

**Council on Education for Public Health
Adopted on October 24, 2015**

REVIEW FOR ACCREDITATION
OF THE
MASTER OF PUBLIC HEALTH PROGRAM
AT
CALIFORNIA STATE UNIVERSITY, LONG BEACH

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Master of Public Health (MPH) program at California State University, Long Beach (CSULB). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in May 2015 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

The Long Beach campus was founded in 1949 and currently serves over 35,000 students. Offering a broad range of baccalaureate and graduate degrees in the liberal arts and sciences and many applied and professional fields, the university is organized into eight colleges dedicated to the arts, business administration, education, engineering, health and human services, liberal arts, natural sciences and mathematics and continuing and professional education. The College of Health and Human Services (CHHS) houses the departments of communicative disorders, family and consumer sciences, health care administration, health science, kinesiology, recreation and leisure studies, criminal justice, public policy and administration, nursing, physical therapy and social work.

The MPH program is located in the Department of Health Science, along with the undergraduate health science program. The program director reports to the department chair, who in turn reports to the CHHS dean. The program offers an MPH in community health education, as well as a joint degree in collaboration with a Master of Science in Nursing.

The program has been accredited by CEPH since 1990. The most recent review, in 2008, resulted in a term of seven years. In 2009, 2010, 2011 and 2012, the Council accepted the program's interim reports.

Characteristics of a Public Health Program

To be considered eligible for accreditation review by CEPH, a public health program shall demonstrate the following characteristics:

- a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.
- b. The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.
- c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.
- d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.
- e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.
- f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

The aforementioned characteristics are evident in the MPH program. California State University, Long Beach has been accredited by the Western Association of Schools and Colleges (WASC) since 1957; the most recent review for reaccreditation occurred in 2011 and resulted in a ten-year term. The program enjoys the same level of autonomy and authority accorded to other professional programs on campus.

The program's mission and goal statements emphasize the importance of instruction, research and service. The program recently established an ongoing process of evaluation and planning to monitor its performance and ensure that all internal operations support its mission, goals and objectives.

The program's organizational setting is conducive to interdisciplinary collaboration. The Center for Health Equity Research provides a forum for faculty and students to conduct and share their research activities with departments across campus. The Center for Latino Community Health, Evaluation and Leadership

Training engages health sciences students and those in social work, nutrition, science, technology, engineering and mathematics in training workshops, community health education and mentoring activities. One faculty member holds a joint appointment in the Department of Women's, Gender and Sexuality Studies, while another teaches students in the Department of Health Care Administration.

The program has sufficient physical, human and fiscal resources to offer the MPH and corresponding joint degree.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The program has a clear and concise mission statement and supporting goals, objectives and value statements that reflect a collective commitment to advancing instruction, research and service.

The program's mission is to: 1) provide the best graduate education and training in a multiethnic and urban environment to develop highly competent professionals and leaders in community health education and public health and 2) afford excellence in teaching, conduct research and provide service to local, regional, national and international populations living within the surrounding communities, while making a significant contribution toward increasing health equity for underserved populations. Related values include collaboration, equity, excellence and leadership. In support of its mission, the program identifies three goals related to teaching, research and service. Each goal is linked to six to ten measurable objectives, the majority of which are defined by quantifiable targets.

The strategic planning process was inclusive. Drafts of the mission, values, goals and objectives were shared with students, department faculty and other members of the Community Advisory Board during scheduled meetings and via email. Corresponding meeting minutes reflect the active engagement of program stakeholders. The final version of these statements was adopted in fall 2014, published on the department website, presented in the student handbook, introduced to students during orientation and posted on a bulletin board outside the program director's office. Due to constant leadership turnover, the strategic planning process had not been regularly conducted prior to the site visit; going forward, the program plans to review these statements every three years to ensure relevance and appropriateness.

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.

This criterion is partially met. The program recently established protocols for monitoring and evaluating its progress toward achieving its goals and objectives.

The self-study document outlines the processes, including data sources and responsible parties, the program uses to measure its success. The program director, for example, collects and monitors student exit survey data. The Curriculum Committee and the Accreditation Committee track the results of standardized rating systems. Each spring, the Accreditation Committee will be asked to prepare a summary of the outcomes associated with each objective and report the findings to the program director, the Graduate Committee, the Community Advisory Board, the Program Improvement Panel and other department faculty. The Graduate Committee will be responsible for developing an action plan that responds to any issues identified by these constituent groups.

The self-study presents outcome data for the last three academic years. Over half of the objectives have been achieved.

The program participated in a robust and inclusive self-study process. One faculty member was charged with overseeing the preparation of the self-study document, from information requests to faculty assignments. The program director and department coordinator took the lead in compiling the electronic resource file and helped to gather pertinent information and draft sections of the document. The Accreditation Committee was responsible for providing shared guidance on general content, formatting and decision-making. Community Advisory Board members were consulted and specific faculty members were assigned sections related to their area of expertise. All faculty were asked to review specific sections of the document. Students were also asked to provide feedback and assistance with creating charts, formatting the document, gathering materials and other administrative activities. A draft of the self-study document was posted on the program website, along with a public invitation to submit third-party comments. Follow-up emails notified current students, alumni, preceptors and other members of the Community Advisory Board of the availability of the document and the opportunity to review the draft and submit any questions, comments or suggestions. Similar notices were distributed across the college and posted around campus.

The concern relates to the implementation of the program's evaluation procedures. Since the last accreditation review, related assessments and monitoring activities have not occurred regularly or

consistently. The program attributes the lack of coordination and attention to evaluation to changes in leadership and governance, a high turnover rate and resource constraints. As a result, some survey data are missing. On-site discussions with program administrators revealed that most data collection activities and analyses were conducted only recently, during the preparation of the self-study. When possible, some objectives for which precise data were unavailable were assessed using proxy measures collected by existing tools. Faculty, staff and community partners conveyed their confidence in the program's capacity to maintain the newly adopted evaluation procedures and support continuous quality improvement—so long as the program receives ongoing support from the department chair and the college.

1.3 Institutional Environment.

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

This criterion is met. California State University, Long Beach has been accredited by the Western Association of Schools and Colleges since 1957; the most recent review for reaccreditation occurred in 2011 and resulted in a ten-year term. The university responds to over 20 specialized accrediting agencies in fields such as art, business administration, nursing and physical therapy.

