



California State University, Long Beach

# Master of Public Health Final Accreditation Self-Study

Submitted to the  
Council on Education of Public Health

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## California State University, Long Beach

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<b>List of Acronyms</b>
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AACSB	Association to advance Collegiate Schools of Business
AAFCS	American Association of Family and Consumer Sciences
AANAPISI	Asian American, Native American and Pacific Islander Serving Institution
AAPAR	American Association for Physical Activity and Recreation
ABET	Accreditation Board for Engineering
AHORA	Alliance for Health Opportunities Research Advancement
AIDS	Acquired Immune Deficiency Syndrome
ALC	Active Learning Classroom
ALERT	Assessment of Local Environment Risk Training
APHA	American Public Health Association
APTA	American Physical Therapy Association
ASHA	American Speech-Language-Hearing Association
AUPHA	Association of University Programs in Health Administration
BSPH	Bachelor of Science in Public Health
BUILD	Building Infrastructure Leading to Diversity
CADE-ADA	Accreditation for Dietetics Education
CAHME	Commission on Accreditation of Healthcare Management Education
CAMP	College Assist Management Program
CAPTE	Commission on Accreditation in Physical Therapy Education
CBA	College of Business Administration
CBA	College of Business Administration
CCC	Campus Climate Committee
CCNE	Commission on Collegiate Nursing Education
CCPE	College of Continuing and Professional Education
CDC	Centers for Disease Control and Prevention
CEC	Continuing Education Committee
CEO	Chief Operating Officer
CEPH	Council on Education for Public Health
CEU	Continuing Education Units
CFA	Council for Accreditation
CFGD	Certified Focus Group Director
CHA	Community Health Alliance
CHES	Certified Health Education Specialist
CHHS	College of Health and Human Services
CLGBTQCC	Committee on Lesbian, Gay, Bisexual, Transgender and Queer Campus Climate
CME	Community Medical Education
CMS	Common Management System
CNS	Clinical Nurse Specialist
CNSM	College of Natural Sciences & Math
COAST	CSULB Library Catalog
COPRA	Commission on Peer Review and Accreditation
CPH	Certified Public Health
CSU	California State University
CSULB	California State University
CSWE	Council on Social Work Education
CV	Curriculum Vitae
DrPH	Doctor of Public Health
EDD	Employment Development Department

## List of Acronyms

EdD	Doctor of Education
EES	Educational Equity Services
FAAP	Fellow of the American Academy of Pediatrics
FACT	Faculty Committee on Technology
FCDP	Faculty Career Development Program
FHP	Family Health Plan
FTE	Full Time Equivalent
FTEF	Full Time Equivalent Faculty
FTES	Full Time Equivalent Student
FY	Fiscal Year
GPA	Grade Point Average
GRE	Graduate Record Exam
H S I	Hispanic Serving Institution
H2OLA	Hispanic Health Opportunity Learning Alliance
HC	Head Count
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
HOGAR	Hispanic Opportunities for Graduate Access and Retention
HR	Human Resources
HSC	Health Science
HSGA	Health Science Graduate Association
HSI-STEM	Hispanic Serving Institutions-Science Technology Engineering and Mathematics
IRB	Institutional Review Board
LCD	Liquid Crystal Display
LGBTQ	Lesbian, Gay, Bisexual, Transexual, Queer/Questioning
LITJ	Lieutenant (junior grade)
MBA	Master of Business Administration
MCHES	Master Certified Health Education Specialist
MD	Doctor of Medicine
MD/DrPH	Doctor of Medicine / Doctor of Public Health
MGO	Mission, Values, Goals, and Objectives
MPA	Master of Public Administration
MPH	Master of Public Health
MS	Masters of Science
MSG	Master of Science in Gerontology
MSHSA	Master of Science in Health Services Administration
MSN	Master of Science in Nursing
MSW	Master of Social Work
NASAD	National Association of School Art and Design
NASD	National Association of Schools of Dance
NASM	National Association of Schools of Music
NASPAA	National Association of Schools for Public Affairs and Administration
NAST	National Association of Schools of Theatre
NCADD	National Council on Alcoholism and Drug Dependence
NCADOC	National Council on Alcoholism and Drug Dependence Orange County
NCATE	National Council for Accreditation for Teacher Education
NCLR	National Council of La Raza
NIH	National Institute of Health
NIMHD	National Institute of Minority Health and Health Disparities
NRPA	National Recreation and Park Association

## List of Acronyms

PCCHA	Pacific Coast College Health Association
PhD	Doctor of Philosophy
PHN	Public Health Nurse
PHP	Public Health Program
PI	Pacific Islander
PIC	Person in Charge
PRIME-LC	Program in Medical Education for the Latino Community
Project PATH	Project Positive Action Toward Health
R & A Plan	Recruitment and Advertising Plan
REHS	Registered Environmental health Specialists
RF	Resource File
RI MI	Research Infrastructure in Minority Institutions
RN	Registered Nurse
RPP	Resource Planning Process
RSCA	Research and Scholarly and Creative Activities
RTP	Reappointment Tenure and Promotion
SAS	Statistical Analysis System
SFR	Student Faculty Ratio
SFX	Special Effects-server within the library and scholarly publishing community
SOAR	Student Orientation, Advising and Registration
SOPHE	Society for Public Health Education
SPOT	Student Perception of Teaching
SPSS	Statistical Package for the Social Sciences
STD	Sexually Transmitted Diseases
STEM	Science Technology Engineering and Mathematics
UCLA	University of California Los Angeles
UOSR	University Outreach & School Relations
USDA	United States Department of Agriculture
USU	University Student Union
VPN	Virtual Private Network
WASC	Western Association of Schools and Colleges
YMCA	Young Men's Christian Association

<b>Electronic Resource File Index</b>
---------------------------------------

**Table of Contents**  
**Electronic Resource File**

**Advising & Career Counseling**

***Academic Advising***

Individual Study Plan/Advising Forms (Advancement to Candidacy)  
MPH Orientation Slideshow

***Career Counseling***

25 Ways to Win With People  
Association and Organization list for interns to join  
Career Panel Flyer  
*Center Training Schedules*  
Ethics in the Workplace  
How to Benefit from APHA  
Internships Websites  
Job Interview Tips

**Bylaws**

Governance Bylaws and Policies  
HSGA Constitution & Bylaws  
HSGA Mission  
University Catalog

**Committees**

***Meeting Minutes*** (*most recent year*)

*Accreditation Committee*  
*Advisory Board*  
*Faculty meetings*  
*Graduate Committee* (*for 2014-15, see faculty meetings*)  
*Student Association (HSGA)*  
*Student Program Improvement Panel*  
*Membership Lists*  
MPH Program Committees & Membership

**Competencies**

Competency Self-Assessment by Students

**Course Evaluations**

Peer Evaluation of Teaching Form  
*Sample SPOT Evaluation*  
*SPOT Evaluations* (*past three years*)

**Culminating Experience**

***Comprehensive Exam***

Comprehensive Exam Evaluation Form  
Comprehensive Exam Guidelines  
Faculty Grading Rubric

***Thesis***

California State University - Thesis Guidelines  
Department of Health Science - Thesis Guidelines\_V3  
University Thesis Manual  
*Sample Theses*  
Sample Thesis Presentation  
Sample Comprehensive Exam (Spring 2015) – PRINT COPY AVAILABLE ONSITE

**Curriculum**

Course Evaluation Averages - Fall 11-14  
Degree/Concentration Requirements  
*Schedule of Courses/Instructors for last three years*

**Curriculum Vitae**

*Primary Faculty Curriculum Vitae*

Bavarian  
Espinoza-Ferrel  
Forouzesh  
Friis  
Gunatilake  
Lopez-Zetina  
Malotte  
Nguyen-Rodriguez  
Rios-Ellis

*Secondary Faculty - CVs*

Acosta-Deprez  
Falcetti  
Farmer  
Garrido-Ortega  
Gorman  
Rascon  
Waetjen

**Diversity**

Culture and Health Lecture  
*Events*  
*Policies*  
*Resources*

**Grievances & Complaints**

Grievance Procedures (CSULB Catalog)  
Complaint Policy (CSULB Catalog)

**Handbooks**

Faculty Handbook (link)  
MPH Student Handbook

**Human Subjects Institutional Review Board (IRB)**

CSULB Institutional Review Board (link)  
University policy statement on Protection of Human Subjects

**Notifications**

***Opportunity for 3<sup>rd</sup> Party Comments***

*Emailed notices*  
MEMO - Notice Opportunity 3rd Party Comments FINAL  
MPH Website link to memo  
*Photos of physical postings*

***Self-study Available for Comment***

*Emailed notices*  
MPH Website link to Self-Study

**Practical/Internship Experience**

Alternative Internship Placement Policy  
Competency Self-Assessment by Student  
HSC Affiliation Agreement FINAL 2013  
Internship Site Screening Checklist  
*List of Preceptors and Agencies*



*Sample Affiliation Agreements*

*Sample Internship Proposal*

*Syllabus & Evaluation Forms*

**Promotion & Tenure**

RTP Policy HSC

RTP Policy CHHS

RTP Policy CSULB

RTP Evaluation Form

Probationary Faculty Review Form

**Resources**

Library Resources

Other Resources

Project HOGAR

**Student Recruitment & Admissions**

Applicant Evaluation Form

Graduate Tuition Scholarship Application Form

MPH Application Form

Student Association Recruitment Flyer

Graduate Recruitment Brochure

**Student Research & Service**

*Student Association Events*

*Graduate Student Research Colloquiums*

*Research Presentations*

**Surveys**

***Alumni***

Alumni Survey

Summary of Alumni Survey Results

***Graduate Exit***

MPH Exit Survey - REVISED Spring 2015

Exit Survey Results

***Faculty***

Faculty Survey

Summary of Faculty Survey Results

**Syllabi & Standard Course Outlines**

*MPH Core Courses Fall 2014 Syllabi*

*MPH Core Courses Spring 2015 Syllabi*

*MPH Elective Courses*

*Standard Course Outlines*

**Timeline**

Accreditation Timeline

## TABLE OF CONTENTS

### 1.0 THE PUBLIC HEALTH PROGRAM

1.1 Mission.....	1
1.2 Evaluation and Planning. ....	5
1.3 Institutional Environment. ....	14
1.4 Organization and Administration. ....	22
1.5 Governance. ....	25
1.6 Fiscal Resources. ....	34
1.7 Faculty and Other Resources. ....	39
1.8 Diversity. ....	46

