and this serves as a major strength of the program. The MPH coordinator receives 1 course reassigned time (4 quarter units) from the Office of Graduate Studies, and thus can provide dedicated time for the program.

The program, housed in the HSCI department, has access to all departmental resources, including desktop computers for students in the program, study rooms, as well as laboratory spaces. The program draws upon the resources provided to the HSCI department by the library, and regular communication between MPH coordinator and library support has enabled student access to the vast amount of resources.

A limitation is the amount of administrative support dedicated to the program. The Department administrative support coordinator plays a critical role in the day-to-day activities of the department, in addition to providing resources for the program. Given that there are six programs in the department, such valuable resources can be sometimes be a limitation. Another weakness in the program is the lack of an undergraduate coordinator. Currently, the MPH coordinator handles the responsibilities. Further plans for reassigned time for undergraduate coordinator are being discussed for the academic year 2016-2017.

## 1.8. Diversity

**The program shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.**

**1.8.a. A written plan and/or policies demonstrating systematic incorporation of diversity within the program. Required elements include the following:**

**i. Description of the program’s under-represented populations, including a rationale for the designation.**

The program is dedicated to the diversity and cultural competency in its learning, research, and service activities. A review of program’s under-represented population demonstrates that students are primarily ethnic-minorities, with majority with Hispanic, women, and first-generation college students. The program’s rationale for the designation of under-representation is based on CSUSB’s diversity commitment. CSUSB is also a designed Hispanic Serving Institution. Criterion 1.8.b displays the breakdown of the diverse student population in the program.

**ii. A list of goals for achieving diversity and cultural competence within the program, and a description of how diversity-related goals are consistent with the university’s mission, strategic plan and other initiatives on diversity, as applicable.**

The University Strategic Plan and core value states "Inclusivity:We affirm and are committed to the value of all kinds of differences among students, faculty and staff. Inclusivity that is broad and deep makes us a healthier and more productive organization and builds a culture that fosters engagement and diverse perspectives."

One of the department's core values is to: "serve as a guide in the work we do in the pursuit of effectiveness and excellence.” Our core values also state that we value diversity and “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."

Aligned with University Strategic Plan, the program has the following goals and related objectives noted in 1.8.e related to achieving diversity and cultural competencies:

* Increase the cultural competency of program students to meet the diverse needs of the service area.
* Increase the proportion of first-generation college students in the program.
* Increase the proportion of ethnic minorities and women in the program.

In addition, faculty are strongly encouraged to provide academic career advising of students, especially those from minority and underrepresented groups. Faculty are also involved in research activities, especially with underrepresented minorities, to cultivate professional experiences for the student population.

**iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the program should also document its commitment to maintaining/using these policies.**

The program is fully committed to maintaining the University policies on prohibiting harassment and discrimination. The Executive Order from the Chancellor's officer regarding discrimination and harassment can be found on this website: http://www.calstate.edu/eo/EO-1096-rev-6-23-15.html.

CSUSB policy on discrimination can be found at: http://policies.csusb.edu/prohibitingDiscrimination.html.

**iv. Policies that support a climate for working and learning in a diverse setting.**

The program is dedicated to the University’s mission on promoting a climate of working and learning in a diverse setting, details of which can be found at: <https://www.csusb.edu/housing/diversity-and-inclusion-statement>.

CSUSB also has a diversity committee that ensures compliance with University goals, details of which can be found at: <http://diversity.csusb.edu/about/commitment.html>.

**v. Policies and plans to develop, review and maintain curricula and other opportunities including service learning to build competency in diversity and cultural considerations.**

The program is dedicated to the University’s mission on promoting diversity in its academic opportunities for students. The curricula for both PHE and MPH were developed in collaboration with the HSCI department curriculum committee. As noted previously, curriculum for PHE and MPH are reviewed each academic year and full program review is conducted every three years. As noted in objective 9.4, a major policy of the program is to offer at least two cultural diversity courses for students. Program competencies were also developed to incorporate the addition of cultural diversity.

During the practicum experience, both PHE and MPH students further develop their competencies in cultural diversity as it allows students to work with the primarily minority population in the service area. The faculty is encouraged to participate in campus-wide opportunities to promote cultural diversity, including Center for Health Equity membership.

Students also take courses that allow for in-depth focus on the importance of diversity. These courses are:

HSCI 301: Foundations of Public Health Education.

Examines the profession of public health education in various settings and selected historical, cultural, philosophical, professional, and ethical issues in the practice of health education. Emphasis is placed on leadership, professionalism, career development, professional organizations, and interrelationships among physical, social, and cultural forces in the practice of health promotion and education.

HSCI 359: Global Health.

Explores the main principles of global health within the social, cultural, geographic, environmental, political, and economic contexts that determine population-level health and illness, including factors that account for variations in and patterns of health outcomes. Topics include health policies, programs, health systems, identifying and interpreting current data sources, diseases, and interventions.

HSCI 607: Cross Cultural Aspects of Health.

Roles of cultures and their relationships to health status, health practices, and health-seeking behaviors. Influence of culture on research, statistics, and interventions, and provision of health services.

**vi. Policies and plans to recruit, develop, promote and retain a diverse faculty.**

**Introduction/Advertising the Position:**

The program is committed to using and maintaining the university policies by recruiting and appointing probationary faculty based on the department and the College Dean recommendations, which follow review by the Association Vice President for Faculty Personnel, the Vice President for Academic Affairs/Provost shall make all probationary faculty appointment. No probationary faculty shall be considered appointed until the Vice President for academic Affairs extends a written offer. The positions vacancy shall be advertised upon the College Dean and the Affirmative Action Officer approval. The position vacancy advertisement includes minimum job qualifications, salary range, and the following statement: “California State University, San Bernardino is an Equal Opportunity Affirmative Action, Section 504, Title IX Employer.” The job announcements would be listed in the Chronicle of Higher Education, professional Journal, and sent out to selected member of university placement services.

**Recruiting Process:**

The recruiting process of probationary faculty shall be the responsibility of the College Deans. All applications will be selected from a general pool application. Candidates should be asked to submit three (3) letters of recommendation from individuals qualified to comment on candidate teaching and official transcripts for both undergraduate and graduate studies. Each department shall elect a Faculty Recruiting Committee of at least three (3) tenured faculty for reviewing candidacy applications. The initial screening of candidacy applications will be based off a “roster” of candidates established by the Department Chair/School Director. The roster will include those who:

1. Meet the position requirements.
2. Have submitted a completed Biographical Statement.
3. Have submitted all required academic transcripts.
4. Have submitted the required letters of recommendation.

Prior to the evaluation of qualified candidates, the roster with ethnic and sex classifications must be presented to the Affirmative Action Officer for approval. If underutilization of females and minorities exists in the recruiting department/school, the Affirmative Action Officer will not approve the roster unless:

1. Number (s) of the underutilized class are included in the roster, or
2. Documented evidence of good faith efforts clearly indicates that no candidates in the underutilized class should be found. However, Re-advertising may be required.

**Appointment Process (Period and level of Appointment):**

Upon Faculty Recruitment Committee recommendations, along with the voting decision of the department/school and the department chair’s/school director’s comments shall be forwarded to the College Dean for review. If the College Dean approves if the Faculty Recruiting Committee’s recommendation, an appointment document is prepared and sent along with the candidates file to the Associate Vice President for Academic Personnel. Only after the Vice President for Academic Affairs/Provost has given approval of the appointment by signing the appointment document can the College Dean or designee make an offer to prospective probationary faculty member. The initial probationary appointments shall normal be for a period of two (2) years with a level of Assistant Professor appointment, unless specified otherwise at the time position was approved.

The faculty recruitment policy can be located at: [http://senate.csusb.edu/FAM/Policy/(Admin)Recruit\_Faculty.pdf](http://senate.csusb.edu/FAM/Policy/%28Admin%29Recruit_Faculty.pdf). An updated version was recently approved by faculty senate and will be posted.

**vii. Policies and plans to recruit, develop, promote and retain a diverse staff.**

The program is dedicated policy from CSU System, which can be found on <http://www.calstate.edu/hr/compliance/>

**viii. Policies and plans to recruit, develop, promote and retain a diverse student body.**

Our program has a diverse student body because of the CSUSB Admissions and Student Recruitments program. Their mission is to provide exceptional customer service to our diverse community with the purpose of guiding and transitioning students toward achieving their educational goals. CSUSB is nationally recognized for its leadership role in changing the face of U.S. higher education. A reflection of the region’s dynamic diversity, CSUSB, which has the most diverse student population of any university in the Inland Empire, and the second highest African American and Latino enrollments of all public universities in California, is considered a model of access and excellence in higher education. Hispanic Outlook in Higher education ranked Cal State San Bernardino 17th in the nation in awarding bachelor’s degrees to Latinos.

Also, the CSUSB DREAMers Resource and Success Center opened last year. The center, which is a part of the Division of Student Affairs, provides a welcoming place where CSUSB undocumented students, their allies and supporters of underserved populations can congregate, exchange ideas and provide support to one another. The center focuses on bringing awareness to the California Dream Act (financial aid), employment opportunities, scholarships, internships, immigration services, information about graduate school, and other resources that will help achieve student success.

Finally, last fall CSUSB hosted a Black and Brown conference where more than 300 African American and Latino eighth-grade boys from five Inland Empire school districts attended. Objectives included: providing early college awareness and college preparedness information to increase the number of African American and Latino males who enroll and graduate from college; providing additional tools for young men of color to chart their path to post-secondary education; promoting self-identity development; helping to foster a sense of belonging; and establishing ongoing mentor/mentee relationships, among others. Breakout workshops also provided critical information to create educational pathways to college emphasizing the A-G admissions requirements and financial aid opportunities, along with self-identity workshops and campus tours.

**1.8.b. Evidence that shows that the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi, and other course materials, lists of student experiences demonstrating diverse settings, records, and statistics on faculty, staff and student recruitment, admission and retention.**

As noted in Criteria 1.1.b, program goals/objectives demonstrate a commitment to diversity.

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.

Program competencies also highlight a commitment to addressing diversity and the role of health disparities among minority populations.

PHE competencies:

* Describe the roles of history, power, privilege, and structural inequality in health disparities.
* Demonstrate the relationship between behavioral, social, cultural, and environmental factors related to population health and health disparities.

MPH competencies:

* Identify and describe environmental, behavioral, social, and cultural factors that affect the etiology, prevention or resolution of public health problems.
* Demonstrate an understanding of history, power, privilege, and structural inequity in health education.
* Develop health program plans and evaluation based on the diverse cultural values and traditions of the community at large.

Both PHE and MPH also have courses that include diversity and cultural competencies. Following are some examples of such courses.

HSCI 301: Foundations of Public Health Education.

Examines the profession of public health education in various settings and selected historical, cultural, philosophical, professional, and ethical issues in the practice of health education. Emphasis is placed on leadership, professionalism, career development, professional organizations, and **interrelationships among physical, social, and cultural forces in the practice of health promotion and education.**

HSCI 359: Global Health.

**Explores the main principles of global health within the social, cultural,** geographic, environmental, political, and economic contexts that determine population-level health and illness, including factors that account for variations in and patterns of health outcomes. Topics include health policies, programs, health systems, identifying and interpreting current data sources, diseases, and interventions.

HSCI 607: Cross Cultural Aspects of Health.

**Roles of cultures** and their relationships to health status, health practices, and health-seeking behaviors. **Influence of culture** on research, statistics, and interventions, and provision of health services.

Faculty teaching, research, and service activities also demonstrate a commitment to diversity and addressing the importance of cultural diversity, primarily among vulnerable populations.

**Teaching:**

Dr. Coleman, developed a course on men’s health (HSCI 405: Health Issues of Men) which will be offered as an elective for PHE students in Winter 2017. The course serves as an exploration of men's health issues from an ecologic perspective, e.g., physical, mental, social, intellectual, financial, spiritual, sexual, and other related dimensions. Emphasis is on balance as well as intersections of biological sex, gender concerns, racial considerations, and other diverse factors such as: personal responsibility for maintaining and promoting health; self-care; and access to appropriate healthcare.

Similarly, Dr. Verissimo developed a new course on women’s health (HSCI 404: Women’s Health Issues), which is being offered as an elective option for PHE students in the Fall 2016. The course examines programs, policies, and services that affect the health of girls and women across the lifespan. The emphasis is on social, political, economic, environmental, personal, and behavioral factors associated with women's health.

**Research:**

Dr. Henley’s research is focused on addressing issues related to access to care and health care disparities among vulnerable populations and she primarily focuses on building resilient communities through teaching and the translation of culturally relevant research into policy and practice. Dr. Verissimo’s research is primarily focused on social determinants of health that contribute to health disparities, particularly among Latinos. She recently coauthored a book chapter titled "Racism and Behavioral Outcomes Over the Life Course" in “The Cost of Racism for People of Color: Contextualizing Experiences of Discrimination” book, which was recently published through the American Psychological Association.

**Service:**

Several faculty are actively involved in campus-wide diversity initiatives that address health disparities. For example, Drs. Becerra, Okpala, and Verissimo are members of the Center for Health Equity, Dr. Becerra is the coordinator for the Health Disparities and Equity certificate, and Dr. Verissimo is a faculty fellow for the Certificate program in Healthcare Spanish that aims to prepare students in the healthcare fields to serve the growing Latino population in the service area. She is also actively involved in the community to address the importance of cultural diversity, specifically at Latino Health Access, a community organization located in Santa Ana, CA.

The program student, faculty, and staff demographics also demonstrate the diversity goal and objectives of the program, as noted below.

|  |  |  |
| --- | --- | --- |
| Table 1.8.1 PHE Student Demographics |  |  |
| **Characteristics** | **2014-2015** | **2015-2016** | **2016-2017** |
| Count | % | Count | % | Count | % |
| Race/Ethnicity | African American | 28 | 15.7% | 17 | 8.9% | 14 | 7.1% |
| Asian | 25 | 14.0% | 21 | 10.9% | 20 | 10.3% |
| Hawaiian/PI | 4 | 2.2% | 3 | 1.6% | 2 | 1% |
| Hispanic/Latino | 91 | 51.1% | 106 | 55.2% | 113 | 58% |
| Native American | 0 | 0.0% | 1 | 0.5% | 1 | 0.5% |
| Multi-race | 4 | 2.2% | 9 | 4.7% | 6 | 3% |
| White | 21 | 11.8% | 25 | 13.0% | 20 | 10.3% |
| Unknown | 2 | 1.1% | 4 | 2.1% | 9 | 4.6% |
|  |  |  |  |  |  |  |
| Sex | Female | 151 | 84.8% | 156 | 81.3% | 157 | 81% |
| Male | 27 | 15.2% | 36 | 18.8% | 38 | 19% |
| First Generation Status (Parents with no BA degree)\* | Yes | 124 | 72.1% | 152 | 82.6% |  |  |
| No  | 48 | 27.9% | 32 | 17.4% |  |  |
| \*Available upon graduation |

|  |  |  |
| --- | --- | --- |
| Table 1.8.2 MPH Student Demographics |  |  |
| **Characteristics** | **2014-2015** | **2015-2016** | **2016-2017** |
| Count | % | Count | % | Count | % |
| Race/Ethnicity | African American | 3 | 23.1% | 1 | 10.0% | 1 | 2.9% |
| Asian | 0 | 0.0% | 0 | 0.0% | 3 | 8.8% |
| Hawaiian/PI | 0 | 0.0% | 0 | 0.0% | 1 | 2.9% |
| Hispanic/Latino | 3 | 23.1% | 3 | 30.0% | 20 | 58.8% |
| Native American | 0 | 0.0% | 0 | 0.0% | 0 | 0% |
| Multi-race | 2 | 15.4% | 0 | 0.0% | 1 | 2.9% |
| Unknown | 0 | 0.0% | 0 | 0.0% | 1 | 2.9% |
| White | 4 | 30.8% | 5 | 50.0% | 6 | 17.7% |
| Sex | Female | 11 | 84.6% | 9 | 90.0% | 27 | 79% |
| Male | 2 | 15.4% | 1 | 10.0% | 7 | 21% |
| First Generation Status (Parents with no BA degree) | Yes | 7 | 58.3% | 7 | 70.0% |  |  |
| No  | 5 | 41.7% | 3 | 30.0% |  |  |
| \*Available upon graduation |

|  |
| --- |
| Table 1.8.3 Primary Faculty Demographics  |
| **Characteristics** | **2014-2015** | **2015-2016** | **2016-2017** |
| Count | % | Count | % | Count | % |
| Race/Ethnicity | African American | 0 | 0% | 2 | 40% | 1 | 20% |
| Asian | 2 | 40% | 1 | 20% | 1 | 20% |
| Hawaiian/PI | 0 | 0% | 0 | 0% | 0 | 0% |
| Hispanic/Latino | 1 | 20% | 1 | 20% | 1 | 20% |
| Native American | 0 | 0% | 0 | 0% | 0 | 0% |
| White | 2 | 20% | 1 | 20% | 1 | 20% |
| Sex | Female | 3 | 60% | 3 | 60% | 3 | 60% |
| Male | 2 | 40% | 2 | 40% | 1 | 20% |

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| --- |
| Table 1.8.4 Staff Demographics  |
| **Characteristics** | **2014-2015** | **2015-2016** | **2016-2017** |
| Count | % | Count | % | Count | % |
| Race/Ethnicity | African American | 0 | 0% | 0 | 0% | 0 | 0% |
| Asian | 1 | 50% | 1 | 50% | 0 | 0% |
| Hawaiian/PI | 0 | 0% | 0 | 0% | 0 | 0% |
| Hispanic/Latino | 0 | 0% | 0 | 0% | 0 | 0% |
| Native American | 0 | 0% | 0 | 0% | 0 | 0% |
| White | 1 | 50% | 1 | 50% | 2 | 100% |
| Sex | Female | 2 | 100% | 2 | 100% | 2 | 100% |
| Male | 0 | 0% | 0 | 0% | 0 | 0% |

Total 2 department staff each academic year.