The university is organized into eight colleges dedicated to the arts, business administration, education, engineering, health and human services, liberal arts, natural sciences and mathematics and continuing and professional education. The College of Health and Human Services houses the departments of communicative disorders, family and consumer sciences, health care administration, health science, kinesiology, recreation and leisure studies, criminal justice, public policy and administration, nursing, physical therapy and social work. The MPH program is located in the Department of Health Science, along with the undergraduate health science program.

The program director reports to the department chair, who in turn reports to the CHHS dean. The dean reports to the provost and senior vice president for academic affairs, who reports to the university president.

The program enjoys the same level of autonomy and authority accorded to other professional programs on campus. The program director submits budget requests to the department chair, who forwards them to the dean. Requests for new faculty lines are submitted by the department to the dean and the provost's office for approval. The department chair and elected search committees, which include MPH faculty, review candidates and make recommendations to the dean. The department's Retention, Tenure and Promotion (RTP) Committee, which also includes program faculty, reviews those eligible for advancement. The department chair forwards the review to the CHHS RTP Committee, which shares its recommendations with the dean. Final recommendations are reviewed by the provost and the president.

Responsibility for curriculum content rests primarily with the departmental Curriculum Committee, which is comprised of MPH faculty.

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.

This criterion is met. The program maintains an organizational structure with clear lines of authority and responsibility.

The program director oversees all aspects of the program, from student recruitment and admissions to the administration of comprehensive examinations. She also maintains primary responsibility for advising students.

The program's organizational setting is conducive to interdisciplinary collaboration. The Center for Health Equity Research provides a forum for faculty and students to conduct and share their research activities with departments across campus. The Center for Latino Community Health, Evaluation and Leadership Training engages health sciences students and those in social work, nutrition, science, technology, engineering and mathematics in training workshops, community health education and mentoring activities. One faculty member holds a joint appointment in the Department of Women's, Gender and Sexuality Studies. Another faculty member teaches students in the Department of Health Care Administration. Another serves as an adjunct professor at Ross University Medical School and American University of the Caribbean Medical School. A new faculty hire is a member of the Positive Action evaluation team, comprised of psychologists, sociologists, statisticians and human development- and public health-trained scientists. The dean expressed his staunch commitment to supporting interdisciplinary collaboration on campus—particularly within and across programs and departments in the colleges of health and human services, liberal arts and natural sciences.

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.

This criterion is met. The program exhibits a solid governance structure, with clearly defined roles and responsibilities, and allows for the involvement of faculty, staff, students, alumni and community partners in its daily operations.

Four standing committees participate in policy development and decision-making, planning and evaluation, student recruitment and admissions and/or curriculum development. Monthly faculty meetings provide a forum for all faculty members to participate in program affairs. Each committee convenes at the department level and includes representatives from the undergraduate program. While on-site discussions revealed that resource constraints and changes in leadership have made it difficult for the program to hold regular committee meetings, faculty and staff reassured the site visit team that the current governance structure meets the program's needs and is expected to become more efficient with the recent establishment of a more frequent meeting schedule.

The Graduate Committee supports the program's daily operations, including the review of admissions applications, and oversees the planning and implementation of programmatic changes. The Curriculum Committee reviews and addresses curricular issues. Membership on both committees consists of department faculty, including those who teach in the MPH program; student input is solicited when appropriate.

The Accreditation Committee ensures that the department and program are in compliance with all accreditation-related processes, from assessment, evaluation and program revision to self-study development. Membership includes department and MPH faculty and the department coordinator.

The new Community Advisory Board consists of department faculty, three graduate students and over a dozen community partners, several of whom are also preceptors of current students, employers of program graduates and/or alumni. While students do not have formal voting privileges, their input is highly valued. External representation includes city and county health departments, community-based organizations and volunteer agencies. The committee reviews the program's progress toward fulfilling its mission, goals and objectives and recommends curricular changes to better meet the needs of practitioners. The site visit team was informed about a number of curricular changes that have occurred in response to student, employer and preceptor suggestions during the self-study process.

In addition to supporting the governance of the program and the department, several faculty members hold appointments on university-level committees, through which they contribute to the activities of the institution at large. Such committees include the CSU Research Foundation Board of Directors, the Graduate Council and the Task Force on Sustainability.

Aside from the Community Advisory Board, students serve on and provide feedback through the ad-hoc Program Improvement Panel and the Health Science Graduate Association (HSGA), in which all students are eligible to participate. Students have also been invited to attend interviews of faculty candidates, and their feedback is considered by search committees in making hiring recommendations. The Program

Improvement Panel convenes once per semester to elicit general feedback and suggestions on ways in which the program could improve. Among other student-related matters, the HSGA addresses job placement, curricular content, course scheduling, program quality and faculty advising. Issues identified by the HSGA are shared with the program director, department faculty and/or the Graduate Committee. The organization also facilitates the election of student representatives for attendance at faculty meetings, and arranges various social activities, health promotion campaigns, career counseling panels and fundraisers. Although their participation in governance has not been consistent since the last accreditation review, student engagement significantly improved with the inception of the HSGA three years ago. Open forums organized by the HSGA will provide additional opportunities for students to voice their concerns and take an active role in resolving any program-related issues.

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.

This criterion is met with commentary. The program's fiscal resources have expanded over the last six years and continue to support its mission, goals and objectives.

Total funding to the university is based on the state budget. All tuition and fees are sent to the university system, which distributes them to campuses through the budget negotiation process. Campus budgets are enrollment-driven and annual allocations influenced by enrollments during the previous academic year and projected enrollments for a given fiscal year. CHHS uses a formula-driven scheme to allocate its share of the campus budget to its departments and programs. State appropriations must be expended by the end of each fiscal year, according to specific line-item categories such as supplies, services, travel and equipment. Grants, contracts, scholarship awards and donations may be carried over from year to year, though the university has initiated a policy to encourage departments to spend these funds each year.

The program director submits a budget request to the department chair each year. The department chair forwards the request to the CHHS dean, who incorporates the program's needs into a comprehensive budget proposal. The department chair may emphasize program needs and engage in negotiations with the dean, on behalf of the program, before the budget is finalized. Allocations to the MPH program align with allocations to other departments and programs within the college.

Table 1 presents the program's budget for the last six fiscal years. The program operates on a diverse set of funding streams, including tuition, fees and state appropriations. The program also receives endowment income, donor gifts, training program reimbursements, continuing education revenue, state lottery money, scholarships and health science discretionary funds. About 30% of recovered indirect

costs are returned to the college; the department retains 30%, and another 30% is returned to the principal investigator. Additional funds have been allocated in the past three years to support new faculty hires. Any excess funds identified at the end of the fiscal year remain in the college budget fund.