### 2.0 INSTRUCTIONAL PROGRAMS

2.1 Degree Offerings. ....	58
2.2 Program Length. ....	60
2.3 Public Health Core Knowledge. ....	61
2.4 Practical Skills. ....	63
2.5 Culminating Experience. ....	69
2.6 Required Competencies. ....	72
2.7 Assessment Procedures. ....	87
2.8 Bachelor's Degrees in Public Health. ....	92
2.9 Academic Degrees. ....	92
2.10 Doctoral Degrees. ....	92
2.11 Joint Degrees. ....	93
2.12 Distance Education or Executive Degree Programs. ....	95

### 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

3.1 Research. ....	96
3.2 Service. ....	106
3.3 Workforce Development. ....	113

### 4.0 FACULTY, STAFF AND STUDENTS

4.1 Faculty Qualifications.....	116
4.2 Faculty Policies and Procedures. ....	122
4.3 Student Recruitment and Admissions. ....	125
4.4 Advising and Career Counseling. ....	131

## TABLE OF CONTENTS

<b>1.0</b>	<b>THE PUBLIC HEALTH PROGRAM</b>	
1.1	Mission. ....	1
1.2	Evaluation and Planning. ....	5
1.3	Institutional Environment. ....	14
1.4	Organization and Administration. ....	22
1.5	Governance. ....	25
1.6	Fiscal Resources. ....	34
1.7	Faculty and Other Resources. ....	39
1.8	Diversity. ....	46
<b>2.0</b>	<b>INSTRUCTIONAL PROGRAMS</b>	
2.1	Degree Offerings. ....	58
2.2	Program Length. ....	60
2.3	Public Health Core Knowledge. ....	61
2.4	Practical Skills. ....	63
2.5	Culminating Experience. ....	69
2.6	Required Competencies. ....	72
2.7	Assessment Procedures. ....	87
2.8	Bachelor's Degrees in Public Health. ....	92
2.9	Academic Degrees. ....	92
2.10	Doctoral Degrees. ....	92
2.11	Joint Degrees. ....	93
2.12	Distance Education or Executive Degree Programs. ....	95
<b>3.0</b>	<b>CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE</b>	
3.1	Research. ....	96
3.2	Service. ....	106
3.3	Workforce Development. ....	113
<b>4.0</b>	<b>FACULTY, STAFF AND STUDENTS</b>	
4.1	Faculty Qualifications. ....	116
4.2	Faculty Policies and Procedures. ....	122
4.3	Student Recruitment and Admissions. ....	125
4.4	Advising and Career Counseling. ....	131

## 1.1. Mission

### 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.

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

The mission of the California State University, Long Beach Department of Health Science's Masters of Public Health Program is to 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. The program strives to 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.

##### b. A statement of values that guides the program.

Related to the missions of the university, college, and department, the program espouses the following four values: collaboration, equity, excellence, and leadership. These values are announced to students upon admission and reinforced through course work, internship experiences, published materials, and public statements. The values that guide the program represent the consensus of stakeholders, including faculty, students, and community members.

- **Collaboration:** Forming collaborative partnerships is imperative to effectively address public health issues. The value of networking to form and maintain collaborations is fostered through the program's education and training activities that promote effective communication and teamwork. Through collaborative activities, among faculty, students, and community engagement, public health services will be improved.
- **Equity:** The program promotes and maintains an opportunity structure that fosters respect for others, treating all people as individuals, valuing each person's points of view, and giving due regard for the feelings, wishes, rights, and traditions of others. The program welcomes ethnic, social, cultural, and socio-economic diversity among the students and faculty, and appreciates how diversity enriches public health work. The program focuses educational and research activities on achieving health equity through influencing health care quality and delivery, policy, prevention efforts, dissemination of health promotion information, and supporting individual self-empowerment needed to make sound health decisions.
- **Excellence:** Among the most important values for the Department of Health Science (department) are the creation of an excellent educational experience and continuously assessing performance. The criterion of an excellent education is that it covers a full range of up-to-date competencies that are essential to the effective practice of public health education. High quality instruction is provided by instructors who are well-qualified in their disciplines and who maintain currency in public health activities.
- **Leadership:** The program seeks to develop leadership skills for addressing crucial public health challenges. This value is demonstrated by the program's faculty members, guest lecturers, and the specific didactic content of the curriculum. Professional instruction in learning negotiation, team building, motivation, and goal setting skills are also provided.

## 1.1. Mission

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- c. One or more goal statements for each major function through which the program intends to attain its mission, including at a minimum instruction research and service.**
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The Masters of Public Health (MPH) program goals are to:

- A. Achieve excellence in teaching and learning that bolster competency in the fields of health education and public health in a multiethnic and urban environment which develop diverse professionals and leaders.
- B. Foster research and intervention programs that tend to the health needs of underserved populations in our community.
- C. Engage in service activities, across various sectors of public health practice, addressing the needs of the profession, university, and the community.

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- d. A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c. In some cases, qualitative indicators may be used as appropriate.**
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### Goals & Objectives:

Goal	Measurable Objective
A. Achieve excellence in teaching and learning that bolster competency in the fields of health education and public health in a multiethnic and urban environment which develop diverse professionals and leaders.	A1. All program faculty members will maintain student evaluation averages above 4.00 annually.
	A2a. Every four years, course content will be assessed by the department Curriculum Committee to ensure relevant program competencies are being met across the curriculum.
	A2b. Development of at least one new course will occur, as warranted, based on results of curriculum review.
	A3. Technology use will be infused into all courses, at all times.
	A4. All students will maintain an average GPA of at least 3.0 annually.
	A5. At least 90% of students will pass the comprehensive exam upon first attempt annually.
	A6. Eighty percent of students will report being satisfied or very satisfied with instruction on exit surveys by program's end.
	A7. Eighty percent of students will report that they agree or strongly agree that academic advising was helpful by program's end.
	A8. To ensure diverse instructor role models, every three years, the program faculty members' ethnic make-up will better match that of the program's student population by 2% in at least one group.
	A9. To support training of diverse professionals, every three years, the program's student body ethnic make-up will better match that of the surrounding community by 2% in at least one group.

## 1.1. Mission

<p>B. Foster research and intervention programs that tend to the health needs of underserved populations in our community.</p>	<p>B1a. A department average of at least one grant proposal per faculty member will be submitted for funding annually.</p> <p>B1b. At least 50% of these annually submitted grant proposals will focus on research related to underserved populations.</p> <p>B2a. A department average of at least one conference presentation per faculty member will be completed annually.</p> <p>B2b. Fifty percent of these annual conference presentations will address health issues of underserved populations.</p> <p>B3. All faculty members will publish at least one scholarly publication every two years.</p> <p>B4a. Seventy-five percent of students will work with faculty on a research or intervention project by program's end.</p> <p>B4b. By program's end, at least 50% of faculty projects that students worked on will have been relevant to underserved populations.</p> <p>B5. By program's end, all students will have gained experience in writing a complete research grant proposal.</p> <p>B6. By program's end, 80% of students will have a scholarly paper or presentation included in an e-portfolio.</p>
<p>C. Engage in service activities, across various sectors of public health practice, addressing the needs of the profession, university, and the community.</p>	<p>C1a. Every two years, all faculty members will have participated in at least one significant service activity that benefited the public health profession.</p> <p>C1b. Within a four-year period, 50% of service activities will be performed in community organizations that target underserved populations.</p> <p>C2. Annually, 80% of program faculty members will maintain at least one active collaborative relationship that addresses health disparities in the community.</p> <p>C3. All faculty members will serve on departmental, college, or university committees annually.</p> <p>C4a. By program's end, 100% of graduates will have provided service to the community and the profession.</p> <p>C4b. By program's end, 50% of these service activities will relate to underserved populations.</p>

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### e. Description of the manner through which the mission, values, goals and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.

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The current version of the program's mission, values, goals, and objectives (MGOs) were developed as a result of input from program stakeholders, including: graduate students, the program's Community Advisory Board, and the department faculty. These groups were presented with the MGOs and asked to provide input. Faculty members reviewed and revised MGOs between September and October 2014 during faculty meetings and via email. Active participation of graduate students was solicited through feedback from those students serving on the program's Community Advisory Board. Lunch meetings were convened in July and September 2014 with small groups of the program's Community Advisory Board members, and they were asked to provide their thoughts on how well these MGOs matched their vision of public health MGOs (see **Resource File (RF) Meeting Minutes** - Community Advisory Board). The MGOs were well received, and no specific corrections or edits were made by the Community Advisory Board members.

## 1.1. Mission

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

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The MGOs are disseminated using a variety of venues to make them available to the public and stakeholder groups. They are distributed via the Department's website (<http://www.csulb.edu/colleges/chhs/departments/health-science/graduate-program/>), the Graduate Student Handbook, posted on BeachBoard, and a bulletin board located outside the program director/coordinator's office. During orientation for new students, these program elements are specifically reviewed with all students (via PowerPoint presentation since Spring 2014).

Prior to this 2014 accreditation process, MGOs had been reviewed from time to time, without any systematic cycle. The MGOs have not been reviewed in the past 3 years due to constant leadership turnover (two department chair changes from 2011-2012 and three changes in the Program Director from 2011-2013). In summer 2014, revision commenced (completed in fall 2014), and included review and solicitation of feedback on general content and relevance to the field by the department faculty members and the Community Advisory Board members (see **RF Meeting Minutes**). This process will be implemented every three years to continually ensure the program's MGOs are in line with current public health practice and demands.

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### **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.**

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This criterion is **met with commentary**.

#### **Strengths**

The primary program strength is that the mission, values, goals, and objectives are in line with that of the Council on Education for Public Health (CEPH), the Institution, College, and Department. The program has a clear mission statement, supporting goals, and objectives. Further, the MGOs have been reviewed and approved by all relevant stakeholders. The mission, goals, and objectives of the Health Science MPH Program reflect the program's commitment to the development of proficient and skilled public health practitioners, as well as master's level researchers.

#### **Weaknesses**

The major weakness is that consistent monitoring and revision of MGOs has not occurred on a continuous or regular basis.

#### **Plans to Improve**

The graduate program will maintain an ongoing process to ensure programmatic quality and responsiveness to the needs of its graduate students and stakeholders. MGOs will be reviewed and revised by faculty and the Community Advisory Board members every three years. This will ensure that the program remains responsive to the needs of its multiple constituents while providing a strong educational foundation in public health.