**1.8.c. A description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.**

Program faculty, in consultation with department faculty, developed the objectives to ensure diversity and cultural competencies in student academic and other preparations. Preceptors for internship sites, external advisory board members, as well as alumni are consulted to receive input on such objectives.

**1.8.d. A description of how the plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed.**

The university generates annual reports to the Chancellor's Office that include diversity data for students, faculty, and staff. The program is evaluated in regards to diversity at the larger university level and no formalized department-specific evaluation is conducted. The program and assessment coordinators, however, ensure the objectives are met each year by evaluating institutional research data repository on data on diversity of new students.

Employee profiles are archived from 2003-14: http://www.calstate.edu/hr/employee-profile/archive.shtml.

**1.8.e. Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years. (See CEPH Data Template 1.8.1.) At a minimum, the program must include four objectives, at least two of which relate to race/ethnicity. For non-US-based institutions of higher education, matters regarding the feasibility of race/ethnicity reporting will be handled on a case-by-case basis.**

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| --- |
| Table 1.8.5 Summary Data for Faculty, Students and/or Staff  |
| **Category/Definition** | **Method of Collection** | **Data Source** | **Target** | **Year 1** | **Year 2** | **Year 3** |
| Program faculty/staff reflect diversity of service area. | Self-report | Institutional report data | 50% | 57% | 71% | 57% |
| Students reflect diversity of service area. | Self-report | Institutional report data | 50% | 87% | 84% | 84% |
| First generation college students. | Self-report | Institutional report data | 50% | Met | Met | Not yet measured |
| Courses in cultural competency. | Assessment coordinator | Curriculum review | 2 | 2 | 2 | 3 |

Data is provided in the above sections.

**1.8.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.**

This criterion is fully met and is committed to continue to strive for ensuring students receive a rigorous academic preparation that incorporates the importance of diversity and cultural competencies. The program has a track record of having a diverse faculty body (both in relation to racial/ethnic background as well as gender) and student body, and a large portion consisting of first generation college students. In addition, CSUSB is a federally designed Hispanic Serving Institution. Our students represent the breath of diversity that brings richness to the program. The program plans to continue recruiting students from the service area and thus ensuring that we build a diverse work force for Inland Southern California.

# Criterion 2.0 Instructional Programs

## 2.1 Degree Offerings

**The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master’s degree. The program may offer a generalist MPH degree and/or an MPH with areas of specialization. The program, depending on how it defines the unit of accreditation, may offer other degrees, if consistent with its mission and resources.**

**2.1.a. An instructional matrix presenting all of the program’s degree programs and areas of specialization.**

|  |
| --- |
| Table 2.1.1 Instructional Matrix – Degrees & Specializations |
|  | **Academic** | **Professional** |
| Bachelor’s Degrees |
| Specialization/Concentration/Focus Area | Degree |
| Concentration: Public Health Education | BS Health Science |
| Master’s Degrees |
| Specialization/Concentration/Focus Area |  | Degree |
| MPH – Community Health Education |  | MPH |

**2.1.b. The bulletin or other official publication, which describes all degree programs listed in the instructional matrix, including a list of required courses and their course descriptions. The bulletin or other official publication may be online, with appropriate links noted.**

Information about each program listed above may be found at: <http://bulletin.csusb.edu/colleges-schools-departments/natural-sciences/health-science-human-ecology/>

**2.1.c. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.**

This criterion is fully met and it will continue to be met in the future.

## 2.2 Program Length

**An MPH degree program or equivalent professional master’s degree must be at least 42 semester-credit units in length.**

**2.2.a.**

**Definition of a credit with regard to classroom/contact hours.**

CSUSB defines each credit unit for graduate courses as the equivalent to 10 hours of classroom/contact hours per quarter.

**2.2.b. Information about the minimum degree requirements for all professional public health master’s degree curricula shown in the instructional matrix. If the program or university uses a unit of academic credit or an academic term different from the standard semester or quarter, this difference should be explained and an equivalency presented in a table or narrative.**

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

**Site visitors’ comment:** 2.2: What is the status/timeline of changing the minimum grade to a B rather than a B-?

This has now been approved by the University and will be effective Fall 2017.

Additional degree requirements for the MPH program include:

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

\*Prior to Fall 2015 cohort, a graduate portfolio was not required as part of the culminating experience.

Students are admitted only in the Fall quarter and move through the program as a cohort.

Source: <http://bulletin.csusb.edu/colleges-schools-departments/natural-sciences/health-science-human-ecology/mph/>

**2.2.c. Information about the number of professional public health master’s degrees awarded for fewer than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.**

Over the last three years, there were no professional public health master’s degrees awarded to less than the minimum required credit units (56 quarter units).

**2.2.d. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.**

This criterion is fully met and will continue to meet in the future.

The MPH program, similar to the University regulations, consistently abide by the conventional definition of credit hours and the faculty feels that the quarter-unit requirement provides a comprehensive scope of knowledge development in both core and concentration areas. The regulations and policies on waivers, substitutions, and advanced standing/transfer credit are well publicized in program materials (handbook) that was developed in Fall 2015, and existing University graduate handbook. The design of the program for working professionals allows the University to better serve the service area, as well as contributes to the growing workforce of the Inland Empire.

## 2.3 Public Health Core Knowledge

**All graduate professional public health degree students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.**

**2.3.a. Identification of the means by which the program assures that all graduate professional public health degree students have fundamental competence in the areas of knowledge basic to public health. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each. See CEPH Data Template 2.3.1.**

|  |
| --- |
| Table 2.3.1 Required Courses Addressing Public Health Core Knowledge Areas for MPH Degree |
| **Core Knowledge Area** | **Course Number & Title** | **Credits** |
| Biostatistics | HSCI 612 – Public Health Statistics | 4 |
| Epidemiology | HSCI 617 – Epidemiology | 4 |
| Environmental Health Sciences | HSCI 616 – Environmental and Occupational Health | 4 |
| Social & Behavioral Sciences | HSCI 610 - Social and Behavioral Influences on Public Health | 4 |
| Health Policy and Management | HSCI 611 - Public Health System Organization and Delivery | 4 |

**2.3.b. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.**

This criterion is fully met and will continue to be met in the future.

Major strengths in the MPH program are the curriculum and the faculty expertise. The curriculum includes a comprehensive evaluation of the five major competencies of public health, but further expands to address cultural competencies, community health, health behavior, research methods, etc. to ensure that students receive a well-rounded preparation. Both primary and secondary program faculty has significant experience in the field, which in turn enables students to gain first-hand experience of the professional practice. The culminating experience has been modified throughout the years to provide students a more comprehensive means of demonstrating their public health skills. As such, now it includes not only a graduate research methods paper that incorporates competencies across the MPH program, but also includes a graduate portfolio that allows students to reflect on each competency.

**Site visitors’ comment:** 2.3: Does the program allow waivers of any core courses? What is the program’s transfer policy for coursework completed in another MPH program?

The University allows 12 quarter units to be transferred. The program does not allow for waivers of core courses unless senior administration requests changes to said policies. For one student entering in Fall 2015, waiver of two required core courses (Epidemiology and Environmental Health) has been requested by Dean’s office. However, the program coordinator has not approved this request yet without seeing justification.

## 2.4 Practical Skills

**All graduate professional public health degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to students’ areas of specialization.**

**2.4.a. Description of the program’s policies and procedures regarding practice placements, including the following:**

**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 proposed preceptor. Guidelines for the field plan are provided in the practical experience syllabus, which can be found in the electronic resource files.

**Methods of approving preceptors.**

Preceptors must have at least a managerial position in order to provide supervision to students and a degree in public health, such as, MPH or closely related.. If a student is to select his/her work site for the practical experience, the line of supervision must be distinct from that of 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 long-standing relationship with such individuals. Effective 2015-2016, however, in order to formalize such 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. The one-page summary and memo can be found in the electronic resource files.

**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 information consultation with the students to ensure consistency in internship performances. All students enroll in HSCI 689: Field Experience 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 (see electronic resource file). 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 completed.

**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.

**Criteria for waiving, altering or reducing the experiences, if applicable.**

In extremely rare cases, the graduate coordinator may allow a comprehensive exam as a substitution for practical experience. Since the CSUSB campus has a large number of students who are in the U.S. Reserve, substitution of practical experience may be granted to those on active duty. To date, however, no waivers have been allowed.

All aforementioned items, including evaluation tools, can be found in the electronic resource files.

**2.4.b. Identification of agencies and preceptors used for practice experiences for students, by specialty area, for the last two academic years.**

A list of sites is provided in the electronic resource file.

**2.4.c. Data on the number of students receiving a waiver of the practice experience for each of the last three years.**

One student took a seven year leave of absence and graduated in 2016. During her time of admission, the practical experience was optional and instead she did a portfolio.

**2.4.d. Data on the number of preventive medicine, occupational medicine, aerospace medicine and general preventive medicine and public health residents completing the academic program.**

Not applicable.

**2.4.e. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.**

This criterion is met with 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 majority of courses are in-person (not online).

In Fall 2015, the 2015-2016 MPH coordinator developed an advisory board to provide input on potential sites of internship, skills needed for internship, etc. to allow student’s point of contacts 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 internship at a distant location.

## 2.5 Culminating Experience

**All graduate professional degree programs identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.**

**Site visitors’ comment:** 2.5: Please provide examples of student portfolios. Does the program have any documentation about what is required in the portfolio?

Portfolio directions are now added to the portfolio items folder in electronic resource folder and below are links to portfolios.

Examples:

<https://portfolium.com/caitvaughn>

<https://portfolium.com/RDabbs>

<https://portfolium.com/nskinner/portfolio>

**2.5.a. Identification of the culminating experience required for each professional public health degree program. If this is common across the program's professional degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.**

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

The purpose of the culminating experience is to:

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

The graduate research methodology course (HSCI 608) requires a final paper that demonstrated student knowledge across the public health competencies. The HSCI 608 syllabus, provides further details of each requirement of the course. A copy of the syllabus is included in the electronic resource files.

Grant writing course, currently offered and HSCI 685 with name change expected to HSCI 609 in 2016-2017, requires a grant proposal that details a new service delivery approach/program or a new intervention method to address particular service needs of a target population. The course syllabus provides further details of each content requirement of the grant. The course syllabus is provided in electronic resource files.

Starting with the academic cohort admitted in Fall 2016, 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. The portfolio evaluates how students identify competencies learned in their courses through assignments and is accompanied by a reflection noting what public health and related skills were developed during the

Details of the graduate portfolio are provided in the MPH Graduate Student Handbook, found in the electronic resource files.

**2.5.b. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.**

This criterion is partially met.

The culminating experience has been a work in development and needs further evaluation with the implemented changes. The program faculty are committed to the success of each student and have been dedicated to modify the culminating experience to meet the public health workforce demand and are confident this criterion will be fully met. 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. 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, which is effective for cohort entering in fall 2015, will need further evaluation as to whether it is effective in assessing student’s 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.

## 2.6 Required Competencies

**For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify competencies for specializations within the degree programs at all levels (bachelor’s, master’s and doctoral).**

**2.6.a. Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the program (e.g., one set each for BSPH, MPH and DrPH).**

#### Table 2.6.1a PHE Core Competencies (All courses are listed under HSCI)

|  |  |  |
| --- | --- | --- |
| **Competencies** | **Core Courses**  | **Concentration Courses**  |
| 1. Demonstrate effective written and oral presentation skills for public health and health care audiences.
 | 120,120L, 315, 367, 370, 451 | 273, 301, 310, 342, 364, 423, 455, 468, 471, 473, 480, 489, 493, 495, 550 |
| 1. Describe the basic concepts, methods and tools of health data collection, use, analysis and interpretation.
 | 315, 451 | 273, 468 |
| 1. Analyze the environmental factors that affect the health of individuals, populations, and communities.
 | 120, 120L, 352  | 359 |
| 1. Describe federal and state regulatory programs, guidelines, and authorities that control environmental health issues.
 | 352 | 455 |
| 1. Determine various risk management and risk communication approaches in relation to issues of environmental justice and equity.
 | 352 | 359 |
| 1. Demonstrate the relationship among behavioral, social, cultural, and environmental factors related to population health and health disparities.
 | 370, 451 | 342, 359, 404, 423, 550 |
| 1. Describe the legal and ethical basis for public health and health services.
 | 451 | 301, 455, 468 |

|  |
| --- |
| **Table 2.6.1a continued**  |
| **Competencies** | **Core Courses**  | **Concentration Courses**  |
| 1. Use information technology (word processing, spreadsheet, presentation, statistical software, audio/video, mail merge, wordle, and mapping) to access and interpret health related data.
 | 315 | 273, 489, 493, 495 |
| 1. Develop an e-portfolio to show to preceptors and potential employers.
 |  | 273, 301, 489, 493, 495 |

#### Table 2.6.1b MPH Core Competencies (All courses are listed under HSCI)

|  |  |  |
| --- | --- | --- |
| **Competencies** | **Core Courses**  | **Concentration Courses**  |
| 1. Describe a population health problem in terms of magnitude, person, time, and place.
 | 617 | 608, 663, 689 |
| 1. 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.
 | 612, 611 | 608, 609, 689 |
| 1. 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 |
| 1. Apply the health law-making and rule-making processes at federal, state, and local levels to provide public health solutions.
 | 611, 616 | 663 |
| 1. Analyze and apply public health ethics in practice.
 | 617 | 607, 608 |
| 1. Demonstrate oral and written public health communication skills for both professional and lay person.
 | 610, 611, 612, 617, 616 | 607, 608, 609, 613, 614, 663, 689 |
| 1. Understand how information is shaped and changed over time based on the sources, quality, value, and perspective.
 | 611, 612, 617 | 607, 608, 663 |

**2.6.b. Identification of a set of competencies for each concentration, major or specialization (depending on the terminology used by the program) identified in the instructional matrix, including professional and academic graduate degree curricula and baccalaureate public health degree curricula.**

#### Table 2.6.1.c PHE Concentration Competencies (All courses are listed under HSCI)

|  |  |  |
| --- | --- | --- |
| **Competencies**  | **Core Courses**  | **Concentration Courses**  |
| 1. Explain the underlying signs of human health and disease including opportunities for promoting and protecting health across the life course.
 | 367, 120, 120L | 271, 310, 364, 423, 550 |
| 1. Assess the relative impact of theory-based interventions for individuals and populations.
 | 120, 120L, 370 | 271, 301, 471, 473 |
| 1. Describe the roles of history, power, privilege, and structural inequality in health disparities.
 |  | 271, 301, 359, 404, 423 |
| 1. Apply principles of organizational behavior, planning, marketing, program management and evaluation in public health and health services.
 |  | 471, 473, 495 |
| 1. Describe the health law-making and rule-making processes at the federal, state, and local levels.
 |  | 455, 480 |

#### Table 2.6.1.d MPH Concentration Competencies (All courses are listed under HSCI)

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

HSCI 609 was offered as 685 or 600 prior to Fall 2017.