Table 1. Sources of Funds and Expenditures by Major Category, Fiscal Years 2008-2014						
	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Sources of Funds						
State Appropriation			\$1,412,329	\$1,510,457	\$1,455,089	\$1,278,352
University Funds	\$469,490	\$469,490	\$469,490			\$1,007,672
Grants/Contracts	\$552,237	\$1,207,859	\$1,207,859	\$2,025,097		
Indirect Cost Recovery	\$8,616	\$17,532	\$17,532	\$11,713	\$26,557	\$23,271
Endowment					\$15,251	\$19,667
Gifts	\$200	\$1,000	\$1,000			\$99,199
Other (continuing education revenue)				\$50,338	\$53,150	\$11,000
Other (Lottery)				\$3,500		
Other (Scholarship Fund)					\$1,752	
Other (Discretionary Fund)				\$77,485	\$80,146	\$103,057
Other (Tuition)				\$242,816	\$216,576	\$192,040
Other (Stipends)				\$28,300	\$28,100	\$45,800
Other (Travel)				\$3,500	\$9,500	\$750
Total	\$1,030,543	\$1,695,881	\$3,108,210	\$3,953,206	\$1,886,121	\$2,780,808
Expenditures						
Faculty Salaries & Benefits	\$378,390	\$378,390	\$378,390	\$2,140,593	\$2,025,646	\$1,447,839
Staff Salaries & Benefits	\$27,300	\$27,300	\$27,300	\$846,538	\$103,913	\$88,232
Faculty & Staff Benefits						\$567,598
Operations	\$25,500	\$25,500	\$25,500	\$384,248	\$74,915	\$119,313
Travel	\$6,800	\$6,800	\$6,800	\$106,894	\$13,699	\$31,190
Student Support	\$52,000	\$52,000	\$52,000	\$51,857		\$8,373
University Tax				\$273,838		
Other (Scholarship)				\$85,921	\$2,712	
Other (Utilities Group)					\$813	\$4,474
Other (Contractual Services)					\$7,320	\$8,135.10
Total	\$489,990	\$489,990	\$489,990	\$3,889,889	\$2,229,018	\$2,275,154

The official 2007-2008 budget statement was unavailable at the time of the site visit, but the self-study indicates that funding to the program was drastically cut that year, as a result of the nation's recession and California's budget crisis.

The commentary relates to the sustainability of the program's financial infrastructure and resources. Budget information was difficult for program administrators to obtain, and varied depending on the person providing the information. New resources are hard to predict. Uncertainty about the current financial status and future prospects limits the extent to which the program can engage in strategic planning and priority setting. The department chair plans to meet with the dean and the administrative services manager to discuss options for improving budget record-keeping. The dean anticipates that more fiscal

resources, including those for which the program and department can compete, will be available to the college in the near future. In particular, the growth of the state economy and increases in extramural funding and donations to the college are expected to contribute to the program's resources. While the dean conveyed the university's strong support of the program and his intent to continue making it an institutional priority, site visitors continued to question the program's capacity to sustain its operations.

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.

This criterion is met with commentary. The program has sufficient human resources and facilities to offer the MPH and corresponding joint degree.

At the time of the site visit, the program employed a total of eight primary faculty and seven secondary faculty. Site visitors verified that those who are jointly appointed to teach in the undergraduate health science program dedicate at least half of their time to the MPH program. Student-faculty ratios, based on total and primary faculty FTE, were 5.5:1 and 7.3:1, respectively. Faculty support is supplemented by one part-time (0.25 FTE) staff person and two part-time work study students.

The department controls a substantial amount of office and classroom space in the Health and Human Services building. Common space is also available across from the main department office. Each department faculty member has a personal office in one of the adjacent buildings. The University Student Union (USU) building, for example, contains rooms for informal and formal meetings. Additional classrooms may be assigned by the university upon request. No traditional laboratory space is needed for program training or research activities.

CHHS maintains two computer labs for use by all departments during classroom instruction and when reserved for special trainings. The department provides each faculty member with a personal computer, printer and software. An adjacent building contains another shared computer lab. Several quiet study areas, open computer labs and individual computer workstations, including those provided by the university library, are within walking distance.

The university library's growing collection includes print and digital content: books, journals, government documents, maps, streaming videos, image and sound files and over 200 web-based research databases. Interlibrary loan and document delivery services are also available. The health science librarian offers workshops and advanced seminars in research methodology and information retrieval, as well as individual consultations focusing on a specific research topic or project.

The commentary relates to the need for additional faculty and staff support to fulfill the program's growing administrative needs. Faculty retirements in recent years have resulted in significant turnover. Among other functions, additional personnel will help to alleviate the current workload of program administrators; dedicate more time to program evaluation, internship support, student advising and workforce needs assessments; accommodate a growing student body and maintain an appropriate student-faculty ratio. Prior to the site visit, the department chair submitted a request for two tenure-track faculty lines for the department as a whole; such faculty will be expected to support the MPH and undergraduate programs. The dean indicated that the college has secured over a dozen faculty positions, though none of them are tied directly to the program. He suggested that the program might explore the possibility of offering online courses or programs that will bring revenue to the department and fund additional staff positions, such as an assistant student advisor and a clerical assistant.

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.

This criterion is met with commentary. The program cultivates diversity and cultural competence among its faculty, staff and students.

The university is designated as an Asian American, Native American and Pacific Islander-serving institution (AANAPISI) and a Hispanic-serving institution (HSI). In compliance with university policy, the program identifies the following populations as underrepresented among its faculty, staff and students: Latinos, African Americans, Asians, Native Americans, Pacific Islanders, veterans, persons with disabilities and Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) individuals.

The program seeks to 1) ensure that the demographic profile of its student body represents that of the Long Beach community, 2) recruit a faculty complement that reflects the diversity of its students, 3) facilitate the interaction of students with diverse populations in the classroom and through training activities that develop their cultural competence and 4) train students to implement culturally-sensitive health education and public health practices among diverse populations. These goals and objectives align with the university's strategic plan. Although it is not directly involved in monitoring or revising the university's plan, the program intends to evaluate its diversity-related goals and outcomes every three years.