## 1.2. Evaluation

**1.2. Evaluation.** 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.

**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 for each.**

There has been a gap in regular explicit assessment of program objectives. Thus, some objectives developed in 2014 may not have been assessed in recent years. When possible, some objectives were proxy measured by existing tools (these have been noted in 1.2.c; during future regularly scheduled MGO revisions, adjustments to assessments will be made immediately to ensure data is collected for proper evaluation). As part of the development of a new strategic planning process, assessments are now monitored regularly by the Accreditation Committee (see **RF Timeline**). The Accreditation Committee is a standing committee that will ensure all activities related to accreditation are completed according to a timeline. The program director/coordinator is the responsible party associated with each objective and with the evaluation process as a whole. Additional responsible parties are identified below (if no responsible party is listed below, the program director/coordinator is the sole responsible party).

Assessment & Description	Procedures
<b>Course Assessments</b>	
Evaluation of student performance on program Competencies and course-level Student Learning Objectives	Student performance on assessments, such as projects, exams, papers, and final course grades, are evaluated by course instructors.
Student Perceptions of Teaching (SPOT) evaluation utilizes standardized forms to evaluate instructors. All instructors are required to be evaluated in at least two courses.	Evaluation occurs during the last three weeks of instruction every semester. A student volunteer administers and returns the evaluations directly to the department office. The Office of Institutional Research and Assessment compiles the data and provides a summary report to the department. For CEPH accreditation evaluation, one item is anonymously entered into an electronic database for all graduate courses. The department coordinator sets up this process, then provides the data to the Accreditation Committee member working on the self-study.
<b>Survey Assessments</b>	
<b>Exit Survey</b> , administered to all students completing the program (at the end of the graduating semester), assesses program-end objectives, including student evaluation of curriculum and instruction, faculty-research collaborations, grant writing, and scholarly work.	Paper surveys are administered by the program director/coordinator, who also enters and maintains the data electronically, as well as compiles data to report for program outcomes. Data are reported to the Accreditation Committee chairperson or the program director/coordinator who inserts the summary directly into reports.
<b>Alumni Survey</b> collects information regarding employment (within one year of graduation and current), activities while in the program, assessment of the utility of competencies, and program satisfaction. This survey will now be administered every 2 years, in	The surveys are maintained by the program director/coordinator and Accreditation Committee chairperson. Surveys are administered via Qualtrics online software, allowing for export of all data into SPSS databases. The Alumni Survey is administered by the University's Alumni



## 1.2. Evaluation

Assessment & Description	Procedures
the fall semester	Records office, while the Faculty Survey is sent to faculty by the department coordinator. The Accreditation Committee Chairperson runs analyses to report on data needed for program outcomes.
<b>Committee Assessments</b>	
<b>Faculty Accreditation Survey</b> , completed annually (in August, reporting for the previous academic year) by all department full-time faculty, collects data on grant proposal submissions, conference presentations, scholarly publications, service activities, collaborative relationships, and committee membership.	Assessment includes systematic review of standard course outlines (and syllabi), matrices of program competencies and technology use covered across courses. The Accreditation Committee compiles matrices of courses and program competencies for the review process. Qualitative feedback from Community Advisory Board members will also be obtained (collected by Accreditation Committee).
<b>Curriculum Committee</b> undertakes evaluation of curriculum every four years (timeline allows for development, university approval, and implementation of any new courses). Standardized rating systems provide quantitative data while committee minutes will provide qualitative data results. Responsible parties include the Curriculum Committee Chair as well as program faculty.	
<b>Retention, Tenure and Promotion (RTP) Committees</b> use data from course evaluations and RTP review of non-tenured faculty for evaluation of faculty members' teaching, research and service. Faculty are evaluated at 2 years, 3 years, 6 years, and every 5 years thereafter (prior to 2012-2013, reviews occurred annually).	Department coordinator ensures all evaluations are collected and submitted, and that reports are provided to the chair and faculty. Academic Affairs maintains these data and provides reports to the department.
<b>University Records Assessments</b>	
Human Resource records maintained in the department will be accessed to assess faculty ethnic make-up.	Department coordinator and Accreditation Committee chairperson work together to identify data needed to request data from Academic Affairs. Academic Affairs provides data, Accreditation Committee chairperson analyzes data for reporting.
Admissions files are consulted to obtain data regarding MPH student diversity (Long Beach City statistics are gleaned for comparison to student ethnic breakdown)	The program director/coordinator accesses appropriate files and compiles all data and sends to the Accreditation Committee chairperson for reporting.
CMS Active Student Report (to obtain student GPA) and Program Files (for comprehensive exam passing rates) are used to report on student performance.	

Evaluation is conducted via summative measures in line with the program objectives. Although there are no formal mid-program assessments, feedback obtained from student improvement panels and meetings with the Community Advisory Board provide in-time input on methods to improve the program. When these findings are shared at faculty meetings, plans to address issues and implement change are developed.

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### **b. Description of how the results of the 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.**

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At the beginning of the spring semester of each academic year, the Accreditation Committee will provide a summary of the assessments that should be conducted and data that needs to be gathered for program assessment to the program director/coordinator. Together, they will identify who will be responsible for each assessment and data mining (e.g., committee assessments and university data) to ensure assessment data is collected. Student Exit Survey data will be compiled and analyzed in September on an annual basis; these results will be reported at the faculty meeting prior to the fall Community Advisory Board meeting as well as at the fall Community Advisory Board meeting.

## 1.2. Evaluation

### **Monitoring**

As part of the new strategic planning process, results of the evaluation process are now monitored regularly by the Accreditation Committee (see **RF Timeline**). At the conclusion of each semester of each academic year, the Accreditation Committee will meet with the program director/coordinator to check-in regarding data that has been collected and discuss results, as well as identify which results are still forthcoming and troubleshoot any issues or related problems to ensure successful collection of all relevant data.

### **Analysis**

During the annual spring semester meeting noted above in "Monitoring," the Accreditation Committee and program director/coordinator will co-develop an analysis plan, also identifying who will be responsible for analysis of data for each assessment. Analysis will involve both quantitative and qualitative procedures.

### **Communication and Use**

The Accreditation Committee and program director/coordinator will jointly develop summaries of the results of outcomes to create an MPH Program Annual Report. The annual report will be shared with the Graduate Committee and the department faculty at the faculty meeting prior to the Community Advisory Board meeting held every fall semester. It will also be presented to the Community Advisory Board and Student Improvement Panel during the fall meetings. The primary purpose of sharing the report with these constituent groups is to elicit feedback and suggestions on how to improve deficient outcomes and maintain positive outcomes. This input will be used as the basis on which to guide program changes for improvements. The Graduate Committee will summarize responses to prioritize issues and develop an action plan accordingly. At the conclusion of each academic year, a summary of changes and next steps will be compiled in a report shared with all constituent groups (spring Community Advisory Board meeting and May faculty meeting).

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- 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.**
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Summary of effectiveness of meeting objectives is provided below in **Table 1.2.c**.

<b>Table 1.2.c. Outcome Measures for Program Objectives</b>				
<b>Outcome Measure</b>	<b>Target</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>
<b>A1.</b> Student evaluation averages	100% above 4.00, annually.	Lowest: 3.27* Met	Lowest: 3.21 Not met	Lowest: 1.94 Not met
<b>A2a.</b> Course content assessed by the department curriculum committee	Every four years, 100% course content assessed	n/a	n/a	n/a
<b>A2b.</b> Development of new course	At least 1 course, as warranted	n/a	n/a	n/a
<b>A3.</b> Technology use in courses	Infusion into 100% of courses, at all times	12/12 (100%) Met	13/13 (100%) Met	14/14 (100%) Met
<b>A4.</b> Student GPA	100% students average ≥3.0 GPA, annually	Lowest: 3.4 Met	Lowest: 3.0 Met	Lowest: 3.0 Met
<b>A5.</b> Comprehensive exam	At least 90% passing on first attempt, annually	24/25 (96%) Met	16/20 (80%) Unmet	11/12 (92%) Met

## 1.2. Evaluation

<b>Table 1.2.c. Outcome Measures for Program Objectives</b>				
<b>Outcome Measure</b>	<b>Target</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>
<b>A6.</b> Satisfied or very satisfied with instruction	80% of students, by program's end	60%* Unmet	72%* Unmet	46.2% Unmet
<b>A7.</b> Agree or strongly agree that academic advising was helpful	80% of students, by program's end	55.6% Unmet	86%* Met	46.2% Unmet
<b>A8.</b> Program faculty members' ethnic make-up	Faculty ethnic make-up better match program students' by 2% in ≥1 group, every 3 years	n/a	n/a	No change in faculty Unmet
<b>A9.</b> Program's student body ethnic make-up	Program student ethnic make-up better match community's by 2% in ≥1 group, every 3 years	n/a	n/a	Student Latino: 43% Long Beach Latino: 40% Met
<b>B1a.</b> Grant proposals submitted	Department average 1 grant proposal per faculty member, annually.	3.22 Met	3.00 Met	3.00 Met
<b>B1b.</b> Grant proposals with underserved populations focus	50% of grant proposals	89% Met	100% Met	100% Met
<b>B2a.</b> Conference presentations	Department average 1 conference presentation per faculty member, annually.	3.89 Met	5.00 Met	4.78 Met
<b>B2b.</b> Conference presentations with underserved populations focus	50% of conference presentations	99% Met	87% Met	92% Met
<b>B3.</b> All faculty members will publish at least one scholarly publication every two years.	1 scholarly publication by 100% faculty, every 2 years	7/8 (88%) Unmet	9/9 (100%) Met	7/9 (78%) Unmet
<b>B4a.</b> Students work with faculty on research/intervention project*	75% of students by program end	6/10* (60%) Unmet	4/7* (57%) Unmet	4/8* (50%) Unmet
<b>B4b.</b> Student-faculty projects have underserved population focus*	By program end, 50% of projects	83%* Met	43%* Unmet	38%* Unmet
<b>B5.</b> Students write complete research grant proposal*	By program end, 100% students	10/11* (91%) Unmet	5/7* (71%) Unmet	6/8* (75%) Unmet
<b>B6.</b> Students have scholarly paper or presentation included in an e-portfolio*	By program end, 80% of students	4/5* (80%) Met	3/4* (75%) Unmet	4/4* (100%) Met

## 1.2. Evaluation

Table 1.2.c. Outcome Measures for Program Objectives				
Outcome Measure	Target	2011-2012	2012-2013	2013-2014
<b>C1a.</b> Faculty participation in public health profession service activity	Every 2 years, 100% faculty members	8/8 (100%) Met	9/9 (100%) Met	9/9 (100%) Met
<b>C1b.</b> Service activities in community organizations targeting underserved populations	Within a four-year period, 50% of service activities	51% Met	53% Met	62% Met
<b>C2.</b> Active faculty collaborative relationship addressing health disparities in the community	Annually, 80% program faculty	6/8 (75%) Unmet	9/9 (100%) Met	9/9 (100%) Met
<b>C3.</b> Serve on departmental, college, or university committees	100% faculty members, annually	7/7 (100%) Met	8/8 (100%) Met	8/8 (100%) Met
<b>C4a.</b> Students provided service to the community and the profession*	By program end, 100% of graduates	9/10* (90%) Unmet	6/7* (86%) Unmet	5/8* (63%) Unmet
<b>C4b.</b> Service activities related to underserved populations*	By program end, 50% of service activities	100%* Met	80%* Met	86%* Met

\* Please see summary of outcomes below for further explanation

The Accreditation Committee is charged with overseeing evaluation. As part of these duties, following annual reports, objective targets will be evaluated against outcomes. When outcomes are consistently falling significantly below the target or far exceeding the target, the Accreditation Committee will discuss targets with the faculty to assess whether targets need to be adjusted.