**2.6.c. A matrix that identifies the learning experiences (eg, specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a and 2.6.b are met. If these are common across the program, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree or specialty area.**

#### Table 2.6.2a Core Courses and Activities through which Core Competencies for PHE are Met

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Core competencies for PHE P=Primary, R=Reinforcing | HSCI 120: Health and Society: An Ecological Approach | HSCI 315: Statistics for Health Sciences | HSCI 352: Principles of Environmental Health | HSCI 367: Human Disease Mechanism | HSCI 370: Health Behavior | HSCI 451: Principles of Epidemiology |
| Demonstrate effective written and oral presentation skills for public health and health care audiences. | P | P | P | P | P | P |
| Describe the basic concepts, methods and tools of health data collection, use, analysis and interpretation.  |  | P |  |  |  | R |
| Analyze the environmental factors that affect the health of individuals, populations, and communities.  | P |  | P |  |  |  |
| Describe federal and state regulatory programs, guidelines, and authorities that control environmental health issues.  |  |  | P |  |  |  |
| Determine various risk management and risk communication approaches in relation to issues of environmental justice and equity.  |  |  | P |  |  |  |
| Demonstrate the relationship between behavioral, social, cultural, and environmental factors related to population health and health disparities.  |  |  |  |  | P | P |

|  |
| --- |
| **Table 2.6.2a continued**  |
| Core competencies for PHE P=Primary, R=Reinforcing | HSCI 120: Health and Society: An Ecological Approach | HSCI 315: Statistics for Health Sciences | HSCI 352: Principles of Environmental Health | HSCI 367: Human Disease Mechanism | HSCI 370: Health Behavior | HSCI 451: Principles of Epidemiology |
| Describe the legal and ethical basis for public health and health services.  |  |  |  |  |  | P |
| Use information technology (word processing, spreadsheet, presentation, statistical software, audio/video, mail merge, wordle, and mapping) to access and interpret health related data.  |  | P |  |  |  | R |
| Develop an e-portfolio to show to preceptors and potential employers. |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Table 2.6.2b Concentration Courses and Activities through which Core Competencies for PHE are Met |  |
| Core competencies for PHE P=Primary, R=Reinforcing | HSCI 271: introduction to Public Health | HSCI 273: Software Applicationsin the Health Sciences | HSCI 301: Foundations ofPublic Health Education | HSCI 310: Health and Human Sexuality | HSCI 342: Nutrition for Your Health | HSCI 359: Global Health | HSCI 364: Drug and Alcohol Useand Abuse | \*HSCI 404: Women’s Health Issues | \*HSCI 423: Health and Wellness in Older Adults | HSCI 455: Health Policy and Law | HSCI 468: Research Methodology in Health Education | HSCI 471: Health Program Planningand Implementation | HSCI 473: Strategies and Methods in Health Education | HSCI 480: Health Services Administration | HSCI 489: Pre-Field Experience | HSCI 493: Field Experience Seminar | HSCI 495: Field Experience | \*HSCI 505: Health Aspects of Death and Dying |
| Demonstrate effective written and oral presentation skills for public health and health care audiences. | P |  | P | P |  | P | P | R |  | R | R | R | R |  |  | R | R | R |
| Describe the basic concepts, methods and tools of health data collection, use, analysis and interpretation.  |  | P | P |  |  |  |  |  |  |  | P | R | R |  |  |  |  |  |
| Analyze the environmental factors that affect the health of individuals, populations, and communities.  | P |  | P |  |  | P |  |  |  | R |  |  | R |  |  |  |  |  |
| Describe federal and state regulatory programs, guidelines, and authorities that control environmental health issues.  | P |  | P |  |  |  |  |  |  | R |  |  |  |  |  |  |  |  |
| Determine various risk management and risk communication approaches in relation to issues of environmental justice and equity.  |  |  |  |  |  | P |  |  |  | R |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Table 2.6.2b continued** |  |
| Core competencies for PHE P=Primary, R=Reinforcing | HSCI 271: introduction to Public Health | HSCI 273: Software Applicationsin the Health Sciences | HSCI 301: Foundations ofPublic Health Education | HSCI 310: Health and Human Sexuality | HSCI 342: Nutrition for Your Health | HSCI 359: Global Health | HSCI 364: Drug and Alcohol Useand Abuse | \*HSCI 404: Women’s Health Issues | \*HSCI 423: Health and Wellness in Older Adults | HSCI 455: Health Policy and Law | HSCI 468: Research Methodology in Health Education | HSCI 471: Health Program Planningand Implementation | HSCI 473: Strategies and Methods in Health Education | HSCI 480: Health Services Administration | HSCI 489: Pre-Field Experience | HSCI 493: Field Experience Seminar | HSCI 495: Field Experience | \*HSCI 505: Health Aspects of Death and Dying |
| Describe the legal and ethical basis for public health and health services.  | P |  |  |  |  | P |  |  |  |  |  |  | R | R |  |  |  |  |
| Use information technology (word processing, spreadsheet, presentation, statistical software, audio/video, mail merge, wordle, and mapping) to access and interpret health related data.  | P | P | P |  |  |  |  |  |  |  | R | R | R |  |  |  |  |  |
| Develop an e-portfolio to show to preceptors and potential employers. |  | P |  |  |  |  |  |  |  |  |  |  |  |  | P | P | R |  |

#### Footnote: \* Refers to HSCI 404, 423 and 550. These courses are electives and students have the choice of taking courses in other departments.

#### Table 2.6.2c Core Courses and Activities through which Concentration Competencies for PHE are Met

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Concentration competencies for PHE P=Primary, R=Reinforcing | HSCI 120: Health and Society: An Ecological Approach | HSCI 315: Statistics for Health Sciences | HSCI 352: Principles of Environmental Health | HSCI 367: Human Disease Mechanism | HSCI 370: Health Behavior | HSCI 451: Principles of Epidemiology |
| Explain the underlying signs of human health and disease including opportunities for promoting and protecting health across the life course.  | P |  |  | P |  |  |
| Assess the relative impact of theory-based interventions for individuals and populations.  | P |  |  |  | P |  |
| Describe the roles of history, power, privilege, and structural inequality in health disparities.  |  |  |  |  |  |  |
| Apply principles of organizational behavior, planning, marketing, program management and evaluation in public health and health services. |  |  |  |  |  |  |
| Describe the health law-making and rule-making processes at the federal, state, and local levels. |  |  |  |  |  |  |

#### Table 2.6.2d Concentration Courses and Activities through which Concentration Competencies for PHE are Met

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Concentration competencies for PHE P=Primary, R=Reinforcing | HSCI 271: introduction to Public Health | HSCI 273: Software Applicationsin the Health Sciences | HSCI 301: Foundations ofPublic Health Education | HSCI 310: Health and Human Sexuality | HSCI 342: Nutrition for Your Health | HSCI 359: Global Health | HSCI 364: Drug and Alcohol Useand Abuse | \*HSCI 404: Women’s Health Issues | \*HSCI 423: Health and Wellness in Older Adults | HSCI 455: Health Policy and Law | HSCI 468: Research Methodology in Health Education | HSCI 471: Health Program Planningand Implementation | HSCI 473: Strategies and Methods in Health Education | HSCI 480: Health Services Administration | HSCI 489: Pre-Field Experience | HSCI 493: Field Experience Seminar | HSCI 495: Field Experience | \*HSCI 505: Health Aspects of Death and Dying |
| Explain the underlying signs of human health and disease including opportunities for promoting and protecting health across the life course. | P |  |  | P |  |  | R | R |  |  |  |  |  |  |  | R |  | R |
| Assess the relative impact of theory-based interventions for individuals and populations. | P |  | P |  |  |  |  |  |  |  |  | R | R |  |  |  |  |  |
| Describe the roles of history, power, privilege, and structural inequality in health disparities. | P |  | P |  |  | R |  | R |  |  |  |  |  |  |  |  |  |  |
| Apply principles of organizational behavior, planning, marketing, program management and evaluation in public health and health services.  |  |  |  |  |  |  |  |  |  |  |  | P | P |  |  | R | R |  |
| Describe the health law-making and rule-making processes at the federal, state, and local levels.  |  |  |  |  |  |  |  |  |  | P |  |  |  | R | R |  |  |  |

**Footnote: \* Refers to HSCI 404, 423 and 550. These courses are electives and students have the choice of taking courses in other departments.**

#### Table 2.6.2e Core Courses and Activities through which Core Competencies for MPH are Met

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Core competencies for MPHP=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 person.  | 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 |

#### Table 2.6.2f Concentration Courses and Activities through which Core Competencies for MPH are Met

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Core competencies for MPHP=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 audience. |  | 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 person.  | 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 |  |

HSCI 609 was being offered under the number HSCI 685 or 600 prior to Fall 2017

#### Table 2.6.2g Core Courses and Activities through which Concentration Competencies for MPH are Met

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |  |  |

#### Table 2.6.2h Concentration Courses and Activities through which Concentration Competencies for MPH are Met

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Concentration competencies for MPHP=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 |

HSCI 609 was being offered under the number HSCI 685 or 600 prior to Fall 2017

**2.6.d. Analysis of the completed matrix included in Criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.**

The above competencies, matrices, and following assessment plan is based on the courses offered for cohorts admitted in Fall 2015 and Fall 2016.

Evaluation of competencies demonstrated that the design was incorrect, as further confirmed during a CEPH accreditation conference in July. Initially, each course has a set of competencies and no competencies were in common across the program. In Summer and Fall 2015, the MPH graduate coordinator (who also served as the PHE undergraduate coordinator) and assessment coordinator, in collaboration with the HSCI department chair updated all competencies for the program. These were presented to all department and program faculty. The updated competencies demonstrate the primary introduction of concepts and reinforcement of such concepts, throughout the program. The older competencies for MPH and PHE programs can be found in electronic resource files.

In the previous academic year assessment of the program several gaps were identified. These included: a health behavior course, a public health, biology or nutrition course that addresses the core sciences of public health, as well as a special topics course on emerging issues in public health. These deficiencies were also noted during student feedback at the mid-year orientation in 2015-2016. As a result, effective for the cohort entering in Fall 2016, HSCI 613 (Health Behavior), HSCI 663 (Public Health Nutrition), and 660D (Special Topics in Health Science and Human Ecology), were added.

The course content for HSCI 685 (Health Services Administration Capstone Seminar) was updated to reflect grant writing skills in general health sciences. The department curriculum committee felt the course number and name was more appropriate for the MSHSA, and thus proposed a new course number and name: HSCI 609, Grant Writing for Health Sciences. Until HSCI 609 number is approved, the course will be taught as HSCI 685.

In Fall 2015, the aforementioned program changes have been requested and appropriate forms have been submitted to College and University Curriculum Committees. The program changes have been approved by the College Committee and currently is waiting for University approval (which is expected). Until then, with approval from the Office of Graduate Studies, substitutions will be made in students’ program plan to include the planned additions of HSCI 613, 663, 660D.

The previous year assessment also demonstrated that several classes from the MSHSA program were not relevant to the MPH program. These included: HSCI 602 (Management, Organization, and Planning), HSCI 665 (Strategic Planning and Evaluation), HSCI 675 (Health Services Administration Leadership, Team and Quality Development).

The Office of Graduate Studies requires all graduate students to complete a writing exit requirement. In the past (prior to Fall 2015), MPH students were required to complete an undergraduate writing course. Both student feedback, as well as discussion with the Graduate Dean, revealed the need for graduate-level specific writing content. As such, in Fall 2015, the MPH coordinator re-designed HSCI 608 (Health Research Methods) to include a writing requirement (systematic literature review) to not only meet the requirements for graduation, but also ensure students remain competitive in the public health workforce.

In addition, the HSCI 612 (Public Health Statistics) course was re-designed to include intermediate and advanced statistics (compared entry-level only) to demonstrate reinforcing of competencies, instead of introduction of concepts only (as was the case with previous content). Similarly, the HSCI 617 (Epidemiology) course was re-designed to incorporate intermediate and advanced epidemiologic methods (such as model building and survival analysis) to meet the demands of the public health workforce.

As noted earlier, the PHE program’s competencies were updated in Summer and Fall 2015. No additional changes are planned for the undergraduate degree until Semester conversion.

The proposed program changes and addition of grant writing course is included in the electronic resources folder [MPH folder 🡪 MPH curriculum changes folder🡪 two documents (MPH grant writing course proposal.doc and MPH program proposal.docx)].

**2.6.e. Description of the manner in which competencies are developed, used and made available to students.**

Program faculty developed the goals, objectives, competencies, and associated student learning outcomes; all of which are reviewed periodically (every three years), or annually if issues arise (for example, from student feedback).

Following a comprehensive re-evaluation of all MPH competencies in Fall 2015 and Winter 2016, the program and department faculty voted for approval of all updates to competencies; resulting in an updated list to meet professional standards. The list of competencies is made available on the department’s website and program Blackboard pages.

**2.6.f. Description of the manner in which the program periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.**

The program changes in response to public health practice and workforce changes as an ongoing process. Qualitative and quantitative data are obtained, through such things as: preceptor evaluation, Graduate External Advisory Board feedback, and student feedback, to update the course and program content.

**2.6.g. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.**

This criterion is partially met.

A major strength of the program is to modify and update content based on the needs of the service area and the population. As such, for the MPH program, upon evaluation of course competencies, syllabi, and public health workforce needs, several courses were added (HSCI 613, 663, 660D) or updated (HSCI 612 and 617).

A Graduate External Advisory Board was lacking, thus one was established with informal continuous communication occurring with the MPH program coordinator and the members of the aforementioned advisory board. Based on feedback, a formal board meeting will be scheduled in Fall 2016. The faculty acknowledges the course-based competencies needed modification to demonstrate program competencies focused on public health domains. As a result, program competencies and content in several courses were updated to include such domains.

## 2.7 Assessment Procedures

**There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.**

**2.7.a. A description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice and culminating experiences.**

Student progress in the undergraduate and graduate programs is evaluated during several phases of the program, including lower and upper division courses for undergraduate students, and first and second year courses for graduate students. Each quarter, the majority of classes are evaluated to determine the extent to which student learning outcomes are being met. The program coordinators and department chair review the assessment results annually. -have been further developed to ensure consistency throughout the courses with key required items for program course work.

For MPH students, a boot camp was established in Fall 2015 for specific course work (HSCI 617, Epidemiology and HSCI 612, Public Health, Statistics) to ensure all students start the advanced coursework at a similar baseline. Students are evaluated during core courses, concentration courses, fieldwork, and the culminating experience. Student progress is also monitored in each course. For example, in the graduate statistics course (HSCI 612) students must demonstrate their knowledge and application of statistical concepts and methods through the creation of a data brief in the format used by U.S. federal agencies, such as the Centers for Disease Control and Prevention. Students are given an actual data set relevant to the field and must demonstrate, given a research prompt, knowledge, skills, and application of learning statistical methods to solve a population health problem. Similarly, students in the graduate research methodology course (HSCI 608) must demonstrate the integration of epidemiologic and statistical competencies to produce a professional manuscript focused on a current population health issue.

Graduate students are also evaluated on the attainment of core competencies by the successful completion of the fieldwork experience. The fieldwork plan and preceptors are carefully selected in close collaboration with graduate coordinator, so that students are able to demonstrate the application of learned public health knowledge and skills in an applied setting. Each student also conducts self-evaluation, in addition to site and preceptor evaluation. Finally, graduate students also complete a culminating experience that demonstrates the integration of core competencies and cross-cutting public health competencies.

**2.7.b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program’s performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditation (including bachelor’s, master’s and doctoral degrees) for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion’s interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of graduates at any level who can be located, an explanation must be provided. See CEPH Outcome Measures Template.**

Students have a total of 7 years to finish MPH program, as decided up by the Office of Graduate Studies. Undergraduate student must graduate within 180-quarter units.

#### Table 2.7.1a Students in PHE Degree, By Cohorts Entering Between Academic year 2007-2008 to 2015-2016\*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Cohort of Students**  | **2007-08** | **2008-09** | **2009-10** | **2010-11** | **2011-12** | **2012-13** | **2013-14** | **2014-15** | **2015-16** |
| 2007-08 | # Students entered |  |  |  |  |  |  |  |  |  |
|  | # Students withdrew, dropped, etc. |  |  |  |  |  |  |  |  |  |
|  | # Students graduated |  |  |  |  |  |  |  |  |  |
|  | Cumulative graduation rate |  |  |  |  |  |  |  |  |  |
| 2008-09 | # Students continuing at beginning of this school year |  |  |  |  |  |  |  |  |  |
|  | # Students withdrew, dropped, etc. |  |  |  |  |  |  |  |  |  |
|  | # Students graduated |  |  |  |  |  |  |  |  |  |
|  | Cumulative graduation rate |  |  |  |  |  |  |  |  |  |
| 2009-10 | # Students continuing at beginning of this school year |  |  |  |  |  |  |  |  |  |
|  | # Students withdrew, dropped, etc. |  |  |  |  |  |  |  |  |  |
|  | # Students graduated |  |  |  |  |  |  |  |  |  |
|  | Cumulative graduation rate |  |  |  |  |  |  |  |  |  |
| 2010-11 | # Students continuing at beginning of this school year |  |  |  |  |  |  |  |  |  |
|  | # Students withdrew, dropped, etc. |  |  |  |  |  |  |  |  |  |
|  | # Students graduated |  |  |  |  |  |  |  |  |  |
|  | Cumulative graduation rate |  |  |  |  |  |  |  |  |  |
| 2011-12 | # Students continuing at beginning of this school year |  |  |  |  |  |  |  |  |  |
|  | # Students withdrew, dropped, etc. |  |  |  |  |  |  |  |  |  |
|  | # Students graduated |  |  |  |  |  |  |  |  |  |
|  | Cumulative graduation rate |  |  |  |  |  |  |  |  |  |
| 2012-13 | # Students continuing at beginning of this school year |  |  |  |  |  |  |  |  |  |
|  | # Students withdrew, dropped, etc. |  |  |  |  |  |  |  |  |  |
|  | # Students graduated |  |  |  |  |  |  |  |  |  |
|  | Cumulative graduation rate |  |  |  |  |  |  |  |  |  |
| 2013-14 | # Students continuing at beginning of this school year |  |  |  |  |  |  |  |  |  |
|  | # Students withdrew, dropped, etc. |  |  |  |  |  |  |  |  |  |
|  | # Students graduated |  |  |  |  |  |  |  |  |  |
|  | Cumulative graduation rate |  |  |  |  |  |  |  |  |  |
| 2014-15 | # Students continuing at beginning of this school year |  |  |  |  |  |  |  |  |  |
|  | # Students withdrew, dropped, etc. |  |  |  |  |  |  |  |  |  |
|  | # Students graduated |  |  |  |  |  |  |  |  |  |
|  | Cumulative graduation rate |  |  |  |  |  |  |  |  |  |
| 2015-16 | # Students continuing at beginning of this school year |  |  |  |  |  |  |  |  |  |
|  | # Students withdrew, dropped, etc. |  |  |  |  |  |  |  |  |  |
|  | # Students graduated |  |  |  |  |  |  |  |  |  |
|  | Cumulative graduation rate |  |  |  |  |  |  |  |  |  |

\*The University does not collect PHE concentration specific data as majority of our students are transfer. We only have graduation rates. This is being discussed with senior administration, however, we do not have it available. Current data however, demonstrates consistency in PHE’s ability to graduate students. See table below.