Fifty percent of faculty and staff, respectively, identified themselves as ethnic minorities in 2013-2014. Search committees comply with the requirements of the Office of Equity and Diversity, which oversees all hiring procedures to ensure equity and transparency in the recruitment process. The department, for example, distributes job announcements to professional associations with Latino, African American, Asian

American and LGBTQ representation. Similar advertisements are sent to other Hispanic-serving institutions and historically black colleges and universities. Current faculty and staff have participated in Safe Zone Ally trainings that focus on the LGBTQ community. During his interview with site visitors, the dean affirmed his commitment to achieving faculty diversity. The college recently secured a grant to support the salaries of four minority faculty hires per year, though none of these faculty lines are guaranteed to the program. The new CSULB Building Biomedical Research Program will also facilitate workshops that train faculty on best practices for working with diverse students and colleagues.

The program complies with university policies that prohibit discrimination and harassment, promote equal employment opportunity and provide reasonable accommodations for individuals with disabilities. Related violations and complaints are directed to the Office of Equity and Diversity. Information about these policies is published in the university catalog.

The first commentary relates to the absence of a systematic mechanism to ensure that diversity and cultural competence are well-integrated into the curriculum. At the time of site visit, the Curriculum Committee had not yet identified a framework through which the curriculum will thoroughly address and build competency in diversity and cultural considerations. Students are not currently required to take any diversity-related courses. HSC 507 Health Disparities, the most relevant course, is designated as an elective. Although several employers who met with the site visit team commended program graduates for their ability to serve and collaborate with diverse populations, the level of student exposure to related concepts and competencies is dependent on each student's interests and chosen plan of study. The Curriculum Committee expects to complete a full assessment of the curriculum in fall 2015 and identify methods to infuse diversity-related content into the curriculum.

The second commentary relates to the program's student recruitment efforts, which do not directly target all of its underrepresented populations. Recruitment venues include CSULB's annual Latino Health Equity Conference. Efforts to recruit minority students are primarily organized at the university level. Program administrators suggested that strategic efforts to promote student diversity are unnecessary, as the student body is already diverse. An estimated 72% of MPH students are ethnic minorities. However, the program identifies other underrepresented populations (veterans, LGBTQ individuals and persons with disabilities) as part of its plan, and strategic efforts are needed to ensure communication of an open and welcoming environment.

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.

This criterion is met. As illustrated in Table 2, the program offers an MPH degree in community health education. Site visitors agreed that the curriculum thoroughly addresses health science research methods and concepts in program planning, community analysis and health education. At the time of the site visit, admissions to the MSN/MPH program were suspended. Nineteen students remain in the joint degree program, however, and are expected to graduate by the end of the 2015-2016 academic year. The program's response to the site visit team's report confirmed that the joint degree program had been officially discontinued.

	Academic	Professional
Master's Degrees		
Community Health Education		MPH

2.2 Program Length.

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

This criterion is met. MPH students are expected to complete a minimum of 42 semester-credit hours. One semester credit is defined as 15 hours of classroom instruction. Depending on the chosen plan of study, students complete nine to 18 credits of concentration-specific coursework and up to 12 credits of electives. Over the last three years, the program has not awarded an MPH degree to a student with fewer than 42 credits.

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.

This criterion is partially met. All students must complete coursework that allows them to attain knowledge about the five core areas of public health. This expectation is achieved through the successful completion of the courses identified in Table 3.

Corresponding syllabi list the learning objectives and, in some cases, competencies associated with each course and reflect an appropriate level of breadth and depth to expose students to the five core knowledge areas. Waivers are not permitted.

Core Knowledge Area	Course Number and Title	Credits
Biostatistics	HSC 503 – Advanced Community Health Statistics	3
Epidemiology	HSC 500 – Principles of Epidemiology	3
Environmental Health Sciences	HSC 528 – Advanced Environmental Health	3
Social and Behavioral Sciences	HSC 570 – Theoretical Concepts and Issues in Health Science	3
Health Services Administration	HSC 508 – Administrative Relationships in Health Education Programs	3

Corresponding syllabi list the learning objectives and, in some cases, competencies associated with each course and reflect an appropriate level of breadth and depth to expose students to the five core knowledge areas. Waivers are not permitted.

The concern is tied to the verbal accounts of several students, who questioned the relevance of certain core courses—particularly that in health services administration. The self-study also refers to the challenge the program faces in adapting to the rapidly changing field of health education. Follow-up conversations with faculty revealed that some of the core courses have gone through only three substantial revisions in the last ten years. They are well aware of ongoing changes in the field, especially new directions in healthcare administration, and intend to modify the syllabi to reflect the expanding knowledge base. The HSC 508 instructor, for example, pointed out the fact that he recently revised the Administrative Relationships in Health Education Programs course to address the Affordable Care Act. Other faculty acknowledged the need to review core courses annually and update the syllabi to align with current trends in public health and instructional delivery.

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.

This criterion is met. Students complete a minimum of 240 to 480 hours of fieldwork, depending on their chosen culminating experience. The internship is designed to provide students with practical experience and an opportunity to apply their knowledge and skills in a professional setting.

Students select placement sites in consultation with the faculty internship supervisor; they may choose to complete all hours at one organization or divide their time between two agencies. Preferred preceptor qualifications include an MPH or other relevant master’s degree and at least five years of experience in health education or a related field. As per university policy, faculty may not serve as preceptors. The

internship supervisor may conduct a site visit or phone interview to assess the appropriateness of the learning environment.

The HSGA facilitates workshops to help students become better acquainted with the internship process. Students consult their preceptors and the internship supervisor in developing a learning agreement that identifies the activities upon which the internship will be framed. Preceptors provide on-site supervision and real-time evaluation of students.

Deliverables include a written report and reflection, midterm and final presentations of the experience and an evaluation form, through which students rate their satisfaction with the preceptor and placement site and the extent to which they met their learning objectives. Midterm and final evaluation forms provide preceptors with multiple opportunities to evaluate students' overall performance and demonstration of the learning objectives. Preceptors who met with the site visit team were pleased with students' level and scope of knowledge and skills, though several identified the need to better prepare interns for conducting statistical analyses.

Students with five or more years of professional public health experience may apply for an alternative internship placement. Functioning as a partial waiver of no more than 240 hours, this model involves the completion of an independent study, a scholarly research project, such as a community needs assessment, or the preparation of a paper for presentation and/or publication. On occasion, such students may request a teaching placement or a graduate student research assistantship. Site visitors interpreted this option as a full waiver, since neither teaching nor research fulfills this criterion's requirement for an applied practical experience. Applicants must complete and submit 1) appropriate documentation to establish and provide evidence of their eligibility for an exception, 2) all paperwork associated with the traditional internship course and 3) a two-page proposal delineating the activities in which they will participate. Each waiver request is reviewed by the program director. No students have been granted a waiver in the last seven years.