Data was not collected from all faculty for all items (missing data in database), thus the denominator varies across outcomes. Items marked with an asterisk are objectives for which current evaluation instruments (Student Exit Survey) did not include assessments that would provide this information. To try to capture data, items were added to the Alumni Survey to provide proxy assessments for these outcomes. Although 43 alumni completed the survey, not all of them graduated during the reporting periods (2011-12: n=11; 2012-13: n=7, 2013-14: n=8; the remaining respondents graduated in previous years), therefore sample sizes for each reporting year are small.

- A1. As a result of California Faculty Association union contract, faculty are only required to have two classes per semester evaluated, thus, some graduate classes are not consistently evaluated. Averages are based on the item from student evaluations that is used in the RTP process: "The instructor was effective at teaching the subject matter in the course." The possible rating ranges have changed during the reporting period. In 2011-2012, the response options were from 1-5; thereafter, the response options range from 1-6. Thus, the criterion used to evaluate the 2011-2012 student evaluation is  $\geq 3.0$  (representing agreement with the statement). The criterion of  $\geq 4.00$  is based on the new ranges and represents "agreement" with the statement, and is used for the 2012-13 and 2013-14 outcomes. Ranges (and averages) across instructors for each time period are as follows: 3.27-5.00 (4.36), 3.21-5.92 (4.82), and 1.94-5.88 (4.84). The lowest value in 2012-13 (3.21) represents the average of two courses in one

## 1.2. Evaluation

semester. The lowest value in 2013-14 represents evaluation of one class in one semester. Course evaluations for Fall 2014 are now available; the highest score was 5.77, lowest was 5.05, with an average of 5.34.

- A2a. This objective is meaningful as it ensures that the graduate curriculum is covering relevant public health issues as well as supporting achievement of competencies. Curriculum review is presently being conducted in the 2014-2015 academic year (covering the 4-year period from 2011-12 through 2014-15). The matrices of competencies covered across courses are the starting point for the curriculum review. Curriculum review will be ongoing in Spring 2015, with a goal to complete review in Fall 2015 (currently, the department's undergraduate curriculum is being reviewed, thereby limiting ability to undertake graduate curriculum review).
- A2b. If new classes are not warranted, this suggests that the curriculum is in good standing related to public health issues and coverage of competencies. If courses are not developed when warranted, the chair will involve the college associate dean and dean of Graduate Studies to ensure the process. Curriculum review has not been conducted to determine if development of new courses is warranted at this time. Of note, HSC 507 Health Disparities was added to the curriculum and implemented in Fall 2011. Since then, at least one new course for the Graduate Certificate in Latino Health and Nutrition Studies has also been offered each year.
- A3. All courses require students to use the BeachBoard, CSULB's course interface for students, but use of technology extends beyond this. Students are also required to access videos available online, use library electronic resources for research and project development, and utilize statistical software for statistics courses, running data analysis and data processing.
- A4. Target is met for all years. Student GPAs also reached a maximum of 4.0, with averages being 3.74 in 2011-12, 3.65 for 2012-13, and 3.67 for 2013-14. Data for Fall 2014 shows students had an average GPA of 3.68 with the minimum GPA being 3.0 and maximum being 4.0.
- A5. Target was met for 2011-12 and 2013-14. Although target was not met for 2012-13, by the second attempt, all students passed the exam.
- A6. The Exit Survey administered in 2011-12 did not include an item regarding satisfaction with instruction and data for 2012-13 are missing, therefore data from the Alumni Survey served as a proxy measure. The target was unmet for all reporting periods. There has been significant instructor turnover in the past seven years—this has impacted consistency of instruction, and likely the quality of instruction.
- A7. Data for 2012-13 are missing, thus Alumni Survey data were used as a proxy for this time point; the target was met for 2012-13. Targets were not met for 2011-12 and 2013-14. The program director/coordinator is the only student advisor, but has full responsibility to run and maintain the graduate program as well as teach a full course load, thus limiting time to provide advising to students.
- A8. Ethnic breakdown for faculty remained consistent across the reporting period with Asian/PI: 25%, White: 44%, Latino: 25%, Middle Eastern: 6%, and no African American or Native Americans. For students, percentages are as follows for the reporting period years: Asian/PI: 26, 23, 28%; White: 33, 24, 26%; Latino: 26, 41, 38%; Other/Middle Eastern 7, 2, 2%; African American: 9, 10, 6%; and Native American: 0%. Since there were no changes in faculty across this time, any matching of demographics was due to student changes rather than faculty changes. It should be noted that faculty and student ethnicity percentages are close for Asian/PI and Middle Eastern groups.
- A9. Data from the Long Beach community database of the American Community Survey reports the 2008-2012 ethnic breakdowns for the city of Long Beach are: 13.4% African American, 13.8% Asian/PI, and 40.8% Latino. In 2011-12, and 2012-13 the student Latino percentage better matched that of the city of Long Beach.

## 1.2. Evaluation

- B1a. Department average for grant proposal submission exceeds the target. Of note, in 2014, Rios-Ellis and Nguyen-Rodriguez participated in writing a proposal that brought \$27 million to CSULB that will support graduate teaching assistants and diversity training for faculty.
- B1b. Targets are exceeded for supporting the program mission and goals for research among underserved populations.
- B2a. Department averages for conference presentations exceeds the target. Many presentations include program students as lead and co-authors as well as focus on ameliorating health disparities among diverse populations.
- B2b. Targets are exceeded, supporting the program mission and goals for research among underserved populations.
- B3. The target was reached only for 2012-2013. Publication data was not collected for 2010-2011, thus outcomes for the first reporting period only include a period of one year (instead of two). Faculty no longer undergoing RTP evaluation may have lower research productivity. Further, due to the poor economy, the program has been operating with a low number of faculty, thus increasing teaching responsibilities that decrease scholarly productivity.
- B4a. Alumni Survey data used as proxy assessment; targets not met. The small number of faculty reduce the opportunities for students to be involved in research projects.,
- B4b. Targets met for 2011-12, but not for 2012-13 and 2013-14. Limited faculty limits the breadth of research projects available for students to engage in disparities-related research.
- B5. Alumni Survey data used as proxy assessment; target is unmet for all years. It is unclear why targets are unmet, as multiple courses require students to write a complete grant proposal, perhaps students were unaware or did not remember writing the grant proposal in class.
- B6. Alumni Survey data used as proxy assessment; target is met for 2011-12 and 2012-13; just under target for 2012-13, due to small numbers completing an e-portfolio, the percentage is easily affected.
- C1a. The targets were reached for all time periods. Service data was not collected for 2010-2011, thus outcomes for the first reporting period only include a period of one year. Faculty no longer undergoing RTP evaluation may have fewer service activities.
- C1b. Targets are met for all reporting periods, supporting the program mission and goals for service to underserved populations.
- C2. Target for 2011-12 is slightly under, and is met for the remaining years. Since the nature of research and service varies by faculty member, collaborations may not always focus on underserved populations.
- C3. Target is met for all years. Total faculty in the denominator changes from year to year, as calculations only include those faculty that are required to serve on committees (faculty in the early retirement program continue to contribute to the program, but are no longer required to serve on department, College, or University committees).
- C4a. Alumni Survey data used as proxy assessment; targets are unmet—these findings are unclear, as students engage in service through internship, and all students must complete internship. Perhaps students assumed the question asked about volunteer community service beyond internship hours.
- C4b. Alumni Survey data used as proxy assessment; targets were met, indicating student service to underserved populations.

## 1.2. Evaluation

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- d. **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.**
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### **Development of the Self-Study Document**

The self-study document was developed using a mixed approach. In fall 2013, one faculty member, Dr. Selena Nguyen-Rodriguez, was identified as the Person in Charge (PIC), whose duties were to identify what was needed for the document, request information and feedback from all program constituents for each section, and ensure the document was progressing and finalized. At that time, the PIC began to request input and feedback from the faculty on specific sections of the self-study (e.g., competencies). Throughout the process, the program director/coordinator, Ms. Toni Espinoza-Ferrel, and the department coordinator, Ms. Karen Miyahara, worked closely with the PIC to gather necessary information and complete sections of the self-study document, and took the lead in compiling the Electronic Resource File. An Accreditation Committee was convened at the May 2014 Faculty Meeting (see **RF Meeting Minutes**). This committee included the PIC, MPH program director/coordinator, the department chair, Dr. Gail Farmer, the department coordinator, and the former Public Health Program (PHP) Director, Dr. Mohammed Forouzesh. The Accreditation Committee met approximately every two months (see **RF Meeting Minutes - Accreditation Committee**), and was responsible for providing shared guidance in moving the self-study document forward in terms of general content, formatting, and making decisions that required integration of various views. Logistics and other accreditation-related activities were also discussed during these meetings. Students were also asked for assistance with creating charts, formatting the document, sending out letters, gathering documents, and other administrative activities.