**Site visitors’ comment:** 2.7: Can you provide an estimate of how many students graduate from the bachelor’s degree program each year?

|  |  |
| --- | --- |
| **Year 20XX** | **Number of PHE students graduated** |
| 07-08 | 0 |
| 08-09 | 0 |
| 09-10 | 9 |
| 10-11 | 27 |
| 11-12 | 31 |
| 12-13 | 44 |
| 13-14 | 49 |
| 14-15 | 38 |
| 15-16 | 36 |
| 16-17 (only includes Fall 2016 and Winter 2017 graduates) | 19 |
| **Total** | **253** |

#### Table 2.7.1b Students in MPH Degree, By Cohorts Entering Between Academic year 2007-2008 to 2015-2016

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Cohort of Students**  | **2007-08** | **2008-09** | **2009-10** | **2010-11** | **2011-12** | **2012-13** | **2013-14** | **2014-15** | **2015-16** |
| 2007-08 | # Students entered | 3 |  |  |  |  |  |  |  |  |
|  | # Students withdrew, dropped, etc. | 0 |  |  |  |  |  |  |  |  |
|  | # Students graduated | 0 |  |  |  |  |  |  |  |  |
|  | Cumulative graduation rate | 0.0% |  |  |  |  |  |  |  |  |
| 2008-09 | # Students continuing at beginning of this school year | 3 | 1 |  |  |  |  |  |  |  |
|  | # Students withdrew, dropped, etc. | 1 | 0 |  |  |  |  |  |  |  |
|  | # Students graduated | 0 | 0 |  |  |  |  |  |  |  |
|  | Cumulative graduation rate | 0.0% | 0.0% |  |  |  |  |  |  |  |
| 2009-10 | # Students continuing at beginning of this school year | 2 | 1 | 1 |  |  |  |  |  |  |
|  | # Students withdrew, dropped, etc. | 0 | 0 | 0 |  |  |  |  |  |  |
|  | # Students graduated | 0 | 1 | 0 |  |  |  |  |  |  |
|  | Cumulative graduation rate | 0.0% | 100.0% | 0.0% |  |  |  |  |  |  |
| 2010-11 | # Students continuing at beginning of this school year | 2 | 0 | 1 | 1 |  |  |  |  |  |
|  | # Students withdrew, dropped, etc. | 0 | 0 | 1 | 0 |  |  |  |  |  |
|  | # Students graduated | 0 | 0 | 0 | 0 |  |  |  |  |  |
|  | Cumulative graduation rate | 0.0% | 100.0% | 0.0% | 0.0% |  |  |  |  |  |
| 2011-12 | # Students continuing at beginning of this school year | 2 | 0 | 0 | 1 | 4 |  |  |  |  |
|  | # Students withdrew, dropped, etc. | 0 | 0 | 0 | 0 | 0 |  |  |  |  |
|  | # Students graduated | 1 | 0 | 0 | 1 | 0 |  |  |  |  |
|  | Cumulative graduation rate | 33.3% | 100.0% | 0.0% | 100.0% | 0.0% |  |  |  |  |
| 2012-13 | # Students continuing at beginning of this school year | 1 | 0 | 0 | 0 | 4 | 5 |  |  |  |
|  | # Students withdrew, dropped, etc. | 0 | 0 | 0 | 0 | 0 | 0 |  |  |  |
|  | # Students graduated | 1 | 0 | 0 | 0 | 4 | 0 |  |  |  |
|  | Cumulative graduation rate | 66.7% | 100.0% | 0.0% | 100.0% | 100.0% | 0.0% |  |  |  |
| 2013-14 | # Students continuing at beginning of this school year | 0 | 0 | 0 | 0 | 0 | 5 | 8 |  |  |
|  | # Students withdrew, dropped, etc. | 0 | 0 | 0 | 0 | 0 | 1 | 0 |  |  |
|  | # Students graduated | 0 | 0 | 0 | 0 | 0 | 3 | 0 |  |  |
|  | Cumulative graduation rate | 66.7% | 100.0% | 0.0% | 100.0% | 100.0% | 60.0% | 0.0% |  |  |
| 2014-15 | # Students continuing at beginning of this school year | 0 | 0 | 0 | 0 | 0 | 1 | 8 | 5 |  |
|  | # Students withdrew, dropped, etc. | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 |  |
|  | # Students graduated | 0 | 0 | 0 | 0 | 0 | 1 | 6 | 0 |  |
|  | Cumulative graduation rate | 66.7% | 100.0% | 0.0% | 100.0% | 100.0% | 80.0% | 75.0% | 0.0% |  |
| 2015-16 | # Students continuing at beginning of this school year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 6 |
|  | # Students withdrew, dropped, etc. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | # Students graduated | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | Cumulative graduation rate | 66.7% | 100.0% | 0.0% | 100.0% | 100.0% | 80.0% | 75.0% | 0.0% | 0.0% |

Definitions:

Degree: Schools and programs should include a table for each degree conferred (e.g., MPH, MS, PhD, DrPH, BS, etc.). Institutions may also consider creating a table for each concentration within a degree (e.g., biostatistics, epidemiology, community health education, etc.). This more detailed analysis is merely suggested for the benefit of the institution and does not have to be included in the self-study document. However, graduation rate tables by concentration may be included in the self-study if their inclusion would be helpful to reviewers.

# Students entered: The number of newly matriculated students enrolled in this degree in a cohort year. Students who transfer into this degree from another degree within the school or program should be retrospectively added to the cohort. The enrollment status (ie, part- or full-time enrollment) of students is not needed in this table.

# Students withdrew, dropped, etc.: The number of students from the entering cohort who, through official notice or failure to enroll, resigned from the program before completing the degree.

# Students graduated: The number of students from the entering cohort who successfully completed the requirements for graduation.

# Students continuing at beginning of this school year: The number of students from the entering cohort who remained enrolled after subtracting out those who graduated and those who withdrew.

Cumulative graduation rate: Students who withdraw from the program (through official notice or failure to enroll) should be counted in the denominator of this calculation. Students who transfer to another degree within the school or program should not be counted in the denominator for the original degree. They should be retrospectively added to the entering enrollment number of the degree they transferred into.

#### Table 2.7.2a Destination of Graduates (PHE program) by Employment Type

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Graduation year****2013/2014** | **Graduation year****2014/2015** | **Graduation year****2015/2016** |
| Employed  | 5\* | 2 |  |
| Continuing education/training (not employed) |  |  |  |
| Actively seeking employment |  |  |  |
| Not seeking employment (not employed and not continuing education/training, by choice) |  |  |  |
| Unknown | 1 |  |  |
| Total | 6 |  |  |

\*Including 1 that is also continuing education/training

Number of alum evaluated: 2013/2014 = 6, 2014/2015 = 2

Not collected for 2015/2016 since students have not graduated yet.

|  |
| --- |
| Table 2.7.2b Destination of Graduates (MPH program) by Employment Type |
|  | **Graduation year****2013/2014** | **Graduation year****2014/2015** | **Graduation year****2015/2016** |
| Employed  | 5 | 6 |  |
| Continuing education/training (not employed) | 3 |  |  |
| Actively seeking employment |  |  |  |
| Not seeking employment (not employed and not continuing education/training, by choice) |  | 1 |  |
| Unknown | 1 | 1 |  |
| Total | 9 | 8 |  |

Number of graduates in 2014 = 9

Number of graduates in 2015 = 8

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

Not collected for 2015/2016 since students have not graduated yet.

**2.7.c. An explanation of the methods used to collect job placement data and of graduates’ response rates to these data collection efforts. The program must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.**

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 is fairly low response rate. To address the 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 493 for undergraduate students and HSCI 689 for graduate students). Students are now informed that they will be receiving an email one year after graduation regarding taking the survey.

**2.7.d. In fields for which there is certification of professional competence and data are available from the certifying agency, data on the performance of the program’s graduates on these national examinations for each of the last three years.**

The National Commission for Health Education Credentialing provided the results of CHES/MCHES pass/fail rates and is depicted in a table below.

#### Table 2.7.3 CHES/MCHES Results

|  |
| --- |
| **CSU, SAN BERNARDINO****CHES & MCHES PASS/FAIL** |
|  | 2014/2015 | 2015/2016 | 2016/2017 |
| October | April | October | April | October | April |
| CHES | PASS | 8 | 1 | 2 |  |  |  |
| FAIL | 1 | 2 | 1 |  |  |  |
| TOTAL | 9 | 3 | 3 |  |  |  |

2016/2017 data not available yet.

**2.7.e. Data and analysis regarding the ability of the program’s graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers and other relevant stakeholders. Methods for such assessment may include key informant interviews, surveys, focus groups and documented discussions.**

Prior to the 2015-2016 academic year, the alumni survey was 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 program and assessment coordinators also conduct one-on-one interviews with employers of both undergraduate and graduate alumni.

Qualitative questions for employers include the following:

1. How long has \_\_\_\_\_\_ worked for your organization?
2. What is the current nature and primary responsibilities of \_\_\_\_\_\_’s job?
3. What would you say \_\_\_\_\_\_’s strengths are?
4. How well would you say the program has prepared \_\_\_\_\_\_ for the current job and responsibilities?
5. 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_8GGEgpcN1uPzIYl>

Alumni feedback demonstrates that the program requirement of practical experience (internship) has allowed them the opportunity to gain practical 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.

For the undergraduate program, a common theme in scope for improvement was the number of seats available in the classes. Limited space often resulted in a delay in graduation. Students also expressed the need for faculty advisors for both academic and career planning. An additional recommendation was to improve critical thinking in some courses through class discussion and group activities. For the graduate program, a mandatory orientation and greater availability of faculty advisors after 6pm were recommended.

Limited contact was made by employees in the past. Since Fall 2015, however, one-on-one interviews with employees 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.

**2.7.f. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.**

This criterion is partially met.

The program has well-established course and instruction evaluation procedures. While the MPH degree continues to graduate students at the expected level, the undergraduate student tracking has been difficult. This is primarily because the undergraduate degree, PHE, is part of the Health Science B.S. program. As such, institutional research (IR) data on student outcomes on graduation is often reported as cumulative health science, instead of specific concentration. Plans are in development to work with IR to better assess student outcomes. Similarly, follow up with students and employers have been negligible in the past. As a result, we the program had limited information on student job placement, employee feedback, etc. Effective Fall 2015, however, plans were implemented to regularly reach out to students and their employees to ensure long-term assessment of the program is being conducted.

## 2.8 Bachelor’s Degrees in Public Health

**Follow SBP criteria 4.0 Curriculum**

**SBP 4.1. The overall undergraduate curriculum (e.g., general education, liberal learning, essential knowledge and skills, etc.) introduces students to the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the undergraduate curriculum, including general education courses defined by the institution as well as concentration and major requirements or electives.**

Information about the BS Health Science, with concentration in Public Health Education program can be found at: <http://bulletin.csusb.edu/colleges-schools-departments/natural-sciences/health-science-human-ecology/health-science-bs/>

#### Template K

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| **DOMAINS** | **Courses and other learning experiences through which students are introduced to the domains specified** |
| Science: Introduction to the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease.Life Sciences: Topics in Biology, Biology of Populations, Healthy and Society: An Ecological ApproachPhysical Sciences: Descriptive Astronomy, Chemistry in the Modern World, Fundamentals of Chemistry I: General Chemistry, General Chemistry I: Atomic Structure and Chemical Bonding, Physical Geography, Introductory Geology, Physics in the Modern World, Basic Concepts of Physics I, General Physics I | BIOL 220, 223, 224CHEM 205HSCI 120, 352, 367, 451BIO 100, BIO 202, HSCI 120ASTR103, CHEM 100, CHEM 205, CHEM 215, GEOG 103, GEOG 101, PHYS 100, PHYS 121. PHYS 221 |
| Social and Behavioral Sciences: Introduction to the foundations of social and behavioral sciences American History and Civilization: American Civilization, United States History to 1877, United States History, 1877 to PresentAmerican Institutions: American Government | HSCI 370HIST 146, HIST 200, HIST 201PSCI 203 |
| Math/Quantitative Reasoning: Introduction to basic statistics, College Algebra, The Ideas of Mathematics, Pre-Calculus, Methods of Calculus, Basic Concepts of Calculus | HSCI 315, MATH 110, MATH 115, MATH 120, MATH 192, MATH 211 |
| Humanities/Fine Arts: Arts: Studies in Art, The Art of Film, Studies in Music, Introduction to TheatreLiterature: World Literature I, World Literature II, World Drama, Studies in Literature, World Drama, Oral Interpretation of Literature | ART 200, HUM 180, MUS 180, TA 260ENG 110, ENG 111, ENG 160, ENG 170, TA 160, TA 212 |

**SBP 4.2 The requirements for the public health major or concentration provide instruction in the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the requirements for the major or concentration coursework (i.e., the program may identify multiple learning experiences that address a domain—the domains listed below do not each require a single designated course).**

#### Template L

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| PUBLIC HEALTH DOMAINS | Core Course Name and Number |
| KeyI - IntroducedC – Covered | HSCI 120: Health and Society: An Ecological Approach | HSCI 315: Statistics for Health Sciences | HSCI 352: Principles of Environmental Health | HSCI 367: Human Disease Mechanism | HSCI 370: Health Behavior | HSCI 451: Principles of Epidemiology |
| Overview of Public Health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society |   |   |   |   |   |   |
|  | Public Health History |  |  |   |   |   |  I |
|  | Public Health Philosophy |  |  |   |   |   |   |
|  | Core PH Values |  |  |   |   |   |  C |
|  | Core PH Concepts |  |  |  I |  I |   |   |
|  | Global Functions of Public Health |   |  |   |   |  I |  C |
|  | Societal Functions of Public Health |   |  |  I |   |  C |  C |
| Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice |   |   |   |   |   |   |
|  | Basic Concepts of Data Collection |  | C |   |   |   |   |
|  | Basic Methods of Data Collection |  | C |   |   |   |  C |
|  | Basic Tools of Data Collection |  | C |   |   |   |   |
|  | Data Usage |  | C |   |   |   |  C |
|  | Data Analysis |  | C |   |   |   |   |
|  | Evidence-based Approaches |  | I |   |   |  C |  C |

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| PUBLIC HEALTH DOMAINS | Core Course Name and Number |
|  | HSCI 120: Health and Society: An Ecological Approach | HSCI 315: Statistics for Health Sciences | HSCI 352: Principles of Environmental Health | HSCI 367: Human Disease Mechanism | HSCI 370: Health Behavior | HSCI 451: Principles of Epidemiology |
| Identifying and Addressing Population Health Challenges: Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations |   |   |   |   |   |   |
|  | Population Health Concepts |  I |   | C  |  C |  C |  C |
|  | Introduction to Processes and Approaches to Identify Needs and Concerns of Populations |   |   |   |   |  C |   |
|  | Introduction to Approaches and Interventions to Address Needs and Concerns of Populations |  I |   |   |   | C  | I  |
| Human Health: Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course |  |  |  |  |  |  |
|   | Science of Human Health and Disease |  I |   | C  | C  |   |   |
|   | Health Promotion |  I |   |   |   | C  |   |
|  | Health Protection |  I |   |   |   | C |   |
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| PUBLIC HEALTH DOMAINS | Core Course Name and Number |
|  | HSCI 120: Health and Society: An Ecological Approach | HSCI 315: Statistics for Health Sciences | HSCI 352: Principles of Environmental Health | HSCI 367: Human Disease Mechanism | HSCI 370: Health Behavior | HSCI 451: Principles of Epidemiology |
| Determinants of Health: Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities |   |   |   |   |   |   |
|  | Socio-economic Impacts on Human Health and Health Disparities |   |   |   |   |  C | C  |
|  | Behavioral Factors Impacts on Human Health and Health Disparities |   |   |   |   | C  |  C |
|  | Biological Factors Impacts on Human Health and Health Disparities |   |   |   | C  |   |   |
|  | Environmental Factors Impacts on Human Health and Health Disparities |   |   |  C |   |   |   |
| Project Implementation: Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation |   |   |   |   |   |   |
|  | Introduction to Planning Concepts and Features |   |   |   |   |   |   |
|  | Introduction to Assessment Concepts and Features |   |   |   |   |   |   |
|  | Introduction to Evaluation Concepts and Features |   |   |   |   |   |   |

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| PUBLIC HEALTH DOMAINS | Core Course Name and Number |
|  | HSCI 120: Health and Society: An Ecological Approach | HSCI 315: Statistics for Health Sciences | HSCI 352: Principles of Environmental Health | HSCI 367: Human Disease Mechanism | HSCI 370: Health Behavior | HSCI 451: Principles of Epidemiology |
| 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 |  |  |  |  |  |  |
|  | Characteristics and Structures of the U.S. Health System |   |   |   |   |   |   |
|  | Comparative Health Systems |   |   |   |   |   |   |
| 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 |   |   |   |   |   |   |
|  | Legal dimensions of health care and public health policy |   |   |   |   |   |   |
|  | Ethical dimensions of health care and public health policy |   |   |   |   |   | I  |
|  | Economical dimensions of health care and public health policy |   |   |   |   |   |   |
|  | Regulatory dimensions of health care and public health policy |   |   |   |   |   |   |
|  | Governmental Agency Roles in health care and public health policy |   |   |  I |   |   |   |