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.

This criterion is met. The culminating experience may take one of two forms: a comprehensive examination or a thesis. Both models are designed to assess and ensure students' ability to integrate, synthesize and apply acquired skills and competencies to community health issues.

Students take the comprehensive exam during their final semester, after they have completed all core coursework and have no more than three courses left to complete the curriculum. The prerequisite HSC

626 Integrative Seminar helps students prepare for the exam. The take-home essay portion, which is completed over the course of five days, assesses students' knowledge and skills in the five core areas of public health, as well as community health education, and includes an article critique section that requires students to apply critical thinking skills in epidemiology, environmental health, biostatistics and research methods. A set of 100 multiple-choice questions was recently added to more broadly assess students' knowledge across the core public health areas and a variety of concepts in health education. This section is completed on-site, under the supervision of the program director and during a two-hour timed session. Students must pass each section of the exam to fulfill the culminating experience requirement. Those who fail one or more sections are granted one opportunity to retake the full exam; those who do not pass the retake exam are expected to participate in an oral version of the exam. If a student fails the final oral exam, he or she is not awarded an MPH degree.

At the time of the site visit, the program complied with university guidelines pertaining to the master's thesis option. Program-specific guidelines are still under development and expected to be finalized by fall 2016. The Health Science Graduate Association held two workshops in spring 2015 to familiarize students with the thesis guidelines and processes. Students enroll in up to six credits of HSC 698 Thesis and are expected to demonstrate their preparation in the core public health content areas and in the community health education specialization through the methods and write-up of their chosen empirical project. Students may undertake primary or secondary analyses in testing an empirical research question. The final product includes an introduction, a literature review, an outline of the methods and results and a discussion piece. Each student is responsible for recruiting three faculty members to serve on a thesis committee, through which they monitor his or her progress, offer guidance in specific areas of expertise and review drafts of the student's thesis paper. Following an oral exam by the committee, the student revises his or her thesis based on received feedback and submits the document to the committee for final approval.

Through their review of associated guidelines and a sample of theses and examination forms, site visitors were able to validate that both forms of the culminating experience are integrative and provide an adequate level of rigor to evaluate each student's overall knowledge and skills.

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 program at all levels (bachelor's, master's and doctoral).

This criterion is met with commentary. The curriculum is framed around 15 core and 10 concentration-specific competencies.

Adopted in fall 2014, the core competencies are derived from those recommended by the Association of Schools and Programs of Public Health; they also incorporate feedback from faculty and the Community Advisory Board. The new concentration-specific competencies are adapted from those set forth by the National Commission for Health Education Credentialing. The Community Advisory Board and the Curriculum Committee were only recently charged with reviewing the competencies every three years to ensure that they are in line with the changing needs of the profession. Similar assessments had not been conducted since the last accreditation review.

The competencies are clearly integrated into the fabric of the curriculum. Each core and concentration-specific competency is strategically mapped to several required courses that either emphasize or reinforce the competency. Standard course outlines demonstrate the link between the competencies and course-level learning objectives. Course syllabi also outline the relevant learning objectives and/or competencies that are addressed in each course. Faculty discussed the value of the competencies in refining the curriculum and their individual courses.

The competencies are posted on the department website, published in the student handbook and presented during the new student orientation. Due to the manner in which the competencies are communicated and made available to the public, students, preceptors, employers and other stakeholders were familiar with the program's competencies.

The commentary relates to the fact that the program is still in the process of refining and finalizing the concentration competencies. The Community Advisory Board and the Program Improvement Panel reviewed a final draft of the competencies in April 2015, but the program has yet to incorporate their feedback. Conversations with faculty revealed that students and other committee members identified the need to clarify and/or revise the language used in defining some of the competencies.

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.

This criterion is partially met. Aside from coursework performance, the program monitors student progress in achieving the expected competencies through internships and culminating experiences. Other mechanisms through which the program evaluates student success include the tracking of graduation rates, job placement data and feedback from alumni.

At the end of their internship experience, students complete a self-assessment of their achievement of the learning objectives. Similarly, midterm and final evaluation forms provide preceptors with opportunities to evaluate student performance and competency attainment.

The comprehensive exam and the thesis both require students to demonstrate their ability to integrate and apply the knowledge and skills they acquired during their pursuit of the degree. Although it has not been implemented yet, the 2015 exit survey has been revised to include an overall self-assessment of competency attainment.

Students are allowed up to seven years to graduate. The 2007-2008 and 2008-2009 cohorts achieved cumulative graduation rates of 96% and 100%, respectively, within that time frame.

The first concern relates to the lack of employment data collected 12 months after graduation. The program relies heavily on exit survey data without consistent follow-up. Job placement information captured by the exit survey, though it received a 100% response rate, may not provide an accurate illustration of graduates' ability to secure employment. The spring 2015 alumni survey had not been administered in the last three years, due to multiple changes in leadership. With such a large sample of recipients (individuals who graduated at various points within the last seven years), the survey received a response rate of less than nine percent. According to the data available, all 2012-2013 graduates reported being employed or pursuing additional education. The same is true for 92% of those who responded to the previous year's assessments. Most students are already working in the public health field and are interested in earning a graduate degree for employment mobility or career advancement with their current employer. Going forward, the program plans to administer the alumni survey every two years. In an attempt to improve the response rate, the program will offer incentives for completion and submission, disseminate reminder emails and engage in individual faculty outreach.

The alumni survey also assessed the extent to which the program's graduates felt prepared to enter the workforce. Over 73% of respondents agreed or strongly agreed that the program prepared them to work in the field of public health or health education, and approximately 71% agreed that the MPH competencies, in particular, prepared them for employment. Specific skills that alumni mastered were relevant to applications of biostatistics, current technology, grant writing and program evaluation. Those who met with the site visit team stated that they felt well-equipped and knowledgeable to work in various industries and environments.

The second area of concern relates to the lack of data on employer perceptions of graduates' ability to perform competencies in the workplace. The program has yet to implement a systematic and routine process for assessing this information. Informal communications with employers provide positive

feedback on alumni performance; those who have been contacted indicate that graduates are performing their roles effectively. The opportunity for related discussions with the Community Advisory Board exists, but relevant data are not collected. The Accreditation Committee plans to request that alumni ask their employers to submit anonymous evaluations directly to the program. On-site discussions with employers reflected a high level of satisfaction with the level of knowledge and skill with which the program's graduates enter the workforce. Individual suggestions for improvement included increased student training in and exposure to statistical analyses.