For the preliminary draft of the self-study, program constituents (e.g., Community Advisory Board members, faculty, students) were consulted to help develop specific areas. Community Advisory Board members provided feedback on MGOs and program competencies. Students were asked to provide feedback on results of exit surveys and comprehensive exam structure. Faculty members were asked to review program objectives and outcomes. Specific faculty provided feedback on sections within their expertise, and interactively participated in revision and finalizing MGOs and competencies. The department faculty were asked to review the entire document after making changes based on CEPH reviews of the preliminary self-study. All faculty were subsequently asked to review section 1 in its entirety, then sections 2-4 were each reviewed by three faculty members. An ad-hoc faculty meeting was held in March 2015 to discuss reviews from the sections assigned to faculty in order to finalize the document. All feedback was integrated by the PIC. The self-study document was also sent to a copy editor to review grammar, correct typos, and ensure consistency across the document.

In March 2015 (after the ad-hoc faculty meeting) the draft of the self-study document was posted on the PHP's website, and an email was sent to all constituents to alert them to the availability of the draft of the self-study document (see **RF Notifications**). Stakeholders were asked to review the draft and submit any questions, comments, and suggestions to the PIC. Emails were sent to current students, alumni, preceptors, and members of the Community Advisory Board.

### **Opportunity To Submit Third-Party Comments**

Notification of the opportunity to submit third-party comments to all stakeholders was completed through various avenues (see **RF Notifications**). The College of Health and

## 1.2. Evaluation

Human Services distributed it to its staff and faculty. The department chair sent notice to members of upper administration, internship preceptors, and the Community Advisory Board. The department coordinator sent notification to all department faculty and staff. The program director/coordinator sent it to all current students. The Office of Alumni Records sent the notice to program alumni. Electronic copies of the memorandum were posted on the program website. Hard copies were posted around campus, especially those places MPH students frequent (e.g., buildings where they take courses, the department office, etc.).

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### **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.**

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This criterion is **partially met**.

#### **Strengths**

Objectives are measureable and appropriate assessment tools to evaluate outcomes related to objectives are available. Outcomes of assessments are used to guide program changes for improvement.

#### **Weaknesses**

- Evaluation and assessment has not occurred continuously. Data systems to monitor all outcomes need to be further developed and improved, as well as continuously tracked and updated.
- Not all objectives were met. Instruction and advising must be improved. Shortcomings for research and service may be due to the mix of faculty and lecturers included in evaluation. Although faculty and lecturers contribute to instruction, research and service activities are likely only engaged in consistently by primary program faculty, especially considering secondary lecturers maintain other full-time jobs. Although the program director/coordinator is considered primary faculty, her responsibilities do not allow her to engage in research and service activities.

#### **Plans to Improve**

- A strategic and dynamic evaluation process has been developed, with clear assignments to committee members, systematic tracking of all data (which will occur on an ongoing basis, including annual planning meetings every spring) and reporting to constituents every fall semester. This process will help ensure that consistent and regular assessment of student outcomes will constantly occur, including Exit Surveys (consistent with evaluation needs) at completion of program and Alumni Surveys every 2 years. Faculty will complete survey to collect data on program objectives every August.
- Instruction ratings will be discussed with the Program Improvement Panel to obtain subjective feedback upon which to base planning for improvement. Limitations of advising are likely largely due to insufficient staff to provide advising. The program is looking for a means by which to obtain funding to support an assistant advisor and administrative staff to allow more time to provide advising.



### 1.3. Institutional Environment

<b>1.3. Institutional Environment. The program shall be an integral part of an accredited institution of higher education.</b>
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<b>a. A brief description of the institution in which the program is located, and the names of accrediting bodies (other than CEPH) to which the institution responds.</b>
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The program is located at California State University, Long Beach (CSULB) within the College of Health and Human Services and the Department of Health Science. As one of 23 California State University (CSU) campuses, CSULB, along with other CSUs, is governed by the CSU Board of Trustees. The CSU Board of Trustees appoints the CSU Chancellor and University President as the chief executives for the CSU campuses. CSULB, a commuter school, is the largest campus in the CSU system and is one of the largest public universities in the nation. The CSULB is located in one of the most ethnically diverse cities in the nation, Long Beach, which is the fifth largest city in California and the second largest in Los Angeles County. The Long Beach campus was founded in 1949. Its mission is high quality education leading toward a broad range of baccalaureate and graduate degrees spanning the liberal arts and sciences and many applied and professional fields. Although CSULB is located in Long Beach, the student population served comes from all over California with the majority residing in Los Angeles and Orange counties. The 322 acre campus' current enrollment is over 35,000 students. CSULB is designated as a Hispanic Serving Institution, as well as an Asian, Native American, and Pacific Islander Serving Institution by the U.S. Department of Education. The student body is quite diverse, where graduate students are 26% Latino, 27% White, 16% Asian/Pacific Islander, 5% African American, 1% Native American/Alaskan, 7% Unknown, and 4% Multiracial (Beach Facts Fall 2014, CSULB Institutional Research & Assessment), with a slight majority of students being female. Because of its strategic location, cultural diversity, and health departments, Long Beach is an ideal field laboratory in which multicultural curricula are designed, implemented, evaluated and fully integrated into existing undergraduate and graduate programs at CSULB.

The university is comprised of four divisions: academic affairs, administration and finance, student services, and university relations and development. Each division is administered by a vice president. The division of academic affairs consists of seven colleges, including the College of Health and Human Services (CHHS). The chief academic administrator of each college is a dean. **Figure 1.3.b1** presents the University's Organization Chart, showing the four organizational divisions that comprise CSULB. Within the Division of Academic Affairs the university is organized into the following Colleges: Arts, Business Administration, Education, Engineering, Health and Human Services, Liberal Arts, and Natural Sciences and Mathematics. Other affiliated units include the Center for International Education, the Library and Learning Resources, and the University Extension Services.

CHHS works directly to fulfill the university's expanding public mission, supporting community-based efforts, and the CSULB mission to be "an outstanding teaching-intensive, research-driven university that emphasizes student engagement, scholarly and creative achievement, and global perspectives." The school's dual commitments to education and to the public have proved pivotal in its continuing success in community research.

The California State Board of Education and the Western Association of Schools and Colleges (WASC), a regional accrediting body, both accredit CSULB. The last WASC review occurred in October 2010, and in February 2011 CSULB's accreditation was re-confirmed until 2021. The American Association of University Women lists CSULB as an approved institution.

### 1.3. Institutional Environment

The following is an all-inclusive list of accrediting bodies that CSULB responds to across its various programs:

Program	Accrediting Body
American Language Institute, CCPE	Commission on English Language Program Accreditation
Art	National Association of Schools of Art and Design (NASAD)
Business Administration	ACSB International – The Association to Advance Collegiate Schools of Business (AACSB)
Chemistry (undergraduate)	American Chemical Society, Committee on Professional Training
Communicative Disorders (graduate)	American Speech-Language-Hearing Association (ASHA); Council on Academic Accreditation in Audiology, and Speech-Language Pathology
Dance	National Association of Schools of Dance (NASD)
Design	National Association of Schools of Art and Design (NASAD)
Dietetics (didactic program)	Accreditation for Dietetics Education (CADE-ADA)
Education	National Council for Accreditation of Teacher Education (NCATE)
Engineering (undergraduate: Aerospace, Chemical, Civil, Computer, Electrical, Engineering Technology, Mechanical)	Accreditation Board for Engineering and Technology, Inc. (ABET)
Family and Consumer Sciences	American Association of Family and Consumer Sciences (AAFCS), Council for Accreditation (CFA)
Health Care Administration	Association of University Programs in Health Administration (AUPHA); Commission on Collegiate Nursing Education (CCNE)
Health Science (graduate)	Council on Education for Public Health (CEPH)
Kinesiotherapy	Commission on Accreditation on Allied Health Education Programs
Music	National Association of Schools of Music (NASM)
Nursing	Commission on Accreditation of Healthcare Management Education (CAHME); Commission on Collegiate Nursing Education (CCNE)
Physical Therapy	American Physical Therapy Association (APTA); Commission on Accreditation in Physical Therapy, Education (CAPTE)
Public Policy and Administration	National Association of Schools of Public Affairs and Administration (NASPAA); Commission on Peer Review and Accreditation (COPRA)
Recreation and Leisure Studies	National Recreation and Park Association/American Association for Physical Activity and Recreation (NRPA/AAPAR); Council on Accreditation
Social Work	Council on Social Work Education (CSWE)
Theatre Arts	National Association of Schools of Theatre (NAST)
University Art Museum	American Association of Museums

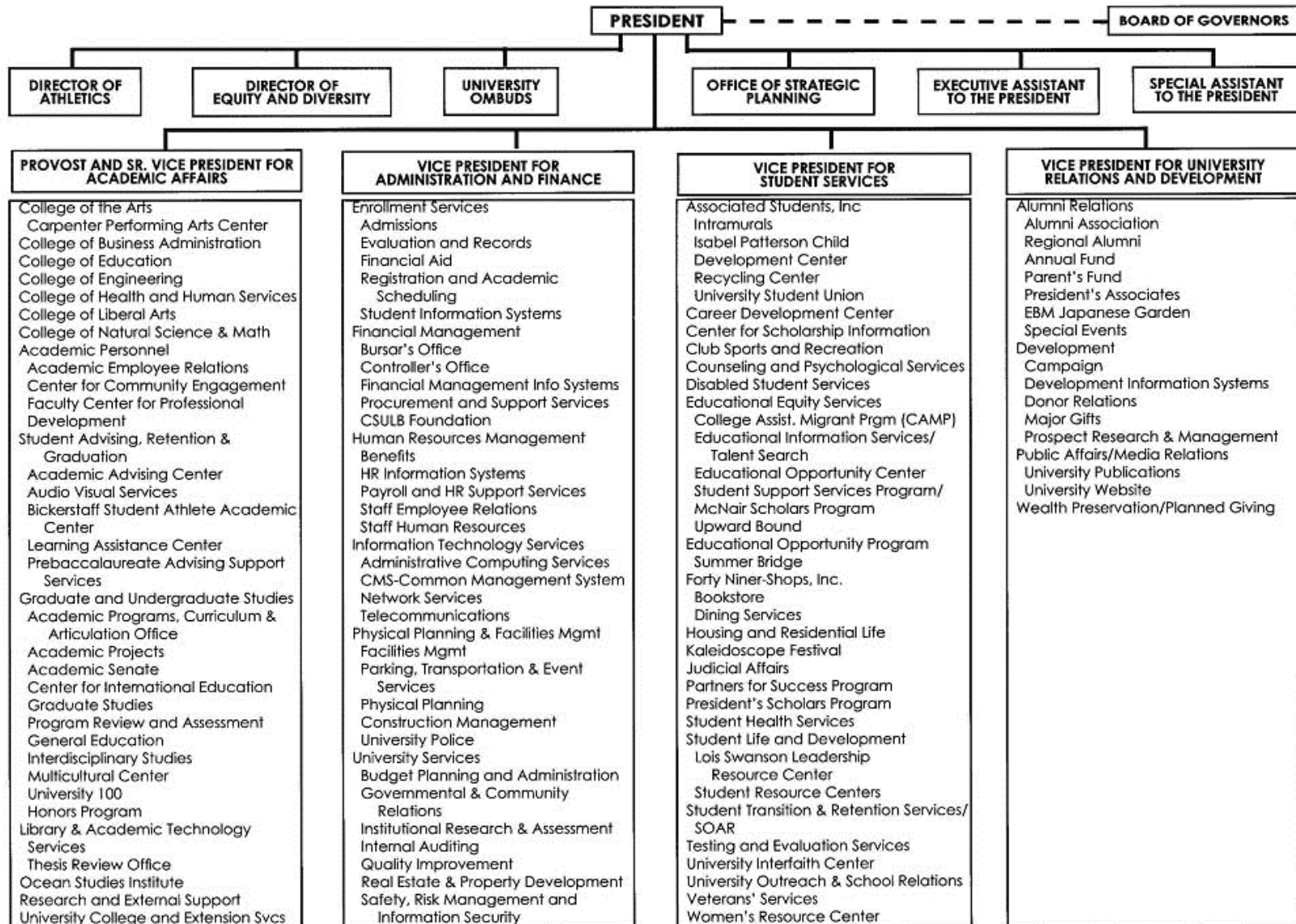
**b. One or more organizational charts of the university indicating the program's relationship to the other components of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.**