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| PUBLIC HEALTH DOMAINS | Core Course Name and Number |
|  | HSCI 120: Health and Society: An Ecological Approach | HSCI 315: Statistics for Health Sciences | HSCI 352: Principles of Environmental Health | HSCI 367: Human Disease Mechanism | HSCI 370: Health Behavior | HSCI 451: Principles of Epidemiology |
| Health Communications: Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology |   |   |   |   |   |   |
|  | Technical writing |   |  I |   |   |   |   |
|  | Professional writing |  I |   |  C | C  |  C | C  |
|  | Use of Mass Media |   |   |   |   |  I |   |
|  | Use of Electronic Technology |   | C  |   |   |   |  I |

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| PUBLIC HEALTH DOMAINS | Concentration Course Name and Number |
|  | HSCI 271: introduction to Public Health | HSCI 273: Software Applicationsin the Health Sciences | HSCI 301: Foundations ofPublic Health Education | HSCI 310: Health and Human Sexuality | HSCI 342: Nutrition for Your Health | HSCI 359: Global Health | HSCI 364: Drug and Alcohol Useand Abuse | HSCI 455: Health Policy and Law | HSCI 468: Research Methodology in Health Education | HSCI 471: Health Program Planningand Implementation | HSCI 473: Strategies and Methods in Health Education | HSCI 480: Health Services Administration |
| Overview of Public Health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society |   |   |   |   |   |   |   |  |  |  |  |  |
|  | Public Health History | I |  | C  |   |   |   |   |  |  |  |  |  |
|  | Public Health Philosophy | I |  |  C |   |   |   |   |  |  |  |  |  |
|  | Core PH Values | I |  |  C |   |   |   |   |  |  |  |  |  |
|  | Core PH Concepts | I |  |  C |   |   |   |   |  | I |  |  |  |
|  | Global Functions of Public Health |  I |  |  C |   |   | C  |   |  |  |  |  |  |
|  | Societal Functions of Public Health |  I |  |  C |   |  C |   |   |  |  |  |  |  |

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| PUBLIC HEALTH DOMAINS | Concentration Course Name and Number |
|  | HSCI 271: introduction to Public Health | HSCI 273: Software Applicationsin the Health Sciences | HSCI 301: Foundations ofPublic Health Education | HSCI 310: Health and Human Sexuality | HSCI 342: Nutrition for Your Health | HSCI 359: Global Health | HSCI 364: Drug and Alcohol Useand Abuse | HSCI 455: Health Policy and Law | HSCI 468: Research Methodology in Health Education | HSCI 471: Health Program Planningand Implementation | HSCI 473: Strategies and Methods in Health Education | HSCI 480: Health Services Administration |
| Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Basic Concepts of Data Collection |  | I |   |   |   |   |   |  | C |  |  |  |
|  | Basic Methods of Data Collection |  | I |   |   |   |   |   |  | C |  |  |  |
|  | Basic Tools of Data Collection |  | I |   |   |   |   |   |  | C |  |  |  |
|  | Data Usage |  | I |   |   |   |   |   |  | C |  |  |  |
|  | Data Analysis |  | I |   |   |   |   |   |  | I |  |  |  |
|  | Evidence-based Approaches |  |  |  I | I  | C  |   | I  |  | C | C | C |  |

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| PUBLIC HEALTH DOMAINS | Concentration Course Name and Number |
|  | HSCI 271: introduction to Public Health | HSCI 273: Software Applicationsin the Health Sciences | HSCI 301: Foundations ofPublic Health Education | HSCI 310: Health and Human Sexuality | HSCI 342: Nutrition for Your Health | HSCI 359: Global Health | HSCI 364: Drug and Alcohol Useand Abuse | HSCI 455: Health Policy and Law | HSCI 468: Research Methodology in Health Education | HSCI 471: Health Program Planningand Implementation | HSCI 473: Strategies and Methods in Health Education | HSCI 480: Health Services Administration |
| Identifying and Addressing Population Health Challenges: Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Population Health Concepts |  I |   |  C |   |   |   |   |  |  |  |  |  |
|  | Introduction to Processes and Approaches to Identify Needs and Concerns of Populations |   |   |  C |   |   |   |   |  |  | C | C |  |
|  | Introduction to Approaches and Interventions to Address Needs and Concerns of Populations |   |   |  C |   |   | C  |   |  |  | C | I |  |

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| PUBLIC HEALTH DOMAINS | Concentration Course Name and Number |
|  | HSCI 271: introduction to Public Health | HSCI 273: Software Applicationsin the Health Sciences | HSCI 301: Foundations ofPublic Health Education | HSCI 310: Health and Human Sexuality | HSCI 342: Nutrition for Your Health | HSCI 359: Global Health | HSCI 364: Drug and Alcohol Useand Abuse | HSCI 455: Health Policy and Law | HSCI 468: Research Methodology in Health Education | HSCI 471: Health Program Planningand Implementation | HSCI 473: Strategies and Methods in Health Education | HSCI 480: Health Services Administration |
| Human Health: Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Science of Human Health and Disease |   |   |   |  C |   |   |  C |  |  |  |  |  |
|   | Health Promotion |   |   |  I |   |  I |  I |   |  |  | C | C |  |
|  | Health Protection |   |   |  I |   |  I |  I |   |  |  | C | C |  |

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| PUBLIC HEALTH DOMAINS | Concentration Course Name and Number |
|  | HSCI 271: introduction to Public Health | HSCI 273: Software Applicationsin the Health Sciences | HSCI 301: Foundations ofPublic Health Education | HSCI 310: Health and Human Sexuality | HSCI 342: Nutrition for Your Health | HSCI 359: Global Health | HSCI 364: Drug and Alcohol Useand Abuse | HSCI 455: Health Policy and Law | HSCI 468: Research Methodology in Health Education | HSCI 471: Health Program Planningand Implementation | HSCI 473: Strategies and Methods in Health Education | HSCI 480: Health Services Administration |
| Determinants of Health: Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Socio-economic Impacts on Human Health and Health Disparities |  I |   |  C |   |   |   |   |  |  |  |  |  |
|  | Behavioral Factors Impacts on Human Health and Health Disparities |  I |   |  C |  C |   |   |  C |  |  |  |  |  |
|  | Biological Factors Impacts on Human Health and Health Disparities |   |   |   |  C |   |   |   |  |  |  |  |  |
|  | Environmental Factors Impacts on Human Health and Health Disparities |   |   |   |   |   |   |   |  |  |  |  |  |

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| PUBLIC HEALTH DOMAINS | Concentration Course Name and Number |
|  | HSCI 271: introduction to Public Health | HSCI 273: Software Applicationsin the Health Sciences | HSCI 301: Foundations ofPublic Health Education | HSCI 310: Health and Human Sexuality | HSCI 342: Nutrition for Your Health | HSCI 359: Global Health | HSCI 364: Drug and Alcohol Useand Abuse | HSCI 455: Health Policy and Law | HSCI 468: Research Methodology in Health Education | HSCI 471: Health Program Planningand Implementation | HSCI 473: Strategies and Methods in Health Education | HSCI 480: Health Services Administration |
| Project Implementation: Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Introduction to Planning Concepts and Features |   |   |  I |   |   |   |   |  |  | C | I |  |
|  | Introduction to Assessment Concepts and Features |   |   |  I |   |   |   |   |  |  | C | I |  |
|  | Introduction to Evaluation Concepts and Features |   |   |  I |   |   |   |   |  |  | I |  |  |

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| PUBLIC HEALTH DOMAINS | Concentration Course Name and Number |
|  | HSCI 271: introduction to Public Health | HSCI 273: Software Applicationsin the Health Sciences | HSCI 301: Foundations ofPublic Health Education | HSCI 310: Health and Human Sexuality | HSCI 342: Nutrition for Your Health | HSCI 359: Global Health | HSCI 364: Drug and Alcohol Useand Abuse | HSCI 455: Health Policy and Law | HSCI 468: Research Methodology in Health Education | HSCI 471: Health Program Planningand Implementation | HSCI 473: Strategies and Methods in Health Education | HSCI 480: Health Services Administration |
| 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 |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Characteristics and Structures of the U.S. Health System |   |   |   |   |   |   |   | C |  |  |  | C |
|  | Comparative Health Systems |   |   |   |   |   |   |   | C |  |  |  | C |

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| PUBLIC HEALTH DOMAINS | Concentration Course Name and Number |
|  | HSCI 271: introduction to Public Health | HSCI 273: Software Applicationsin the Health Sciences | HSCI 301: Foundations ofPublic Health Education | HSCI 310: Health and Human Sexuality | HSCI 342: Nutrition for Your Health | HSCI 359: Global Health | HSCI 364: Drug and Alcohol Useand Abuse | HSCI 455: Health Policy and Law | HSCI 468: Research Methodology in Health Education | HSCI 471: Health Program Planningand Implementation | HSCI 473: Strategies and Methods in Health Education | HSCI 480: Health Services Administration |
| 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 |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Legal dimensions of health care and public health policy |   |   |   |   |   |   |   | C |  |  |  |  |
|  | Ethical dimensions of health care and public health policy |   |   |   |   |   |   |   | C |  |  |  |  |
|  | Economical dimensions of health care and public health policy |   |   |   |   |   |   |   |  |  |  |  | C |
|  | Regulatory dimensions of health care and public health policy |   |   |   |   |   |   |   |  |  |  |  | C |
|  | Governmental Agency Roles in health care and public health policy |   |   |   |   |   |   |   | C |  |  |  | C |

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| PUBLIC HEALTH DOMAINS | Concentration Course Name and Number |
|  | HSCI 271: introduction to Public Health | HSCI 273: Software Applicationsin the Health Sciences | HSCI 301: Foundations ofPublic Health Education | HSCI 310: Health and Human Sexuality | HSCI 342: Nutrition for Your Health | HSCI 359: Global Health | HSCI 364: Drug and Alcohol Useand Abuse | HSCI 455: Health Policy and Law | HSCI 468: Research Methodology in Health Education | HSCI 471: Health Program Planningand Implementation | HSCI 473: Strategies and Methods in Health Education | HSCI 480: Health Services Administration |
| Health Communications: Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Technical writing |   |  C |   |   |   |   |   | C |  | C |  |  |
|  | Professional writing |  C |  C | C | C | C | C | C | C | C | C | C | C |
|  | Use of Mass Media |   |  C |   |   |   |   |   |  |  |  |  |  |
|  | Use of Electronic Technology |   |  C |   |   |   |   |   |  |  |  |  |  |

**SBP 4.3 Students must demonstrate the following skills:**

* **the ability to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences**
* **the ability to locate, use, evaluate and synthesize public health information**

#### TEMPLATE M

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| **Skills** | **Courses and other learning experiences through which students demonstrate the following skills.** | **Methods by which these skills are assessed.** |
| Public Health Communication: Students should be able to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences |
| Oral communication | HSCI 271: Group PresentationHSCI 310: Points of InterestHSCI 342: Case Study ProposalHSCI 352: Special AssignmentHSCI 364: Literature ReviewHSCI 370: Group PresentationHSCI 451: Case studiesHSCI 455: Congressional BillHSCI 473: Teaching PresentationHSCI 480: Research Paper | 271: Students present group presentation expanding on public health topics.310: Students present a brief discussion on topics related to health and human sexuality. 342: Students present the findings of a thorough case study examining the current health status of specific community. 352: Students present the results of their research assignment to raise the awareness of environmental issues.364: Students present the findings of a literature review on distinguished topic relating to the course.370: Students participate in a group project and present to further discuss health behavior topics. 451: Student present results of case studies in class as part of peer-teaching. 455: Student present their bill to class for vote.473: Students will lead the class in a presentation utilizing materials that have been developed to demonstrate strategies to health education.480: Students will present the findings of research paper. |

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| **Template M continued** |
| **Skills** | **Courses and other learning experiences through which students demonstrate the following skills.** | **Methods by which these skills are assessed.** |
| Written communication | HSCI 301: Written AssignmentsHSCI 352: Special AssignmentHSCI 364: Summary and ReflectionsHSCI 367: Term PaperHSCI 370: Final paperHSCI 451: Term paperHSCI 455: Policy briefHSCI 471: Program proposalHSCI 473: Advocacy LetterHSCI 480: Research PaperHSCI 489: Required Written Assignments | 301: Students are required to complete various written assignments pertaining to public health topics. 352: Students write a research paper on environmental health issues.364: Students write a summary and personal reflection from various topics through the course. 367: Students write a research paper on an approved topic relating to human disease mechanisms. 370: Students write a final paper which details a social marketing campaign designed to address a main health concern for local high school students.451: Students write a content analysis research paper of an epidemiologic topic.455: Students write a policy analytical paper on a chosen U.S. health policy topic. 471: Students develop a hypothetical program proposal on a chosen public health intervention.473: Students develop a letter to an official addressing a policy, education, or environmental issue. 480: Students create a research paper through literature review on a topic relating to health services organizations. 489: Students are required to complete several self professional assignments, such as resume, business cards, personal goals and statement, in preparation for field experience and professional skills. |

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| **Template M continued** |
| **Skills** | **Courses and other learning experiences through which students demonstrate the following skills.** | **Methods by which these skills are assessed.** |
| Communication with diverse audience | HSCI 315: Data BriefHSCI 364: Field InterviewHSCI 370: Social Marketing CampaignHSCI 451: PSAHSCI 455: Congressional BillHSCI 473: Advocacy Letter | HSCI 315: Students write a CDC-format data brief based on a research question and summary section for lay audience.HSCI 364: Students communicate with professionals in the field of drug prevention/intervention to conduct an interview for better understanding of this issue. HSCI 370: Students develop a social marketing campaign to address a chosen public health concern among local high school students to be hypothetically posted on social media. Students also develop a 5 minute oral presentation promoting their campaign, which is shown to local high school students.HSCI 451: Students create a PSA (30 secs) for lay audience on a chosen epidemiologic topic.HSCI 455: Students write a bill on a chosen healthcare topic for congressional leaders.HSCI 473: Students create an advocacy letter to be designed for officials with decision-making roles. |
| Communicate through variety of media | HSCI 370: Social Marketing CampaignHSCI 451: InfographicsHSCI 473: Media Product | 370: Students create images, memes, short videos, and hashtags that can be hypothetically posted on social media (Instagram, YouTube, Facebook, Snapchat) to address a chosen health concern among local high school students 451: Students create info graphs on a chosen epidemiologic topic. 473: Students prepare a media presentation, in power point or video form, following a behavior change theory,  |

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| **Template M continued** |
| **Skills** | **Courses and other learning experiences through which students demonstrate the following skills.** | **Methods by which these skills are assessed.** |
| Information Literacy: Students should be able to locate, use, evaluate, and synthesize information |
| Locate information | HSCI 120: Health Behavior Change ProjectHSCI 310: Points of Interest HSCI 315: Data BriefHSCI 342: Case Study ProposalHSCI 352: Special AssignmentHSCI 364: Literature ReviewHSCI 367: Term PaperHSCI 370: Final PaperHSCI 451: Literature review HSCI 455: Policy Brief/BillHSCI 471: Program proposalHSCI 480: Research PaperHSCI 489: Three Job Announcements | 120: Students collect scholarly articles on health behavior related issues.310: Students collect information to be able to lead a discussion on topics of health and human sexuality.315: Students identify supporting data for data brief from federal sites.342: Students collect necessary information to complete case study examining current health status of a community. 352: Students collect information from scholarly articles to create research paper on an environmental health issue.364: Students locate information related to the course for literature review. 367: Students collect necessary information to create research term paper on human disease mechanisms topic. 370: Students locate literature to inform their chosen health concern and the chosen theories/frameworks to address this concern.451: Students conduct literature review using PubMed. 455: Students locate literature for support on policy brief. 471: Students locate literature to inform the chosen health issue and intervention. 480: Students collect necessary material through scholarly articles to produce a paper on an approved topic.489: Students identify how to locate potential career positions for professional development. |

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| **Template M continued** |
| **Skills** | **Courses and other learning experiences through which students demonstrate the following skills.** | **Methods by which these skills are assessed.** |
| Use information | HSCI 120: Health Behavior Change ProjectHSCI 310: Points of InterestHSCI 315: Data BriefHSCI 342: Case Study Proposal HSCI 352: Special AssignmentHSCI 364: Literature ReviewHSCI 367: Term PaperHSCI 370: Final PaperHSCI 451: Literature ReviewHSCI 455: Policy Brief/BillHSCI 471: Program ProposalHSCI 480: Research Paper | 120: Students use collected journal articles to support their behavior modification projects. 310: Students use information collected to present on topics of health and human sexuality. 315: Students use located information to justify research hypothesis.342: Students use collected information to determine a community's current health status. 352: Students use collected scholarly information to create research assignment on an environmental health issue.364: Students use located information to create a literature review on topic. 367: Students utilize collected information to create a term paper on approved topic relating to human disease mechanisms.370: Students locate information to justify their chosen health concern and the chosen theories/frameworks to address this concern.451: Students use located information to discuss their study results.455: Students use located information to justify supporting and opposing argument of policy brief and bill permeable. 471: Students locate literature to justify the chosen health issue and intervention.480: Students use collected information to produce a research paper on specific topic for health services organizations.  |