2.8 Bachelor's Degrees in Public Health.

If the program offers baccalaureate public health degrees, they shall include the following elements:

Required Coursework in Public Health Core Knowledge: students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours.

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses.

Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.

This criterion is not applicable.

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.

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is 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. Since the time of the site visit the MSN/MPH degree was terminated.

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 and degree and receives academic credit.

This criterion is not applicable.

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.

This criterion is met. The program is committed to promoting high-quality research, scholarly inquiry and the generation and dissemination of new knowledge.

The university offers an infrastructure for participating in sponsored research and encourages faculty to apply for federal grants and contracts. Housed within the CHHS, the Center for Health Equity Research provides a forum for faculty to conduct and share their research activities. The Center for Latino Community Health, Evaluation and Leadership Training and the Office of University Research administer a number of research grants. The Office of Research and Sponsored Programs coordinates and provides assistance in the development of research proposals. The College Research Committee orients faculty and students to available research support, library services, funding sources and computer assistance.

The committee also sponsors annual seminars, workshops and distinguished speaker lectures for faculty and students. The department chair routinely sends research opportunity announcements to faculty.

The CSULB Foundation is responsible for the fiscal management of grants and contracts. A portion of overhead monies from grant-funded research is deposited into a research stimulation account, which is available for program enhancement. The Office of Research and Sponsored Programs administers these funds. Extramural research funding increased substantially over the last three years, from \$2.9 million in 2011-2012 to over \$6.0 million in 2013-2014. All faculty who are presenting their research or hold a significant leadership role in the conference organization are granted travel funds up to the maximum amount allowable for travel to conferences.

MPH faculty participate on grant review panels and are actively involved in quantitative and qualitative research, the synthesis of existing published literature, the pursuit of health-related grants and contracts, the dissemination of information through publications and the presentation of research at local, state and national conferences. Heavy teaching loads, however, limit faculty time to apply for grant funding and consistently publish their research findings. Each faculty member submitted an average of three grant proposals last year and roughly 78% published a scholarly publication. Faculty also participated in an average of four to five conference presentations. Over 70% of all externally-funded faculty research projects conducted over the last three years were community-based. Faculty research is recognized through annual achievement awards. Two MPH faculty members recently received the Impact Accomplishment of the Year in Research, Scholarly and Creative Activity Award.

Students participate in a variety of independent and collaborative research activities and are encouraged to present their work at local and national conferences. Their involvement in research is promulgated through three mechanisms: externally-funded grants and contracts, university-wide sponsorships and collaborations with faculty. Over the last three years, 76% of all externally-funded faculty-led research projects involved students. Roughly 75% of students wrote a grant proposal last year and many participated in the research activities of the Center for Health Equity Research and/or the Center for Latino Community Health, Evaluation and Leadership Training. The Center for Latino Community Health, Evaluation and Leadership Training, in particular, provides assistance with research project development, implementation and evaluation and the preparation of abstracts, posters and oral presentations. The center also offers workshops on community-based participatory research, full tuition scholarships and monetary stipends for students participating in community-based research and funding for participation at professional conferences. For the last three years, students have joined faculty in presenting papers at the annual American Public Health Association meeting and the National Health Disparities Conference. The college also hosts an annual poster event that provides an opportunity for students to showcase their research. The Graduate Research Fellowship is awarded to students who show potential for success in

scholarly and creative activity, and an interest in advanced study. One MPH student just received this award to support her research.

Students interviewed on site were eager to become more involved in research, but they are often not aware of all available opportunities. The advertisement of faculty research interests and activities in a central location or website would be helpful.

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.

This criterion is met with commentary. The program encourages faculty and student participation in professional and community service.

CSULB's Center for Community Engagement provides resources for faculty to integrate service learning into their courses. The center also encourages faculty and students to participate in community engagement initiatives that meet societal needs; students receive additional support in applying academic instruction to service projects that address significant community issues. The service activities highlighted in the self-study demonstrate a strong interest in the health of minority communities in Long Beach and the surrounding counties.

Through an impressive scope of activities, faculty serve the local, national and international public health community. These activities include working with voluntary agencies, community-based organizations, local hospitals, HMOs, businesses, educational institutions, public health departments and other schools and community groups. Services include expert assistance and consultation, journal reviews, program policy development, program evaluation and leadership in professional organizations. All faculty participate in professional service activities, and 90% engage in community service. Over 47% of all faculty service activities conducted over the last three years were community-based.

Students are encouraged to engage in service, above and beyond their internship activities. The Center for Community Engagement offers students opportunities to engage in service learning activities. The HSGA seeks to engage students in more volunteer activities in the surrounding communities. Service opportunities are communicated through faculty and departmental announcements. In 2013-2014, 63% of students participated in professional and community service. Over the last three years, 34% of faculty-led service projects involved students. HSGA members engage in community service and health education events as part of their commitment to service. The organization recently hosted a fundraising event to support the American Cancer Society's Relay for Life. Several students hold major leadership positions in the Southern California Society for Health Educators.

The commentary relates to the opportunity to leverage and pay more attention to student service and the role of community service in their education and skill development. The HSGA president admitted that the organization's focus on service has been limited, due to budget constraints.

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.

This criterion is partially met. The program is engaged in workforce development through a variety of continuing education programs.

The HSGA collaborates with the department, a CHES certified continuing education provider, to offer continuing education activities for health education professionals. The department's Continuing Education Committee also guides the program's workforce development efforts.

Six continuing education programs and events were offered in the last three years. The Sri Lanka Ministry of Health and Indigenous Medicine funded the Center for International Education Physician Training in 2011-2012 and 2012-2013. A workshop on climate change was also held in 2011 and attended by at least four professionals. In 2013 and 2014, approximately 350 and 500 individuals, respectively, attended the annual Latino Health Equity Conference; half were professionals or other members of the workforce. Conference presentations addressed environmental health, youth violence, health disparities, HIV/AIDS prevention and minority leadership, among other issues. Community representatives who met with site visitors appreciate the program's attention to their needs. One individual commented on how direct and on target the Latino Health Equity Conference curriculum was. Others noted that faculty involvement is static and that the program's offerings lack sufficient coverage of data management and analysis.

The Graduate Certificate in Latino Health and Nutrition Studies trains matriculated students in providing culturally and linguistically relevant care and education for the Latino population through diversity-focused courses and service learning. Nine students, two of whom are expected to complete the certificate in spring 2015, are currently enrolled in the program. The Center for Latino Community Health is exploring the possibility of offering the certificate through the College of Continuing and Professional Education, which would make the program available to the general workforce.