The following organizational charts illustrate the program's **relationships** to the other components of the institution. **Figure 1.3.b1** describes the structure for the University.

As the College of Health and Human Services (CHHS), houses the Health Science MPH Program **Figure 1.3.b2** is an organizational chart illustrating the structure of CHHS. This illustration provides detail of how the program is related to the larger university, within the Division of Academic Affairs. Several centers that are coordinated with CHHS include Career Studies, Health Equity Research, Child Welfare Training, Criminal Justice, Osher Lifelong Learning Institute, Successful Aging, and Latino Community Health. These Centers provide resources and training activities for the program. The program is located in the Department of Health Science, which is one of the 11 departments of the CHHS.

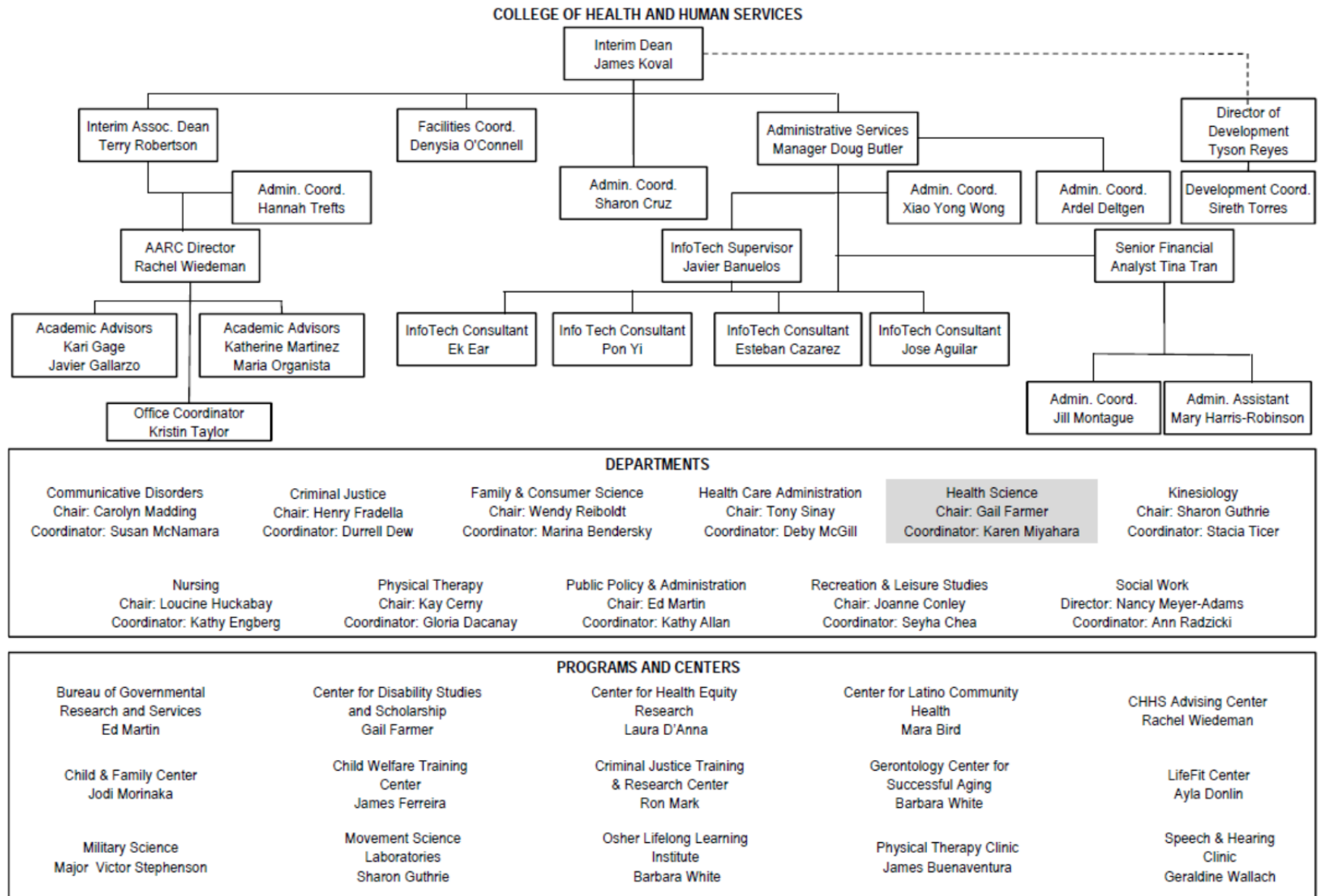
### 1.3. Institutional Environment

**Figure 1.3.b1.** Organization Chart of California State University, Long Beach



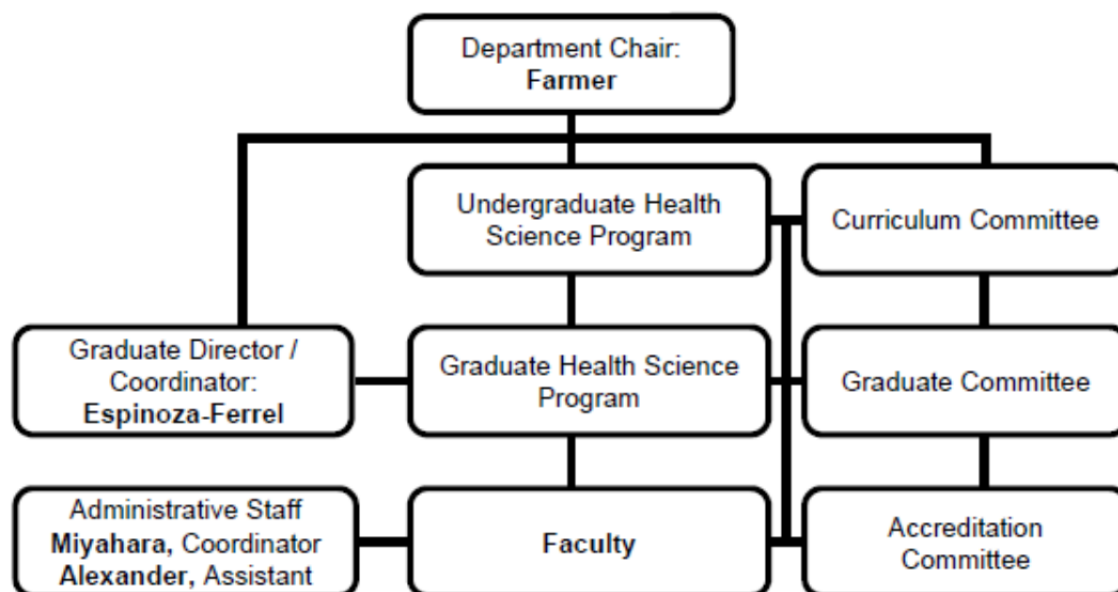
### 1.3. Institutional Environment

**Figure 1.3.b2.** Organizational Chart of the College of Health and Human Services



### 1.3. Institutional Environment

**Figure 1.3.b3.** Organization Chart of the Department of Health Science



#### Reporting Lines and Supervision

The Interim Dean of the CHHS, James Koval, is an officer of the university and serves at the pleasure of the president or his/her designee. The dean reports to the provost. The dean has the responsibility, in consultation with the faculty, for the management of resources for academic and fiscal planning, for personnel policies applicable to the college, and for coordination of various departments within the college.

The department chairperson, elected by the faculty every three years, is responsible for the overall administration of the department. During the 2012-2013 academic year, Dr. Gail Farmer served as interim chair and was subsequently voted in as chair of the Department of Health Science beginning in Fall 2013. The chair supervises the operation of the graduate program, the undergraduate program and department office, prepares required reports, administers personnel matters within the department as assigned, prepares job descriptions, oversees faculty and staff recruitment, obtains supplies and services, and performs other duties that the college dean may assign. The chair consults with the faculty in all matters of concern regarding the welfare of the students, the department, the academic programs, and the faculty. The graduate and undergraduate program director/coordinators are appointed by the chair and oversees their respective programs; the directors/coordinators consult regularly with program committees and faculty for all program activities. (See 1.3.b3.)

### 1.3. Institutional Environment

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#### c. Description of the program's involvement and role in the following:

- budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees and support for fund-raising
  - personnel recruitment, selection and advancement, including faculty and staff
  - academic standards and policies, including establishment and oversight of curricula
- 

#### **Budget**

##### **Resource Allocation and Budget Negotiations**

The MPH program director/coordinator submits a list of budget necessities for the program to the department chair in July of each year. The department chair then submits this request to the CHHS dean. The dean provides a budget to the chair, who then may engage in negotiating of the budget for the program. A final budget is provided to the department chair by the start of the fall semester. Indirect Cost Recovery Portions of indirect costs produced by each grant are rebated to the program faculty member as well as the individual's home department and college.