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| **Template M continued** |
| **Skills** | **Courses and other learning experiences through which students demonstrate the following skills.** | **Methods by which these skills are assessed.** |
| Evaluate information | HSCI 315: Lab Assignments and Data BriefHSCI 342: Case Study ProposalHSCI 451: Case Studies  | 315: Students, given research question, conduct data analysis and evaluate trends, relationships, etc.342: Students evaluate collected information to determine a specific community's health status.451: Students, given case studies, evaluate determinants of health, biases in studies, and interpret data. |
| Synthesize information | HSCI 451: Content analysisHSCI 455: Policy Brief | 451: Students conduct content analysis of a chosen epidemiologic topic and provide a systematic review of existing literature and information, in addition to recommendations for actions.455: Students, upon evaluation of supporting and opposing argument of a policy/policies, provide recommendations based on their synthesis of existing literature. |

**SBP 4.4 Students have opportunities to integrate, synthesize and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative and scholarly or applied experience or inquiry project that serves as a capstone to the education experience. These experiences may include, but are not limited to, internships, service-learning projects, senior seminars, portfolio projects, research papers or honors theses. Programs encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.**

#### TEMPLATE N

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| **Cumulative and Experiential Activity (internships, research papers, service-learning projects, etc.)** | **Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.** |
| Internships | Upon completion of required coursework, all Public Health Education and Healthcare Management students complete a 120-hour internship giving them the opportunity to integrate, synthesize and apply knowledge through cumulative and experiential activities. Students complete a pre-field experience course in which they develop skills and a professional portfolio to present to potential preceptors. During this 10-week course, students create a professional resume, cover letter and business card. In addition, they develop of online portfolio with work samples illustrating their mastery of departmental learning objectives. This course is also an opportunity for students to work on various areas of professional etiquette such as interviewing skills and professionalism in the workplace. Students solicit interviews from local public health professionals with the goal of securing a preceptor for their on-site internship. The program has a list of pre-approved sites, however, students are encouraged to seek unique opportunities for field work. Once secured, the student and preceptor create a field plan containing goals and measurable objectives as well as set tasks and deliverables. Students are closely monitored by the internship coordinator, who mentors them through this process. Following completion of the pre-field experience course, students will complete the 120-hour internship during the following 10-week quarter. Students are required to submit weekly logs documenting the hours they have worked and the activities completed. In addition, they are required to maintain contact with their internship coordinator to discuss progress. The internship coordinator also maintains contact with the preceptors to gain feedback on student performance. At the completion of the internship, students submit an Internship Reflective Report summarizing their experiences and the degree to which they achieved the goals that were set forth in their field plan.  |

Examples of field experience are included in the electronic resource files.

**SBP 4.5 The overall undergraduate curriculum and public health major curriculum expose students to concepts and experiences necessary for success in the workplace, further education and life-long learning. Students are exposed to these concepts through any combination of learning experiences and co-curricular experiences. These concepts include the following:**

* advocacy for protection and promotion of the public’s health at all levels of society
* community dynamics
* critical thinking and creativity
* cultural contexts in which public health professionals work
* ethical decision making as related to self and society
* independent work and a personal work ethic
* networking
* organizational dynamics
* professionalism
* research methods
* systems thinking
* teamwork and leadership

#### Template O

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| **Concept** | **Manner in which the curriculum and co-curricular experiences expose students to the concepts** |
| Advocacy for protection and promotion of the public’s health at all levels of society | Students in the health policy and law course (HSCI 455) learn key elements of advocacy and constitutional basis of population health services.  |
| Community dynamics | Students in several courses conduct needs assessments (HSCI 451, HSCI 455) and the internship further provides students the ability to evaluate the service area. |
| Critical thinking and creativity | The epidemiology course (HSCI 451) often integrates an research projects to allow students to demonstrate critical thinking and creativity in data reporting. |
| Cultural contexts in which public health professionals work | Throughout coursework, especially in foundation core courses (HSCI 271, HSCI 301), students learn the cultural context for workforce. Students also gain experience through internship experience.  |
| Ethical decision making as related to self and society | In HSCI 455 course students learn to make ethical decisions based on current U.S. policies. |
| Independent work and a personal work ethic | Majority of courses, including internship, also include individual assessment with strict deadlines. This allows student to develop work ethic. In addition, a personal mission statement is a key element of the pre-field experience.  |
| Networking | Students take the pre-field course (HSCI 489) during which they conduct informational interviews with potential sites for internship, as well as network with colleagues.  |
| Organizational dynamics | Students take a health service administration course (HSCI 480) that provide them organizational structure information in addition to the internship experience that enable for such skill building.  |
| Professionalism | The pre-field experience and internship courses (HSCI 489, 493, and 495) allow students to demonstrate professional skills, including interview, resume building, cover letter, etc.  |
| Research methods | Students take Research Methods course (HSCI 468) as well as Statistics (HSCI 315) and Epidemiology (HSCI 451) that teaches them core research skills, in addition to a research product (project or protocol).  |
| Systems thinking | The internship (HSCI 489) integrates key public health core competencies and allows for students to think of “big picture,” thus incorporating a systems thinking process to apply learned concept to the internship site.  |
| Teamwork and leadership | Nearly all courses include some group activity, presentations, or papers, that allow students to work in teams and demonstrate leadership in problem solving.  |

## 2.9 Academic Degrees

**If the program also offers curricula for graduate academic degrees, students pursuing them shall obtain a broad introduction to public health, as well as an understanding about how their discipline-based specialization contributes to achieving the goals of public health.**

No other graduate public health degree is offered. The Department offers a Master of Science in Health Services Administration (MSHSA), which has its own set of competencies for healthcare administration.

## 2.10 Doctoral Degrees

**The program may offer doctoral degree programs, if consistent with its mission and resources.**

Not applicable.

## 2.11 Joint Degrees

**If the program offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.**

Not applicable.

## 2.12 Distance Education or Executive Degree Programs

**If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program’s established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the program offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The program must have an ongoing program to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. The program must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.**

Not applicable.

# Criterion 3.0 Creation, Application and Advancement of Knowledge

## 3.1. Research

**The program shall pursue an active research program, consistent with its mission, through which its faculty and students contribute to the knowledge base of the public health disciplines, including research directed at improving the practice of public health.**

**3.1.a. Description of the program’s research activities, including policies, procedures and practices that support research and scholarly activities.**

Policies and procedures.

The program (PHE and MPH) follows the research, scholarly, or creative activity guidelines set forth by the university’s RPT process. In the first year, probationary faculty undergo a joint chair/department evaluation committee (DEC) periodic review. In the second year, probationary faculty undergo their first performance review where involvement in teaching, research, and scholarly/creative activities are reviewed separately by department, chair, college review committee, college dean, and university provost. Demonstration of active involvement and successful completion toward professional activities is evaluated. Non-probationary tenured faculty are expected to demonstrate a record of active involvement, successful completion of professionally evaluated activities, as well as recognition attained beyond the university for promotion.

Further details on the university’s RPT process can be found at: [http://senate.csusb.edu/FAM/Policy/(FSD85-187v1.R22)RPT\_Faculty.pdf](http://senate.csusb.edu/FAM/Policy/%28FSD85-187v1.R22%29RPT_Faculty.pdf)

At the program level, faculty are also encouraged to be involved in research, especially involving student mentorship. Given that majority of adjunct faculty are working professionals, the university and program does not have any specific research-related policies and procedures in place; though collaboration with primary faculty on such activities is encouraged. To allow for flexibility of program faculty’s unique research agenda, as well as involvement of students in research, the program developed two overarching goals for research and scholarly activities with specific objectives.

Practices.

CSUSB is, by legislative mandate, a teaching institution, and thus its main focus is on delivery of high quality instructional programs based on high impact evidence-based pedagogies. As such, the primary focus of the program’s faculty responsibilities is teaching. While research and scholarly activities are a condition of tenure and promotion, faculty maintain a teaching load of 12 weighted teaching units (WTUs) per quarter. This teaching load reduces the ability of program faculty to engage in primary research activities that would lead to increased publication productivity. Nevertheless, with limited resources, several faculty (primary and secondary) continue to be part of respectable research and scholarly activities, seek out grant support, as well as invest considerable time on independent studies, directed readings, theses preparation, and projects with the emphasis on student involvement and mentorship.

At the university level, the Office of Student Research (OSR) has been a strong supporter of faculty and student research programs. The mission of OSR is to facilitate the engagement of students in scholarly and creative activities related to their disciplines by providing resources that support both student scholars and faculty mentors. OSR provides several funding opportunities: student grants, faculty/student grants, student research and travel funds, summer research program, peer research consultant, as well as educational research initiatives such as course redesign and peer lab. Further information on each program can be found at OSR’s website at: http://osr.csusb.edu/index.html

To support community-based participatory research, the Office of Community Engagement (OCE) provides faculty quarterly funding opportunities to address identified needs in the service area. The purpose of the mini-grant is to support faculty in starting or continuing community-based research projects. More details about the program can be found at: http://engage.csusb.edu/community-BasedResearch.html

The Office of Academic Research/Faculty Professional Development Coordinating Committee (OAR/FDPCC) as well as Center for International Studies Program (CISP) also provide support for research for faculty through the Summer Research Fellowship program and Professors Across Borders Travel grants. Such opportunities provide faculty the resources to engage in research, scholarly, or creative activities for professional growth and further enables faculty to be integral part of strengthening international research and support internationalization of the curriculum. Funding for the aforementioned opportunities are competitive and a committee of reviewers from each college evaluates applications.

The Center for Health Equity in the university also provides faculty an opportunity to participate in multidisciplinary research and funding mechanisms. The primary purpose of the Center for Health Equity is to increase the research, scholarship, and training opportunities for faculty and students in the area of health disparities. Drs. Becerra, Okpala, and Verissimio are current members of the center and continue to participate in multidisciplinary research activities.

To ensure a strong foundation for research, all program students are required to take a research methodology course to ensure competency in research paper and/or protocol development (4.1). To further promote active student involvement in research, the program established an objective to ensure that at least one program student receives departmental honors (4.4). Departmental honors require undergraduate students to have an overall GPA of 3.0, major GPA of 3.5, as well as completion of HSCI 595D (independent study that requires a research project, 4-quarter units).

All students enrolled in research methodology classes as well as all faculty (primary and secondary) involved in research are expected to complete the Institutional Review Board (IRB) training certification to ensure ethical practices in research (4.2, 5.1). In addition, to promote student research, at least 50% of program’s primary faculty members are expected to involve students in research projects (4.3).

Students are also encouraged to seek out research funding through aforementioned OSR grants, with several current and former students receiving such support. Students in several program courses, such as epidemiology and research methods, are also encouraged to submit their projects to the university’s peer-reviewed *Journal of Student Research* at CSUSB.

To ensure faculty involvement in research in the program, at least 50% of program’s primary faculty are expected to be involved in research (5.2) as well as publish or present their research in a three-year period (5.3). To support such initiatives, 1/3rd WTU time per undergraduate student and 1/2 WTU per graduate student is provided to program faculty who provide such research mentorship. In addition, faculty contract provides one course of reassigned time per quarter for each of the first two years so that faculty can initiate their scholarship and teaching, in addition to support from college and department for research travel support.

Due to the emphasis of the university on teaching, program faculty are also encouraged to be actively involved in pedagogical research and several faculty in the program have received support. For example, both Drs. Becerra and Verissimo have received funding from TRC as well as recognition during Spring 2016 Faculty showcase (Dr. Becerra, second place winner, Dr. Verissimo peer-award) for their efforts on innovative teaching methods.

**3.1.b. Description of current research activities undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.**

Dr. Chen-Maynard (NTFS faculty) and Dr. Henley have a collaboration with WeCare Pharmacy for research on efficacy of diabetes management interventions. The agreement form between faculty and WeCare is available in the electronic resource files.

Dr. Becerra is an elected board member of the national South Asian Public Health Association (<http://joinsapha.org/about-us/board-members/>) and currently works in collaboration with SAPHA to publish two book chapters (cardiovascular health and LGBTQ health) among populations in the U.S. of South Asian descent.

**3.1.c. A list of current research activity of all primary and secondary faculty identified in Criteria 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years. These data must be presented in table format and include at least the following: a) principal investigator and faculty member’s role (if not PI), b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year’s award, g) whether research is community based and h) whether research provides for student involvement. Distinguish projects attributed to primary faculty from those attributed to other faculty by using bold text, color or shading. Only research funding should be reported here; extramural funding for service or training grants should be reported in Template 3.2.2 (funded service) and Template 3.3.1 (funded training/workforce development).**

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| Table 3.1.1 Research Activity from 2014-2015, 2015-2016, 2016-2017  |
| Project Name | Principal Investigator & Department  (for schools) or Concentration (for programs) | Funding Source | Funding Period Start/End | Amount Total Award$ | Amount 2014-2015$ | Amount 2015-2016$ | Amount 2016-2017$ | Community-Based Y/N | Student Participation Y/N |
| 1. Impact of mental health among asthma emergency department visitations
 | Monideepa Becerra | CSUSB, Professional Development Grant | 2015-2016 | 4,500  |  | 4,500  |   |  N | Y |
| 1. Clostrodium difficile infection visits in emergency department
 | Monideepa Becerra | CSUSB, faculty/student grant | 2015-2016 | 1,500 |  | 1,500 |   |  N |  Y |
| 1. 5150 visitations in emergency departments
 | Monideepa Becerra | CSUSB, faculty/student grant | 2015-2016 | 1,396 |  | 1,396 |   |  N |  Y |

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| **Table 3.1.1 continued** |
| 1. From theory to practice: integrating the flipped classroom in epidemiology
 | Monideepa Becerra | CSUSB, Teaching Resource Center | 2015-2016 | 4,000 |  | 4,000 |   |  N | N |
| 1. Asthma health care utilization at food insecurity
 | Monideepa Becerra | CSUSB, Professional Development Grant | 2015-2016 | 4,300 |  | 4,300 |  |  N | N |
| 1. Application of service learning in graduate education
 | Monideepa Becerra | CSUSB, Teaching Resource Center | 2016-2017 | 4,000 |  |  | 4,000 |  N | N |
| 1. Implications of Affordable Care Act on vaccine preventable deaths
 | Monideepa Becerra | CSUSB, Professional Development Grant | 2016-2017 | 4,200 |  |  | 4,200 |  N | Y |
| 1. CalFresh outreach
 | Monideepa Becerra | CalFresh | 2016-2017 | 57,983 |  |  | 57,983 | Y | Y |
| 1. Holistic Campus San Bernardino
 | Marsha Greer  | El Sol Neighborhood Educational Center | 2014-2015 | 151,124  | 151,124  |  |  | Y | N |
| 1. Clinic Managers Understanding of Barriers to Care of Homeless Women
 | Nicole Henley | Startup  | 2015-2016 |  |  |  |  | N | N |

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| **Table 3.1.1 continued** |
| 1. Management of diabetes and dyslipidemia in an ambulatory care setting
 | Nicole Henley | Startup | 2015-2016 |  |  |  |  | Y | N |
| 1. Reciprocal effects of Parental Monitoring and Adolescent Drug Use
 | Robert LaChausse | NIH | 2014-2015 | 60,662  | 60,662 |  |  |  Y | N |
| 1. Healthy Jurupa Valley Substance Abuse Action Team
 | Robert LaChausse | SAMHSA | 2014-2015 | 125,000  | 125,000 |  |  |  Y | N |
| 1. Antiviral Medications and Plasma Efficacy
 | Paulchris Okpala | Startup |  |  |  |  |  |  N |  Y |
| 1. Telemedicine
 | Paulchris Okpala | Startup |  |  |  |  |  |  N | N |
| 1. The Impact of Affordable Care Act
 | Paulchris Okpala | Startup |  |  |  |  |  |  N | N |
| 1. Patient Safety and Quality Enhancement
 | Paulchris Okpala | Startup |  |  |  |  |  |  N | N |
| 1. Chronic Lung Infection Response Strategies
 | Paulchris Okpala |  |  |  |  |  |  |  N | N |

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| **Table 3.1.1 continued** |
| 1. Diversity Supplement: Role of Promotores in Outpatient Substance Abuse Treatment Programs in Los Angeles
 | Angie Otiniano Verissimo | NIH | Not funded |  |  |  |  | Y | N |
| 1. Addressing HIV-related health disparities among Latinos using the Promotor Model
 | Angie Otiniano Verissimo | NIH | Not funded |  |  |  |  | Y | N |
| 1. Social marketing campaign
 | Angie  | CSUSB, Teaching Resource Center | 2015-2016 | 4,000 |  | 4,000 |   |  Y | N |
| 1. Discrimination and Sexual Health
 | Angie Otiniano Verissimo  | Start up | June-July 2015 | 4,000 |  | 4,000 |  | N | N |

**3.1.d. Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program’s performance against those measures for each of the last three years. For example, programs may track dollar amounts of research funding, significance of findings (e.g., citation references), extent of research translation (e.g., adoption by policy or statute), dissemination (e.g., publications in peer-reviewed publications, presentations at professional meetings) and other indicators.**

The public health program has set the following measurable objectives for research activities of program faculty and students.