The concern relates to the absence of data or other information pertaining to the continuing education needs and priorities of the public health workforce. As confirmed in on-site discussions with program administrators, the program does not currently have a system in place or the faculty and staff resources to perform periodic needs assessments. The program plans to develop and distribute a survey to the Community Advisory Board, alumni and employers in the local area. Analysis of survey results will be

used to guide faculty discussions and identify activities that the program can offer to the public health workforce.

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.

This criterion is met. The faculty complement is robust in public health expertise and other qualifications.

Primary and secondary faculty have extensive academic and professional experience in many facets of public health and health education. Faculty are individually well-qualified and collectively offer both breadth and depth in public health research and service. Part-time faculty members contribute their experience in community health education, curriculum development and instruction. Nearly all faculty have terminal degrees in public health or relevant disciplines, including preventive medicine.

Many faculty have experience designing, implementing and evaluating health programs within the college and the community. Several have been health practitioners and continue to work as consultants with local and global organizations. Others hold leadership positions and/or membership roles in various professional associations, including the Southern California Public Health Association, the American Sexually Transmitted Disease Association, the Southern California Chapter of the Society of Public Health Educators, the American Public Health Association, the International AIDS Society, the Society for Prevention Research and the National College Health Association. On-site discussions with community preceptors and employers highlighted their role in delivering expert lectures and supervision in areas not consistently represented by faculty, including public health media work.

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.

This criterion is met. The program observes department, college and university policies for faculty recruitment, appointment, promotion and tenure. Institutional faculty guidelines are outlined in the faculty handbook.

Requests for new faculty lines are submitted by the department to the dean and the provost's office for approval. The department chair and elected search committees, which include MPH faculty, review candidates and make recommendations to the dean. The department's Retention, Tenure and Promotion Committee, which also includes program faculty, reviews those eligible for advancement. The department

chair forwards the review to the CHHS RTP Committee, which shares its recommendations with the dean. Final recommendations are reviewed by the provost and the president.

Probationary faculty are evaluated on their performance on an annual basis and all are expected to participate in research, teaching and professional and community service. The department's RTP Committee also conducts a post-tenure review of tenured faculty on a five-year cycle. Expectations regarding the depth of service involvement depend on faculty rank and experience. Candidates for promotion must show evidence of active involvement in and commitment to professional organizations, beyond mere membership. The quality and effectiveness of faculty instruction is evaluated through exit surveys, peer reviews and course evaluations, which are completed by students at the end of each semester. About 46% of those who graduated in 2013-2014 were generally satisfied with faculty instruction. Results are considered in routine faculty evaluations and decisions regarding promotion and tenure. Problematic reviews and solutions are discussed by the department chair and the relevant faculty member.

The department holds an annual retreat to orient new faculty to the department and provide them an opportunity to meet their peers. The university orientation introduces them to key staff and program resources. The Faculty Center for Professional Development assists faculty with course preparation, syllabus design, scholarly writing and preparation for review for tenure and promotion. Follow-up workshops address topics of interest in teaching and research, lecturer and formative evaluation and tenure and promotion. The Scholarly Writing Institute facilitates manuscript preparation. New faculty hires enjoy reduced teaching loads and release time that allows them to further develop their research portfolios. Sabbatical leaves allow faculty to take advantage of opportunities to advance their careers and enhance their research productivity. Seed-funding mechanisms support faculty in undertaking projects of special interest to them and travel awards allow them to attend professional meetings. The new CSULB Building Biomedical Research Program will provide research-active faculty mentors and interactive pedagogy training. The NIH-sponsored National Research Mentoring Network will provide more intensive training in developing manuscripts and grant proposals.

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.

This criterion is met. The program employs a variety of methods to identify and attract promising, highly-qualified applicants.

Recruitment strategies involve mailings to programs in health education, advertisements, distributions of informational brochures and networking activities. Copies of the program brochure, for example, are shared at professional conferences and disseminated at local public health, health education and community health events. Low tuition fees and established networks within the Los Angeles metropolitan area serve as additional recruitment tools and benefits. Faculty and alumni maintain extensive networks that facilitate outreach efforts; these networks extend to agencies and professional organizations such as the Southern California Society for Public Health Education (SOPHE), the California Association of School Health Educators and the City of Long Beach Department of Health and Human Services. The college and the Office of Public Affairs have also developed a one-page description of the program for dissemination through mailings and publicity campaigns. The Division of Graduate Studies has similar materials at its disposal.

The program director oversees student recruitment and admissions, which are conducted in the fall and spring. The Graduate Committee and all full-time department faculty review admissions applications. The university catalog and recruitment brochures document the program's admissions policies and procedures. The university application requires prospective students to submit their application materials, such as transcripts and standardized test scores, directly to the university. The department application requires a personal statement, a resume and three letters of recommendation. Information is forwarded to the program after review by the university's admissions office. The program requires a higher minimum grade point average (3.0) than the university, as well as acceptable standardized scores and professional experience in health education. A promising applicant may have a deficient grade point average that precludes admission. In rare cases, such applicants are counseled to complete a series of undergraduate community health education courses to demonstrate their academic ability.

Nearly 38% of prospective students who applied to the program in fall 2014 qualified for admission, and over 70% of those who were accepted followed through with enrollment. An average of 24 new students entered the program during each of the last three years. The total student headcount at the time of the visit was 57.

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.

This criterion is partially met. Academic advising and career counseling services are accessible to students, from the time of enrollment to graduation.

The program director serves as the primary academic advisor and holds open office hours in the late afternoon (2-4 pm) two days per week, and is available for scheduled appointments in the evenings, as requested by students. Advising in the summer and winter sessions is the responsibility of the department

chair. Students may also seek specific information and advice from other faculty. The new student orientation introduces information that is available in the student handbook, from course selection and internship planning to thesis and comprehensive examination preparation.

Students are encouraged to reach out to any faculty member, including the department chair, for advice about career opportunities and to discuss their academic and career goals. Faculty conduct mock interviews with students to help them prepare for job interviews. Current employment opportunities are posted on the website, emailed to students and presented in a department binder. Employers and alumni are invited to campus to discuss current developments in the field, their careers and opportunities for employment and professional advancement. The CSULB Career Development Center offers a variety of career planning and placement services, including related workshops and resume and cover letter assistance. The local SOPHE chapter sponsors annual professional conferences and webinars, maintains an active job bank and connects students with networking opportunities. The Center for Latino Community Health, Evaluation and Leadership Training offers unique opportunities for health science students, including mentorship and guidance by experienced health professionals. Employment-related topics are covered in several classes and in various forms. The latter part of the HSC 626 seminar class, for example, is devoted primarily to portfolio development and job preparation. In HSC 585, the internship class, students are instructed on how to dress, prepare for job interviews and interact with professionals. They also engage in resume writing and learn interviewing techniques.