##### **Distribution of Tuition and Fees**

All tuition and fees collected by each campus are sent to the university system, which then distributes them to campuses through the budget negotiation process at the system-wide level, without program input.

##### **Support for Fund-Raising/Development Activities**

The Division of University Relations and Development is one of the four divisions of the university. The division is led by a vice-president; development personnel report to the vice-president. Each college has a development officer who reports to the college dean as well as to the development division. Colleges are assigned a development (fund-raising) target to be achieved each fiscal year. College development officers are available to assist individual departments with their fund-raising programs. Department chairs receive training in fund-raising methods.

#### **Personnel**

##### **Recruitment and Selection**

To recruit new or replacement faculty, the department requests that the college dean requests the approval of the provost's office for a search for a new faculty member. After a search is approved, the department elects a search committee from its tenured and tenure track faculty, including program faculty. After an extensive selection process and review of faculty feedback, the search committee makes a recommendation to the dean. The search committee ranks one or more candidates in order of preference, and proposes an academic rank. The department chair has authority to make an independent recommendation.

##### **Faculty Advancement**

Regarding faculty advancement, the department annually elects a Retention, Tenure, and Promotion (RTP) Committee, comprised of tenured faculty members, including program faculty, who conduct reviews of faculty peers eligible for personnel actions. The department chair forwards the review to the College RTP Committee, which makes a recommendation to the dean. The Department RTP Committee also conducts a post-tenure review of tenured faculty on a five-year cycle.

### 1.3. Institutional Environment

#### Academic Standards and Policies

##### **Standards and Policies**

When program faculty serve on the university policy committees, the program has a direct link to the university processes for governing course structure, general grading and evaluation requirements, and minimum standards for courses and programs. The department may, in some cases, establish standards beyond the university minimum. Program faculty are able to take part in the development of any departmental standards and policies.

Some academic standards, such as admissions criteria and the comprehensive exam format, for the program in community health education are proposed at the department level. These standards may be subject to approval by faculty bodies: College Graduate Advisers Committee, University Graduate Council, Financial Affairs Council, and Academic Senate. The college's associate dean acts in an administrative capacity to uphold college and university level standards for both the graduate and undergraduate curricula.

Other policies, such as program admissions standards, may evolve entirely at the department level. However, the process for enforcing and maintaining academic standards in the department remains with the department chair, program director/coordinator, and the Graduate Committee. Each faculty member has responsibility for establishing and maintaining academic standards for individual courses taught.

Program faculty members review academic standards and reevaluate these matters routinely in committees, faculty meetings, and on an individual basis. Department of Health Science faculty members strive to establish and maintain high academic standards for graduate students. Faculty members are encouraged to find appropriate methods to develop and implement these standards. When individual students request exceptions to established policies, the chair, Graduate Committee members, and the graduate advisor review such matters and occasionally make recommendations to the faculty for action, as appropriate. The Graduate Committee solicits student input into policy during faculty meetings.

##### **Establishment and Oversight of Curricula**

The responsibility for curriculum content rests primarily at the departmental level headed by the Curriculum Committee, which is comprised of program faculty. This locus is appropriate, as individual departments are most familiar with their own academic disciplines. For students to graduate with a graduate degree, the curriculum must satisfy the broad general requirements such as completion of courses within a seven-year period. New graduate curricula and course modifications are developed by the Curriculum Committee, with review and approval from the department's faculty. Subsequently, curriculum proposals are reviewed by the College Curriculum Committee. Finally, curriculum changes are reviewed by the University Curriculum Committee and approved by the Academic Senate. After review at these various levels, new curricula and curriculum changes can be implemented.

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

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Not Applicable

### 1.3. Institutional Environment

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

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Not Applicable

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**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**.

#### **Strengths**

The program is an integral part of an accredited university. The university structure recognizes the Department of Health Sciences' graduate program as an autonomous organizational unit. The program is a part of the university's system of governance with policies in place for budgeting and resource allocation, personnel recruitment, selection and advancement, and establishment of academic standards and policies.

#### **Weaknesses**

No weaknesses identified.

#### **Plans to Improve**

No plans needed at this time.



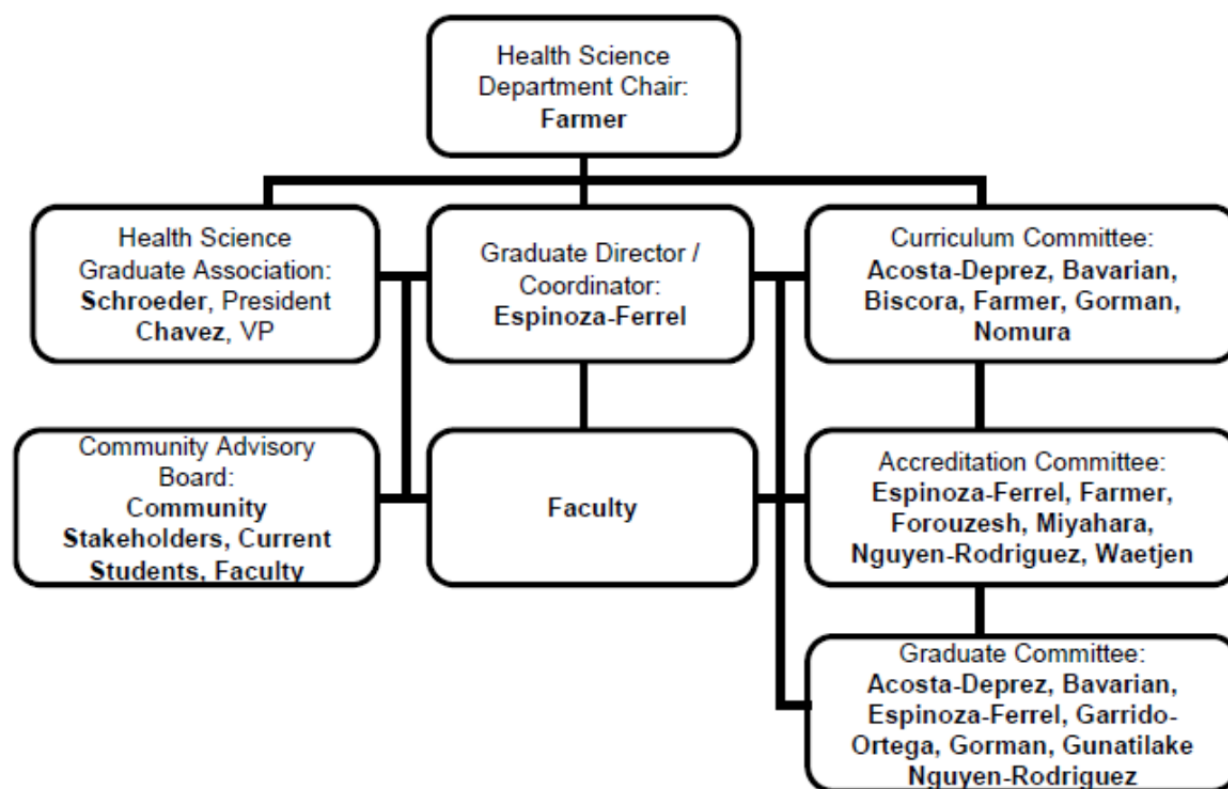
## 1.4. Organization and Administration

**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.

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

### Components of MPH Program Organization

**Figure 1.4.a.** Graduate Program Organization



### **Department Chair**

As noted previously, the department chair, the elected academic leader of the department faculty, maintains executive responsibility for developing, planning, and administering all of the department's academic programs. The chair delegates administrative authority for departmental programs. For example, the department chair appoints the graduate advisor who is administratively responsible to the chair.

### **Graduate Program Director/Coordinator and Advisor**

Ms. Toni Espinoza-Ferrel is the current graduate program director/coordinator. In this position, Ms. Espinoza-Ferrel maintains program oversight, as well as primary responsibility for advising graduate students. Other responsibilities include graduate student recruitment, reviewing, evaluating and decisions on applications for admission, advancing students to candidacy, and conducting the MPH comprehensive examination.

## **1.4. Organization and Administration**

### **Graduate Committee**

A departmental graduate committee and all graduate faculty members assist the director/coordinator in the program's operation. The Graduate Committee, which is comprised of three or more graduate faculty, provides input to the graduate advisor regarding such matters as admission policies, planning for program changes, and conduct of the MPH comprehensive examination.

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

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#### **Support for Interdisciplinary Coordination and Collaboration**

##### **The Center for Health Equity Research**

The center, housed within CHHS, provides a forum for faculty members from CSULB and other institutions to conduct and share their research activities. The interdisciplinary center draws upon the expertise of faculty from various departments in the CHHS, e.g., Family and Consumer Sciences, Criminal Justice, and Recreation and Leisure Studies. The center involves program graduate students in research, internship projects, and presentations at conferences. Each year, several graduate students participate as center staff and thereby receive vital job experience. Current active projects include the NIMHD-funded Research Infrastructure in Minority Institutions (RIMI) program and evaluation of the local Building Healthy Communities site funded by The California Endowment. Proposals for additional projects are also in preparation. All of these activities involve faculty from more than one department.

##### **The Center for Latino Community Health, Evaluation and Leadership Training**

This unit is under the co-direction of Dr. Britt Rios-Ellis, and Dr. Nguyen-Rodriguez serves as a faculty research associate. The center, in collaboration with the National Council of La Raza, administers grants for service, training, evaluation, and research on Latino Health issues. Program graduate students participate in the activities of the center. The center has routinely secured training grants to provide essential research and service skills to graduate students. Currently, the center is running four training grants, funded by the U.S. Department of Agriculture, National Institute on Minority Health and Health Disparities, the Substance Abuse and Mental Health Association, and U.S. Department of Education. Programs involve students from various disciplines, including Health Science, Social Work, Nutrition, and STEM fields. These programs support development of professional skills by providing training workshops, engaging students in community health education and mentoring.

##### **University Programs**

The Center for International Education provides both faculty and student opportunities. It supports study abroad programs whose collaborations can be very beneficial to participants. The MPH program has had six students working within this program. The University also offers an Interdisciplinary Studies degree program. In this program, students are able to develop a cross-disciplinary major using CSULB courses, unified around an area of concentration. The program offers a unique student opportunity to engage in training that can support public health learning, research and service across disciplines. The Office of Research and Sponsored programs also has a Multidisciplinary Award, which was received by Dr. Veronica Acosta-Deprez and a colleague in the Department of Health Care Administration.