* 100% of program students will take a research methodology class that includes research paper or protocol development.
* 100% of program students enrolled in research methodology courses will have Institutional Review Board (IRB) training.
* At least 50% of program’s primary faculty will be involved in student-led research projects.
* At least one student from the program will get departmental honors each year.
* 100% of faculty involved in research will have Institutional Review Board (IRB) training.
* At least 50% of program’s primary faculty will participate in research or scholarly activities either directly or in consultation with local, regional, state, national, and/or organizations related to public health issues.
* At least 50% of program’s primary faculty will have a peer-reviewed publication or presentation of research or scholarly activity in a three-year period.

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| Table 3.1.2 Outcome Measures for the Last Three Years |
| **Outcome measures** | **Target** | **2014-2015** | **2015-2016** | **2016-2017** |
| Research methodology course.  | 100% | 100% | 100% | 100% |
| IRB training for students. | 100% | 100% | 100% | 100% |
| Faculty will be involved in student-led research projects. | 50% | 50% | 50% | 50% |
| Departmental honors.  | 1 program student/year | 1 | 3 | 2 |
| IRB training for faculty.  | 100% | 100% | 100% | 100% |
| Program faculty will participate in research or scholarly activities either directly for in consultation with local, regional, state, national, and/or organizations related to public health issues.  | 50% | 50% | 50% | 50% |
| Program faculty will have a peer-reviewed publication or presentation of research or scholarly activity in a three-year period. | 50% | Not measured | 50% | Not measured |

**3.1.e. Description of student involvement in research.**

The primary focus of the program’s research agenda is to involve students in research projects and provide mentorship. As a result, several students are actively involved in research with program faculty, in the form of independent study for departmental honors, directed reading, etc. In Spring 2016 (May 19, 2016), five HSCI students (Abigail Lopez, Alexa Reyes, Maylen Jackson, Tamika Hicks, and Taylor Alexander), who worked with program faculty (Drs. Becerra, Henley, and Okpala) presented their research at the 5th Annual Meeting of the Minds Research Symposium at CSUSB. In addition, several students (Alexa Reyes, Christy Scroggins, and Reacheal Sis-Medina) have published peer-reviewed articles with program faculty. Reacheal Sis-Medina also worked with faculty on a national mentorship program through the Hispanic Serving Health Professions Schools, where Dr. Becerra served as the primary mentor. In addition, several alumni continue to work with faculty on research.

#### Table 3.1.3 Student Involvement in Research

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| **Primary Faculty** | **2014-2015** | **2015-2016** | **2016-2017** |
| Monideepa Becerra | -Alexa Reyes-Christy Scroggins-Reacheal Sis-Medina-Stephen Hernandez-Tamika Hicks-Taylor Alexander-Rebekah Trules | -Abigail Lopez-Alexa Reyes-Champagne Moore-Heather Kakish-Maylen Jackson-Nicholas Allen-Tamika Hicks-Tarah Hernandez-Taylor Alexander-Yasmine Franco | -Abigail Lopez-Alexa Reyes-Heather Kakish-Maylen Jackson-Robert Avina-Yasmine Franco |
| Nicole Henley |  | -Maylen Jackson-Sarah Howell-Tina Nguyen | -Sarah Howell-Tina Nguyen |
| Angie Otiniano Verissimo |  | -Brandon Ignatowski |  |
| Paulchris Okpala |  | -Abigail Lopez-Diamond Rushing | No longer a primary faculty  |

**3.1.f. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.**

This criterion is partially met but will be fully met as the program continues to grow its research efforts. As noted in 3.1.a, CSUSB is, by legislative mandate, a teaching institution and thus its main focus remains on delivery of high quality educational programs, instead of pursuing a high level of scholarly activities, as denoted by research. In recent years, increased emphasis and resources on faculty led research with student involvement has allowed program faculty to seek out funding as well as institutional support for expanding the program’s research agenda. Through such support, the program faculty have demonstrated a pattern of productivity in research and scholarly activities that is focused on student mentorship and the faculty will continue to pursue opportunities.

Furthermore, program faculty are committed to mentoring students in ethical public health research and as such, students are involved with several faculty. As a result of such activities, several students in the program have obtained departmental honors, completed independent research projects, gained national research mentorship opportunities, obtained grants, as well as served as authors/co-authors on presentations and peer-reviewed publications. It is evident that program faculty are strongly invested in strengthening the research opportunities for students.

The teaching load detracts the research time available for program faculty, and limits the time available for faculty to develop an aggressive research portfolio.

Internal institutional funding opportunities also remain competitive, though do provide an opportunity for faculty to develop specific research agenda and provide support for student research assistants.

The program faculty will continue to remain actively involved in research and scholarly activities, with involvement of students as an important focus.

## 3.2 Service

**The program shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.**

**3.2.a. Description of the program’s service activities, including policies, procedures and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.**

The program encourages faculty to be part of service activities, both for the university and community. Although the majority of part-time faculty are working professionals, the program encourages faculty to work with primary faculty on such service activities a well. All faculty are expected to be involved in professional growth activities related to research and/or service, either directly or in-directly (such as consultation). For primary faculty, service is further incorporated as part of RPT process.

Primary faculty in the program are encouraged to participate in university service through a variety of ways, including, participating in institutional governance, evaluating the teaching of their colleagues, advising students, sponsoring student organizations, etc. While community can be defined as local, regional, state, nation, or international, primary faculty in the program are also encouraged to actively participate in community service related to the mission of the university that brings recognition to both the university and faculty as well. These services should be consistent with teach abilities, expertise, and leadership qualities, and should further foster intellectual relationships with the community.

Further details on the university’s RPT process can be found at: [http://senate.csusb.edu/FAM/Policy/(FSD85-187v1.R22)RPT\_Faculty.pdf](http://senate.csusb.edu/FAM/Policy/%28FSD85-187v1.R22%29RPT_Faculty.pdf)

**3.2.b. Description of the emphasis given to community and professional service activities in the promotion and tenure process.**

In the first year, probationary faculty undergo a joint chair and DEC periodic review. In the second year, probationary faculty undergo their first performance review where involvement in service activities (along with teaching and research) are reviewed separately by department, chair, college review committee, college dean, and university provost. Probationary faculty are expected to demonstrate a developing level of participation particularly at the departmental and college levels within the area of service, while non-probationary tenured faculty are expected to demonstrate significant participation and leadership in service activities.

Further details are provided at: [http://senate.csusb.edu/FAM/Policy/(FSD85-187v1.R22)RPT\_Faculty.pdf](http://senate.csusb.edu/FAM/Policy/%28FSD85-187v1.R22%29RPT_Faculty.pdf)

**3.2.c. A list of the program’s current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years. See CEPH Data Template 3.2.1. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table; see CEPH Template 3.2.2. Extramural funding for research or training/continuing education grants should be reported in Template 3.1.1 (research) or Template 3.3.1 (funded workforce development), respectively.**

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| Table 3.2.1 Faculty Service from 2014-2017 |
| **Faculty**  | **Role** | **Organization** | **Activity or Project** | **Year(s)** |
| Monideepa Becerra | Elected board member | South Asian Public Health Association (National) | Strategic planning, develop mentorship program  |  2016-Present |
| Monideepa Becerra | Research mentor | National Public Health Law mentorship program, HSHPS national mentorship program | Serve as mentor for national programs to support student research  | 2015-Present |
| Monideepa Becerra |  Reviewer | American Journal of Preventive Medicine, Preventive Medicine, Preventing Chronic Disease, APHA abstracts | Serve as ad hoc reviewer |  2014-Present |
| Monideepa Becerra |  Moderator |  APHA annual conference, NIH/HSHPS data conference | Serve as moderator for oral presentations | 2014-Present |
| Ted Coleman | Consultant, Trainer, and President | Intermountain Consulting Services, San Bernardino, CA | Private consulting and training re: health-related concerns in education, business, and government. | 1991 – Present |
| Ted Coleman | Senior Trainer / Trainer of Trainers | Quest International; Granville, OH | National / international trainer and trainer of trainers, primarily on prosocial skills, and effective teaching re: social-emotional learning. | 1988 – Present |
| Nicole Henley | Board of Director | Time for Change Foundation | Support mission, goals, and policies. | 2016-Present |

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| **Table 3.2.1 continued** |
| **Faculty**  | **Role** | **Organization** | **Activity or Project** | **Year(s)** |
| Nicole Henley | Community liaison  | Institutional review board for Chicago School of Professional Psychology | Provide insight and feedback from community’s perspective to ensure research compliance | 2013-Present |
| Nicole Henley | Faculty advisory committee member | National Black Student Union Association | Work to enhance college experience for undergraduates  | 2008-Present |
| Paulchris Okpala | Editorial review board | International Journal of Leadership, Education and Business Studies  | Review quarterly submitted manuscripts | 2015-Present |
| Paulchris Okpala | Editorial review board | Journal of ANWAD | Review annual Journal submission | 2012-Present |
| Angie Otiniano Verissimo |  Board member | Soul Food For Your Baby | Strategic planning, fundraising |  2014-Present |

**3.2.d. Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program’s performance against those measures for each of the last three years.**

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| Table 3.2.2 Outcome Measures for the Last Three Years |
| **Outcome measures** | **Target** | **2014-2015** | **2015-2016** | **2016-2017** |
| Primary program faculty will be involved in community service related activity through coursework, organizations, or regional initiatives. | 50% | 100% | 100% | 100% |
| Community service activities by Eta Sigma Gamma. | 3 per year | 3 | 4 | 3, continuing |

**3.2.e. Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4.**

### Program students volunteer and participate in community service activities for varying agencies and establishments throughout the community of San Bernardino County, and farther. Several agencies that students are involved with are the Girl Scouts of USA in the Child Help Facility, the American Heart Association with the Meals on Wheels program, the City of Hope in the radiology department, Habitat for Humanity, Loma Linda University Medical Center, CHIP as a Health Coach, Community advocate for drug use and alcohol abuse prevention through coalition efforts, and Lifestream. Others volunteer at their faith-based centers, local elementary schools, animal shelter, and as college mentors. There is a wide range of student service activities that program students partake in.

**3.2.f. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.**

This criterion is met and will continue to be met in the future as faculty in the program are dedicated to serving the university as well as community.

## 3.3 Workforce Development

**The program shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.**

**3.3.a. Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.**

None.

**3.3.b. A list of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified. Funded training/ continuing education activities may be reported in a separate table. See CEPH Data Template 3.3.1 (ie, optional template for funded workforce development activities). Only funded training/continuing education should be reported in Template 3.3.1. Extramural funding for research or service education grants should be reported in Template 3.1.1 (research) or Template 3.2.2 (funded service), respectively.**

None.

**3.3.c. Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.**

None.

**3.3.d. Description of the program’s practices, policies, procedures and evaluation that support continuing education and workforce development strategies.**

None.

**3.3.e. A list of other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.**

None.

**3.3.f. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.**

This criterion is not met but plans have been implemented to meet the criterion.

During the CEPH consultation visit, we discovered that we were not in compliance with this section. Immediately following the visit, faculty created a flier of potential workshops based on faculty’s expertise and widely distributed it to network of public health professionals. We have conducted an assessment of workforce needs with one-on-one meetings with members of the community, including, but not limited to, Community Manager at American Lung Association (Devin Arias), Homeless Services Manager at County of San Bernardino (Tom Hernandez), City of Riverside Public Health Department (Jean Strey), Executive Director of American Heart Association (Brandy Weigband).

As a result, the American Lung Association requested a data visualization workshop, which was conducted during Summer 2016 and had a total of five participants. Currently, we are also developing a grant-writing workshop for Riverside County, Environmental Health Services and an evidence-based interventions workshop for San Bernardino County, Alcohol and Drug prevention programs. We plan to periodically send out fliers to the community to raise awareness of the professional development workshops that we offer and continue to conduct assessment, so that we are in compliant with this criterion.

**Site visitors’ comment:** 3.3: The self-study references one-on-one meetings that have been conducted with community partners about workforce development needs. Does the program have any documentation and/or results from these sessions?

The County of San Bernardino, Department of Public Health, health education unit is expressed interest in the following topics with votes included: Data visualization (24/24), grant writing (24/24), program evaluation and implementation (24/24), development of handouts for the public (24/24), health equity (24/24) health disparities (24/24), policy development (24/24), community involvement (24/24), cultural competency (24/24).

# Criterion 4.0 Faculty, Staff and Students

## 4.1 Faculty Qualifications

**The program shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, practice experience and research and instructional competence, is able to fully support the program’s mission, goals and objectives.**

**4.1.a. A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format and include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification\*, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instructional areas and k) current research interests.**

#### Table 4.1.1 Current (2016-2017) Primary Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Title/Academic Rank | Tenure Status or Classification | FTE or % Time to the program | Graduate Degrees Earned | Institution where degrees were earned | Discipline in which degrees were earned | Teaching Area | Research Interest |
| Monideepa Becerra | Assistant Professor | Tenure Track | 91% | DrPH, MPH | Loma Linda University | Public Health | Epidemiology, Health Policy, Statistics, Research Methods | Health disparities, social epidemiology |
| Ted Coleman | Professor | Tenured |  56% |  PhD, MHEd |  Purdue University, Brigham Young University | Health Education |  Human sexuality, death and dying, human disease mechanism | Thanatology; glycemic control; LGBT health; men’s health, spirituality.  |
| Nicole Henley | Assistant Professor | Tenure Track |  64% |  PhD, MBA |  UCLA, University Wisconsin Whitewater  |  Health Services,Management |  Healthcare Administration, Research Methods | Health disparities, homeless population |
| Angie Otiniano Verissimo |  Assistant Professor | Tenure Track | 91% |  PhD, MPH |  UCLA | Community Health Sciences | Foundations of public health, program planning | Health disparities, discrimination, substance use, Latino health |

**4.1.b. Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.). Data should be provided in table format and include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the program, e) gender, f) race, g) highest degree earned (optional: programs may also list all graduate degrees earned to more accurately reflect faculty expertise), h) disciplines in which listed degrees were earned and i) contributions to the program.**

#### Table 4.1.2. Other Faculty Used to Support Teaching Programs (adjunct, part-time, secondary appointments, etc.)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Title/ Academic Rank | Title & Current Employer | FTE or % Time | Graduate Degrees Earned | Discipline for earned graduate degrees | Teaching Areas | Gender | Ethnicity |
| DevinArias | Adjunct faculty | Community Manager, American Lung Association | 44 | MPH | Community Health Education | Statistics | F | Hispanic |
| Dori Baeza | Adjunct faculty | Program Coordinator, SBCDPH | 4 | BS | Community Health Education | General education lab | F | Hispanic |
| Michael Haller | Adjunct faculty | Program Manager, Orange County Environmental Health | 8 | MPH | Environmental Health  | Environmental health  | M | White |
| Tom Hernandez | Adjunct faculty | Program Manager, SBCDPH | 26 | MA Ed | Education | Health education, grant writing | M | Hispanic |
| Erin Haugh | Adjunct faculty | Nutritional Educator, SBCSS | 26 | MPH | Community Health Education | Public health nutrition | F | White |
| Amber Olney | Adjunct faculty and assessment coordinator | Instructor, CSUSB | 62 | MPH | Community Health Education | Foundations of public health | F | White |
| Jeri Mobley | Adjunct faculty | Nutritional Educator, SBCSS | 22 | MPH | Community Health Education | General education lab | F | African American/Asian |
| Anya Sage | Adjunct faculty | Clinic Administrator, Molina Healthcare/ Medical Management | 8 | MA | Leadership and Organizational Studies  | Public health systems | F | White |
| Christy Scroggins | Adjunct faculty | Instructor, CSUSB | 100 | MPH | Community Health Education | General education lab | F | White |
| Laura Sosa | Adjunct faculty | Instructor, CSUSB | 84 | MPH | Community Health Education | Public Health courses and field exp. | F | White |
| Ashley Flores Ward | Adjunct faculty | Medical Emergency Planning Specialist, SBCDPH | 8 | MPH | Community Health Education | Public Health | F | White |
| Darlene Newton | Adjunct faculty | Supervising Health Educator, Kaiser Permanente | 8 | DrPH | Health Policy and Leadership | Management Theory and Practice | F | White |
| Paulchris Okpala | Assistant Professor | CSUSB | 38 | DHSC, MHA | A.T. Still University, Bellevue University, Nebraska | Quality of care | M | African |
| Peterchris Okpala | Adjunct faculty | Instructor, CSUSB | 71 | DrPH | Global Health | Aging, global health, health policy | M | African |
| Salome Kapella-Mshigeni | Adjunct faculty | Health Educator Specialist, Arrowhead Regional Medical Center | 8 | PhD | Epidemiology | Health Policy and Law | F | African |
| Julie Hernandez | Adjunct faculty | Director of Risk Management and Patient Relations, St Joseph Hospital | 26 | MSHSA | Health Services Administration | Health Policy | F | White |

SBCDPH = San Bernardino County Department of Public Health; SBCSS = San Bernardino County Superintendent of Schools

In addition, Dr. Dorothy Chen and Dr. Joe Hughes are tenured faculty of the HSCI department, though they do not teach public health courses regularly.