University grievance procedures are articulated on the website and introduced during the new student orientation. Students are encouraged to voice their concerns to program officials. The department chair also maintains an open-door policy to support student communication and freedom to raise concerns and complaints. New student forums, to be implemented this academic year, will also provide a platform for students to voice their concerns and suggestions for improvement. If attempts to mediate a student's concerns fail, a formal grievance may be filed with the associate dean and/or university ombudsperson. Over the last three years, the program received two formal complaints; both were processed through appropriate channels and have since been resolved.

The first concern relates to the level of student satisfaction with academic advising. Approximately 77% of respondents to the most recent exit survey reported satisfaction with academic advising, and seven percent reported a "neutral" response. While 73% of respondents to the alumni survey agreed that academic advising was beneficial, the survey targeted individuals who graduated at various points within the last seven years and may not have experienced the program's current offerings. On-site discussions with current students confirmed that academic support has improved over the last year, especially with the growth of the HSGA. Certain faculty members have made a strong effort to reach out to and dedicate extra time to help students. Multiple students, however, identified the need for more support with

identifying and securing internships and other resources. Others expressed frustration with the program director's lack of availability and identified the need for more staff support. Recent budget cuts have reduced the time the program director can dedicate to academic advising. In an effort to improve student satisfaction, open appointments are scheduled to accommodate their work schedules. Other faculty have volunteered to support the program director—specifically with respect to the coordination of the comprehensive exam and initial thesis advising. The department chair is working with the dean to solicit funding to hire an assistant graduate advisor to share the responsibilities associated with student advising and alleviate the program director's workload.

The second concern relates to the level of student satisfaction with career counseling. Only 30% of exit survey respondents reported satisfaction with career counseling, and 40% reported a "neutral" response. The alumni survey suggests that only 58% of respondents found the program's career services helpful. On-site discussions confirmed students' frustrations with the limited availability of career counseling and related support—especially for those students who may be less assertive. To address this issue, the HSGA is planning to organize a career and professional forum every spring semester. Program Improvement Panels and open forum sessions provide venues through which students can offer suggestions to improve advising and counseling. During the most recent session, students requested a second orientation that serves as a refresher on information more relevant to second-year students.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

California State University, Long Beach Master of Public Health Program

May 7-8, 2015

Thursday, May 7, 2015

- 8:30 am Request for Additional Documents
Toni Espinoza-Ferrel, MPH, Program Director/Coordinator
Karen Miyahara, Department Coordinator
Selena Nguyen-Rodriguez, PhD, Assistant Professor
- 8:45 am Executive Session
- 9:45 am Meeting with Program and Department Administration
Gail Farmer, DrPH, Department Chair
Toni Espinoza-Ferrel, MPH, Program Director/Coordinator & Graduate Advisor
Karen Miyahara, Department Coordinator
Selena Nguyen-Rodriguez, PhD, Assistant Professor
- 10:45 am Break
- 11:00 am Meeting with Faculty Related to Curriculum and Degree Programs
Gail Farmer, DrPH, Department Chair
Toni Espinoza-Ferrel, MPH, Program Director/Coordinator & Graduate Advisor
Niloofar Bavarian, PhD, Assistant Professor
Phil Falcetti, MPH, CEO NCADD-OC & Lecturer
Mohammed Forouzesh, PhD, Professor
Robert Friis, PhD, Professor
Sarath Gunatilake, DrPH, MD, Professor
Javier Lopez-Zetina, PhD, Associate Professor [Tentative; update 5/4]
Kevin Malotte, DrPH, Professor
Selena Nguyen-Rodriguez, PhD, Assistant Professor
Savitri Singh-Carlson, RN, PhD, Associate Professor of Nursing
Daria Waetjen, EdD, Lecturer
- 12:00 pm Break
- 12:15 pm Lunch with Students
Zareen Balandra (MPH)
Erick Castillo (MPH)
Dennis Hoang (MPH)
Lakna Jayasinghe (MPH)
Hannah Kim (MPH)
Luke Park (MPH)
Ana Alicia Rangel Carr (MPH)
Kim Taylor (MSN/MPH)
- 1:15 pm Break
- 1:30 pm Meeting with Faculty Related to Research, Service, Workforce Development and Faculty Issues
Veronica Acosta-Deprez, PhD, Professor
Mohammed Forouzesh, PhD, Professor
Robert Friis, PhD, Professor
Fiona Gorman, EdD, Assistant Professor
Sarath Gunatilake, DrPh, MD, Professor
Javier Lopez-Zetina, PhD, Associate Professor [Tentative; update 5/4]
Kevin Malotte, DrPH, Professor
Selena Nguyen-Rodriguez, PhD, Assistant Professor

2:30 pm Executive Session

4:00 pm Meeting with Alumni, Community Representatives and Preceptors
Keith Allen, MPA, Program Supervisor, City of Long Beach Department of Health & Human Services (Preceptor)
Jessica Andrade Lee, MPH, LTJG, U.S. Public Health Service Investigator, Food and Drug Administration, (Preceptor; Alumnus 2007)
Mara Bird, PhD, Co-Director, Center for Latino Community Health, Evaluation and Leadership Training (Preceptor; Employer)
Amy Buch, MA, Health Promotion Division Manager, Orange County Health Care Agency (Community Representative)
Kelly Colopy, MPP, Director, Department of Health and Human Services, City of Long Beach (Community Representative)
Natalia Gatdula, MPH, Director of Community-Based Programs, Center for Latino Community Health, Evaluation and Leadership Training (Community Representative; Alumnus 2012)
Heidi R. Girling, MPH, CHES, Coordinator of the Health Resource Center, CSULB Student Health Services (Employer)
John R. Holguin, MPH, Epidemiology Program Supervisor, Long Beach Department of Health and Human Services (Preceptor; Alumnus 2009)
Lilian Lew, MEd, Director, Families in Good Health, St. Mary Medical Center, Long Beach (Community Representative)

5:00 pm Adjourn

Friday, May 8, 2015

8:30 am Meeting with Academic Leadership
James Koval, PhD, College of Health and Human Services Dean

9:15 am Break

9:30 am Executive Session and Report Preparation

12:30 pm Exit Interview