**4.1.c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.**

The program integrates perspectives from the field of practice in several ways. All tenure-track/tenured faculty in the program have a strong academic and practical experience in the field of public health or health education. Several faculty also holds specialized certification in their practice field. For example, Dr. Ted Coleman is a Certified Health Education Specialist (CHES) and has significant experience as a hospital administrator, corporate trainer for Bayer Diagnostic, founding Director of the Palm Springs Institute for Environmental Sustainability, and continues to serve as a faculty of the Internal Summer University in Fulda, Germany. Dr. Kim Clark (retired June 2014) and Dr. Marsha Greer (retired June 2015) were CHES certified, and Dr. Marsha Greer was also a Fulbright Scholar to Nepal; thus bringing international experience to classrooms. Such specialized certification and diverse backgrounds of faculty enable students to gain first-hand experience of the public health field, as well as learn evidence-based practices. The newer faculty in the program brings significant experience. For example, Dr. Becerra served as the population health data analyst for over twenty hospitals to conduct the community health needs assessment mandate of the Patient Protection and Affordable Care Act. Dr. Henley has significant experience working as a research analyst at the Los Angeles County Department of Health Services for six years, senior public administrative analyst at the University of California, Los Angeles, and serving as a research consultant for Ryan White Grant for Riverside-San Bernardino area. Similarly, Dr. Okpala is a certified respiratory therapist and has eight years of experience working as a respiratory care practitioner throughout southern California. Dr. Ontiniano Verissimo brings in substantial experience in the field, after serving as a postdoctoral scholar at the University of California, Los Angeles, mental health program coordinator at Latino Health Access, and serving as a research consultant for University of Southern California, Annenberg Norman Learn Center.

Adjunct faculty, especially those who teach upper-division and graduate courses, are primarily recruited from local non-profit organizations, County agencies, and/or healthcare organizations bring practical experience to the classes. The department encourages qualified professionals to apply for positions as adjunct lecturers and maintain a pool of qualified persons who have expressed an interest in teaching or who have taught in the program in the past. This pool is updated annually and potential faculty is recruited on an on-going basis. The majority of adjunct faculty has significant work experience and has been actively involved with students regarding internship, research, and service.

For example, Ms. Devin Arias works as a Community Engagement Manager at the American Lung Association and has served as a preceptor for several students in their internships. Ms. Julie Hernandez, who teaches primarily graduate level courses, is currently the Director of Risk Management and Patient Relations at St. Joseph Hospital and has over 18 years of experience in the field. Similarly, Ms. Amber Olney has 13 years of experience working in the field, including her responsibilities as a Wellness Educator, Health Educator, and Health Educator Specialist at the County of San Bernardino Public Health Department. Such diverse experiences in the faculty provide a multi-disciplinary perspective to the curriculum where students gain first-hand experience with the issues of public health and begin networking with public health practitioners that who can advance both their academic and career potential.

**4.1.d. Identification of measurable objectives by which the program assesses the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years.**

The program evaluates its faculty through means of both academic and practical experience background and set forth in following objectives.

* 100% of primary faculty will have a doctorate degree in Public Health or closely related field.
* At least 70% program faculty will have at least 1 year of professional job experience.

|  |
| --- |
| Table 4.1.3 Outcome Measures for the Last Three Years |
| **Outcome measures** | **Target** | **2014-2015** | **2015-2016** | **2016-2017** |
| Doctorate degree for primary faculty.  | 100% | 100% | 100% | 100% |
| At least one year job experience for part-time faculty.  | 70% | 100% | 95% | 95% |

**4.1.e. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.**

This criterion is fully met. The program consists of highly qualified, experienced, and multi-disciplinary faculty. The faculty in the program holds significant experiences, and continues to promote engagement with surrounding local and national community organizations.

## 4.2 Faculty Policies and Procedures

**The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.**

**4.2.a. A faculty handbook or other written document that outlines faculty rules and regulations.**

Faculty rules and regulations are outlined in the FAM, which can be found at: http://senate.csusb.edu/fam/

**4.2.b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.**

CSUSB offers workshops and conferences that are opened to all faculty. These workshops include Blackboard, accessibility, online technology, computer software such as Microsoft suites, Outlook, learning style of students, flipped classrooms, etc. Public-health specific workshops and professional development opportunities are lacking; though faculty are encouraged to seek such resources elsewhere.

**4.2.c. Description of formal procedures for evaluating faculty competence and performance.**

Faculty on the tenure-track is evaluated through the RPT process. Faculty RPT at the University level is provided:

http://senate.csusb.edu/FAM/Policy/ (FSD85-187v1.R21)RPT\_Faculty.pdf

In addition, all part-time faculty is evaluated through Student Opinion of Teaching Effectiveness (SOTE) as well as classroom visitations for courses that are taught for the first time by a particular faculty. The DEC, or part-time faculty evaluation committee, conducts quarterly classroom visitations for part-time faculty and writes the annual review report to the department chair. For all part-time faculty on a three-year contract, the annual report is also submitted to the Dean. The Dean further conducts a review for part-time faculty in the third year of a three contract or for those who will be eligible to receive a three-year contract the following year.

**4.2.d. Description of the processes used for student course evaluation and evaluation of instructional effectiveness.**

Students evaluate all faculty performance through completion of the SOTE. SOTEs are given out in each course during the 9th week of the quarter and are anonymous. Faculty has the opportunity to review the SOTE results after the end of the quarter. Students assess the professor’s contribution to their learning as well as quality of instruction. Average scores for SOTES by program (PHE and MPH) for each academic year are provided in the electronic resource files. Program faculty is also evaluated through class visitations, which are conducted by members of each college.

**4.2.e. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.**

This criterion is fully met. CSUSB provides institutional guidelines for faculty and course evaluation and each program also has the support to further develop their own. As a result, the program has developed its own assessment plan for each PHE and MPH course, which ensures regular assessment of the course content. Regular evaluations by students (through SOTEs) as well as colleagues (through class visitations) further ensure instructional effectiveness of courses. The program will continue to strive to promote high academic content in its courses and regular evaluation of effective instruction.

## 4.3 Student Recruitment and Admissions

**The program shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program’s various learning activities, which will enable each of them to develop competence for a career in public health.**

**4.3.a. Description of the program’s recruitment policies and procedures. If these differ by degree (eg. bachelor’s vs. graduate degrees), a description should be provided for each.**

Undergraduate.

The Office of Admission and Student Recruitment works with counselors and teachers from community colleges, high schools and middle schools to attract the best students to the CSUSB campus. The campus also has a Presidential Academic Excellence Scholars program. This scholarship is awarded to San Bernardino County high school students who graduate within the top 1% of their high school graduating class. Students must be nominated by their high school principal in order to be considered for this award. The scholarship is renewable for up to three years. In order to maintain continued eligibility each year the recipient must complete a minimum of 36 units each year and maintain a 3.5 GPA. CSUSB only admits new students in the fall term. Some exceptions are made to admit veterans, athletes, and special circumstances.

The program cannot have a special requirement to accept majors. Any student may declare to major in Health Science with a concentration in Public Health Education. All students are required to successfully complete the courses in the program and general education, totaling 180-quarter units. All students must receive a minimum grade of “C” or better for upper-division (300 and 400) level courses in order to graduate. Two quarters before their anticipated graduating term, students submit a graduation check form to insure they meet their degree objectives by graduation day.

Graduate.

Students for the MPH degree are recruited by the MPH coordinator, who serves on the Marketing Committee for the department. Recruitment activities include offering several general information sessions and application workshops for prospective students on the MPH application process, distributing program brochures, which list program requirements and qualifications, and posting recruitment fliers on campus and at public health agencies. The MPH coordinator recruits prospective students through outreach programs with health professional in the local service area and part-time faculty who work for public health agencies. The MPH coordinator recently implemented a social media campaign that included advertising through CSUSB’s Facebook page.

**4.3.b.Statement of admissions policies and procedures. If these differ by degree (eg, bachelor’s vs. graduate degrees), a description should be provided for each.**

Undergraduate.

The Student Admission and Recruitment Office perform the task of student recruitment. They work with counselors of local high schools and middle/high school teachers and students. The campus also has a Presidential Academic Excellence Scholars program. This scholarship is awarded to San Bernardino County high school students who graduate within the top 1% of their high school graduating class. Students must be nominated by their high school principal in order to be considered for this award. The scholarship is renewable for up to three years. In order to maintain continued eligibility each year the recipient must complete a minimum of 36 units each year and maintain a 3.5 GPA. CSUSB only admits new students in the fall term. Some exceptions are made to admit veterans, athletes, and special circumstances.

The HSCI department, and this program, does not and cannot have a special requirement to accept students, anyone may declare to major in Health Science with a concentration in Public Health Education, Health Care Management, or Environmental Health Science. Nutrition and Food Sciences is a separate bachelor degree. All students are required to successfully complete courses in the program and general education. All students must receive a minimum grade of C or better for upper division (300 and 400) level courses to graduate. Students file for graduation two quarters before their anticipated graduating term.

Graduate.

The MPH coordinator, who serves on the Marketing Committee for the department, recruits students for the MPH degree. Recruitment items include recruitment brochure, which lists requirements and qualifications, as well as posters for the major and competencies posted around departmental floor and website, information sessions, and workshops related to MPH application process. The MPH coordinator recruits students through communicating application dates with health professionals in the service area and part-time faculty who work for public health agencies. Recruitment items include a brochure (which lists the requirements and qualifications for the program), posters which are displayed in the department and on the website. Information sessions and workshops related to MPH application process are also offered. The MPH coordinator has implemented a social media campaign, including advertising the program through the main institution’s CSUSB’s Facebook page.

**4.3.c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the academic offerings of the program. If a program does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to website addresses may be included.**

These items are included in the electronic resource files.

**4.3.d. Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format.**

As noted previously, any student admitted to CSUSB may declare PHE as a concentration. The PHE concentration had 184 students in 2014-2015 and 182 in 2015-2016.

Following is information on number of applications, acceptances and enrollment rates for the MPH program.

#### Table 4.3.1 Quantitative Information on MPH Enrollment for Past Three Years

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

**4.3.e. Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and an FTE conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization. Data must be presented in table format.**

Student FTE is calculated as 1 full time student = 1 student FTE.

|  |
| --- |
| Table 4.3.2. Student Enrollment in the Past Three Years |
|  | **PHE** | **MPH** |
|  | Head count  | FTE  | Head count  | FTE  |
| 2014-2015 | 143 | 134 | 12 | 12 |
| 2015-2016 | 155 | 145 | 10 | 10 |
| 2016-2017 | 185 | 174 | 34 | 31 |

**Site visitors’ comment:** 4.3: The student numbers in the narrative of 4.3.d do not match the numbers in Table 4.3.2. Please clarify.

### The numbers may not match section 4.3.d as this table only accounts for full time students.

**4.3.f. Identification of measurable objectives by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years.**

As noted previously, the program cannot have separate enrollment requirements for undergraduate students, though students are expected to maintain a C or higher grade in major courses. On the other hand, the program’s success in enrolling a qualified student body may be measured by determining the qualifications of the graduate applicants in terms of their GPA. Nonetheless, factors such as job experiences and previous degrees are often considered as well. The program is also committed to ensuring a diverse student body, especially first-generation college students. As a result, the program has established the outcome measures by which it evaluates its success in enrolling a qualified student body.

* 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.

#### Table 4.3.3. Outcome Measures for the Last Three Years

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome measures** | **Target** | **2014-2015** | **2015-2016** | **2016-2017** |
| 3.3 The average grade point average (GPA) of admitted MPH students  | 3.0 | Met | Met | Met |
| 3.4 The average last 90-quarter unit GPA of admitted MPH students | 3.0 | Met | Met | Met |
| 3.5 All MPH students must obtain a B- or higher in each program coursework | B- | Met\* | Met\* | Met\* |
| 3.6 All undergraduate students must obtain a grade of C or higher in all major coursework. | C | Met\* | Met\* | Met\* |
| 3.7 All graduate students must obtain a grade point average of 3.0 or higher in the program. | 3.0 | Met\* | Met\*  | Met\*  |

\*Graduate students who do not meet the requirement of B- or higher or overall GPA are placed on probation and allowed to repeat one class one time. Failure to obtain B- or higher or overall GPA results in dismissal from the program to ensure program standards are met. Undergraduate students are allowed to repeat a class three times and cannot graduate if a grade of C or higher are not obtained in the major classes.

**4.3.g. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.**

This criterion is met and will continue to be met in the future as faculty in the program is dedicated to the success of the students.

## 4.4 Advising and Career Counseling

**There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.**

**4.4.a. Description of the program’s advising services for students in all degrees and concentrations, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.**

Undergraduate.

Faculty advisors in the HSCI department use the Progressive Advising Worksheet (PAWS) to guide students in their courses. The program follows the HSCI department’s policy on advising. Students have a quarterly mandatory advising requirement to guide them towards their academic and personal goals. A hold is placed in students’ registration until they see their advisor. Once a student’s program has been approved and signed by their advisor, the registration hold is removed and the student can register for classes.

Graduate.

The MPH coordinator holds quarterly advising with all MPH students. At the beginning of each student’s academic program, the MPH coordinator holds one-on-one meetings to create a program plan, along with a tentative timeline for the practical experience, elective courses, as well as long-term academic career planning. Each quarter, the MPH coordinator also meets with the full MPH cohort to discuss their academic progress, concerns over the program, etc. Copies of the MPH student handbook as well as CSUSB’s graduate student handbook is included in the electronic resource file.

**4.4.b. Description of the program’s career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to meet specific needs in the program’s student population.**

Program students receive career counseling through formal and informal advising from faculty, as well as through HSCI 301: Foundations of Public Health course for PHE and HSCI 611: Public Health System Organization and Delivery for the MPH. CSUSB’s career center also provides career counseling, including resume workshops, interviewing skills, etc. Students are also assigned faculty advisors, based on last name of students, and receive career advise through such sessions.

**Site visitors’ comment:** Does the program have any processes to orient faculty to their advising and career counseling responsibilities?

New faculty are given mentorship by senior faculty in regards to advising.

**4.4.c. Information about student satisfaction with advising and career counseling services.**

**Site visitors’ comment:** 4.4: When is the student satisfaction survey administered?

Questions on students’ perception of advising were asked to graduate students through the Student Satisfaction Survey. The survey is distributed every quarter for PHE students, and Spring quarter for MPH students. Results from MPH students show that 75% of graduate student respondents reported Satisfied or Very Satisfied with advising. Undergraduate students were asked about advising during exit survey. MPH students also complete a pre-program survey, that asks questions on their expectations of advising, and thus allows coordinator to develop a plan for each student needs. MPH students also receive advising during orientation, which is followed by a survey.

#### Table 4.4.1 Student Satisfaction Survey Results

|  |  |  |  |
| --- | --- | --- | --- |
| Please indicate your assessment of the operation of the department.  | Always  | Occasionally  | Never  |
| My advisor was available to meet with me.  |  71% |  26% |  3% |
| My advisor gave me good advice concerning my program and future career.  |  74% |  19% |  6% |
| My advisor provided accurate information about program requirements.  |  87% |  10% |  3% |
| This program has prepared me for additional formal education or a career in the field.  |  97% |  3% |  0% |
| I felt valued as a student in this program.  |  87% |  13% |  0% |

**Site visitor’s comment:** Does the program have any data about undergraduate student satisfaction with advising and career counseling?

The results above are for PHE students.

**Student satisfaction survey:** <http://csusb.az1.qualtrics.com/jfe/form/SV_9NU6M5QhPoY5tBz>

**Exit survey:** <http://csusb.az1.qualtrics.com/jfe/form/SV_3L7bRzcsuTzFLh3>

Results of student satisfaction survey and exit survey that ask about advising are provided above.

**Pre-program survey, MPH:** http://csusb.az1.qualtrics.com/jfe/form/SV\_6oidnCUnBKIwAFT

**Orientation survey, MPH:** http://csusb.az1.qualtrics.com/jfe/form/SV\_5d5Vciqip06ojWZ

Results of pre-program survey and orientation survey that ask about advising expectations are provided in the electronic resource files.

**4.4.d. Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.**

There is a student suggestion box where students may provide comments to the department chair anonymously or if they wish to have a response to their complaints, they may identify themselves with contact information. A student may discuss his/her concerns with the instructor, if not satisfied may further discussion with the department chair, and if further not satisfied, with the dean’s office. To date there are no grade grievances filed against faculty in the program or the department.

Student Grade Grievance Policy is posted on Faculty Senate website:

[http://senate.csusb.edu/fam/policy/(fsd69-41.86.r10)academic\_grievance.pdf](http://senate.csusb.edu/fam/policy/%28fsd69-41.86.r10%29academic_grievance.pdf)

**4.4e. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.**

This criterion is fully met and will continue to be met. Students in the HSCI 301 and HSCI 611 courses receive extensive academic advisement. Regular meetings with the program coordinators and advisors also allow for continued advisement through the students. In addition, graduate students receive a detailed MPH Student Handbook and Graduate Student Handbook detailing the requirements and policies of the campus. Students have opportunities to express their satisfaction with the program and file for grievance, when necessary. Evaluation of student feedback further demonstrates a higher prevalence of satisfaction with program advising.