## 1.4. Organization and Administration

### **Faculty Joint Appointments and Assignments in Other Units**

Dr. Veronica Acosta-Deprez has taught the Project Thesis courses in the Department of Health Care Administration's Masters in Health Care Administration Accelerated Program. Since 2008, Dr. Acosta-Deprez has also taught the Project courses for the Department of Health Care Administration. Additionally, she has recently taught a Special Sessions Community Health Education course for international students from Taiwan. Claire Garrido-Ortega holds a joint appointment in the Department of Women's, Gender & Sexuality Studies. Dr. Sarath Gunatilake is adjunct professor at Ross University Medical School and American University of the Caribbean Medical School, where he coordinates the teaching of psychiatry to medical students. Program students are able to benefit from the diverse perspectives that these instructors bring from these other fields to broaden their understanding of the collaborative nature and multiple-disciplines involved in public health work. Further, Dr. Acosta-Deprez and Dr. Mohammed Forouzesh serve on the University's Institutional Review Board, which allows them to transmit important ethical considerations in performing public research with human subjects. Ms. Toni Espinoza-Ferrel also has an assignment coordinating the Graduate Certificate in Latino Health and Nutrition, which provides students with training in health disparities and nutrition issues as they apply to major contemporary public health concerns.

Other interdisciplinary work includes Dr. Bavarian's work as a contributing scientist for the Positive Action program evaluation team. This includes an interdisciplinary team of psychologists, sociologists, statisticians, human development, and public health-trained scientists based in Chicago, Oregon, and California. She also collaborates with a team of scientists at the Pacific Institute for Research and Evaluation and health promotion experts at UC Berkeley on issues related to substance use. The NIH-funded BUILD training program granted to CSULB also supports interdisciplinary collaborations among faculty within and outside of CSULB.

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### **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 **met**.

#### **Strengths**

The program provides an organizational setting that is conducive to learning, research, and service as evidenced by the composition of the program's faculty, intra-campus collaboration, and community relations. The program, through its functioning and organizational structure, has been able to maintain and strengthen its relationship with the community and engage in many collaborative activities. These collaborative efforts have given the program opportunities to enrich its mission and to benefit the faculty and students.

#### **Weaknesses**

No weaknesses identified.

#### **Plans to Improve**

No plans needed at this time.

## 1.5. Governance

**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.**

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

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See **RF Committees** - Membership Lists for persons serving on each committee described below.

### **Graduate Committee**

The Graduate Committee is a standing committee, charged with supporting ongoing program operation. It is comprised of department full-time faculty members (majority) and program lecturers who consistently teach in the program. While significant program changes, based on evaluation and assessment, are discussed and planned with all department faculty during faculty meetings, the Graduate Committee's duties are to organize the planning and implementation of programmatic changes. For example, as a result of student feedback on the comprehensive exam, the faculty agreed that student input should be elicited for all program elements. Based on student feedback, governance policies were revised to re-implement a student representative at faculty meetings. In addition, student meetings are to be held each semester to obtain program improvement feedback to be addressed by the Graduate Committee. This committee may hold outside meetings primarily to review admissions applications, and to develop and grade the comprehensive exam. In 2013-14, the Graduate Committee met monthly (August-December, February-May) during faculty meetings (check-in/updates as needed) with two ad-hoc meetings to discuss admissions and comprehensive exam results. In 2014-15, this committee has met monthly from August through December and February-March. They will also meet in April and May for faculty meetings, and hold any necessary ad-hoc meetings to discuss admissions applications and comprehensive exam results.

All members of the Graduate Committee and department full-time faculty review admissions applications. During the review process, the Graduate Committee may meet outside of faculty meetings, as needed, to discuss applications that require full committee review. Admissions evaluations entail reviewing and scoring student applications for admission. The Graduate Committee discusses logistics and content for the comprehensive exam approximately twice per academic year, prior to the exam date in each semester. Discussion of exam questions usually commences in the fourth week of the semester. Faculty members are asked to create new exam questions (which are then finalized by the Graduate Committee), be available for student questions during the exam, and for grading the exams. Members of this committee include faculty and instructors of the program's core courses who create and grade exam questions.

### **Accreditation Committee**

The Accreditation Committee is a standing committee that oversees all departmental processes relevant to the accreditation process. As such, assessment and evaluation, program revision processes, and development of the self-study are major responsibilities of this committee. This committee is responsible for ensuring that all processes related to accreditation (e.g., planning Community Advisory Board meetings, administering the alumni survey) are conducted as scheduled and completed on time. This committee, created in Spring 2014, held five meetings in 2014-15 (May 2014, July 2014, October 2014, February 2015, and March 2015).

## **1.5. Governance**

### **Curriculum Committee**

The Department of Health Science's (HSC) Curriculum Committee is comprised of department full-time faculty members (majority) and lecturers. It addresses curricular issues throughout the academic year for both the undergraduate and graduate programs. For example, if bi-annual reviews of the curriculum identify the need to revise curriculum, this committee will lead the planning and implementing of these changes, with feedback from the Community Advisory Board and faculty members. Also, if stakeholders identify or ask about gaps in curriculum, this will also be addressed by the Curriculum Committee. For example, during the summer Community Advisory Board meetings, in regards to diversity, one member asked about whether or not Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) issues were included in diversity-related dialogue and education. Discussions take place during monthly faculty meetings, as needed, to deal with curricular matters. The Committee schedules outside meetings as warranted. In 2013-14, the Curriculum Committee met monthly (August-December, February-May) during faculty meetings (check-in/updates as needed). In 2014-15, this committee has met monthly from August through December and February-March during faculty meetings, with one ad-hoc meeting in October 2014. They will also meet in April and May for faculty meetings, and hold any necessary ad-hoc meetings for program curriculum review.

### **Community Advisory Board**

The program maintains a Community Advisory Board, which consists of ten or more members who represent significant public health sectors of the community such as the city and county health departments, community organizations, and volunteer agencies. The board meets once in each of the fall and spring semesters to review the program's progress toward fulfilling its mission, goals, and objectives, recommend curriculum changes to better meet the needs of practitioners, and acts as a sounding board for program issues. These associates are very active in the community. Faculty members often work with these individuals in other professional settings, seeking their input and suggestions. The community advisors can be resources for student mentoring, preceptorship, and career advising. Board meetings allow for collective input in addition to individual feedback through faculty and student interactions (see **RF Meeting Minutes**). Since the Community Advisory Board was just reconvened in the Summer of 2014, small group meetings were held one time in Summer/Fall 2014. The Public Health Program (PHP) has scheduled the spring 2015 meeting with the Board for April 15, 2015.

### **Health Science Graduate Association**

All graduate students are eligible to participate in the Health Science Graduate Association (HSGA). At HSGA meetings, held approximately twice per month, students may address issues of job placement, curriculum content, course scheduling, program quality, faculty advising, and special seminars. As appropriate, issues from the HSGA are presented directly to the program director/coordinator, individual faculty, to the Graduate Committee, or during department faculty meetings. As of spring 2015, HSGA board members include: Cassandra Schroeder (President), Monica Chavez (Vice President), Ana Alicia Rangel (Secretary), Melissa Schimizu (Treasurer), and Nancy Segovia (Student Council Representative).

### **Departmental Faculty Meetings**

All program topics are discussed throughout the academic year at monthly faculty meetings, allowing for all departmental faculty to participate in program affairs. (In 2013-14, faculty meetings occurred August-December and February-May; in 2014-15, monthly meetings were held August-December and February-March, meetings will also be held in April and May 2015.) The program director/coordinator provides program updates and elicits

## 1.5. Governance

feedback on program-related activities and current program issues. Discussions include, but are not limited to, curriculum, student recruitment, admissions criteria and procedures, academic standards and policies, and the comprehensive examination. For example, department faculty members may deliberate on new curriculum endeavors, changes in admissions policies, faculty needs, and budgets that affect the program. During these meetings, participants may review documents or program components that are under revision, take votes on moving forward or finalizing documents, such as program competencies or comprehensive exam format, and participate in discussions of other pertinent issues to facilitate program functioning. Faculty meetings are also a primary means through which student input is shared with the department. Changes to the comprehensive exam format have recently ensued from faculty providing feedback from students. Students reported that the comprehensive exam did not cover many aspects they studied, therefore, a multiple choice section was added to the exam in order to cover the core public health areas more broadly, and a take-home exam was instituted to address students' concern with lack of time to complete essay portions. A graduate student representative participates in department faculty meetings when executive matters, such as personnel decisions, are not being discussed. Minutes from these meetings are distributed to all faculty members (see **RF Meeting Minutes**).

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

- **general program policy development**
  - **planning and evaluation**
  - **budget and resource allocation**
  - **student recruitment, admission and award of degrees**
  - **faculty recruitment, retention, promotion and tenure**
  - **academic standards and policies, including curriculum development**
  - **research and service expectations and policies**
- 

### **General Program Policy Development**

The program director/coordinator and Graduate Committee conduct general program policy development with input from the department chair, the faculty, and the Health Science Graduate Association. All policies must be consistent with CSULB's administrative practices. To this end, the program director/coordinator attends a Graduate Advisor's meeting two times per year where information (processes, policies, etc) pertaining to graduate programs is obtained. Some examples include training for reporting of student data, policies for conditional admissions, availability of student resources and training programs. Some aspects of policy development may require approval by the associate dean of the college and the Dean of Graduate Studies. The Dean of Graduate Studies, the Academic Senate, and standing university committees may mandate policy, in some circumstances.

### **Planning and Evaluation**

The Department of Health Science reviews its programs continuously, for both accreditation and internal purposes. Often annual review processes stimulate faculty to consider needed program modifications. In these cases, the appropriate program committee engages in discussion and planning to implement change.

CHHS requires program planning annually as part of the Resource Planning Process (RPP). The RPP is the campus-wide means for developing budgets and priorities for the subsequent academic year. As part of the process, the Department of Health Science develops its priorities and rationale for submission to the college dean, who further refines priorities. The department chair seeks input from the program in developing the department priorities. In

## 1.5. Governance

addition, strategic planning during the college's annual chairs retreat helps establish departmental and program priorities.

In addition to the foregoing activities, the PHP conducts ongoing strategic planning during the fall annual retreat. Additional retreats are scheduled as needed, usually taking place during the week prior to the first day of classes in the spring semester. The purpose of these sessions has included updating the faculty on the progress of the PHP, inciting discussion and obtaining faculty feedback on program revisions, establishing committee membership, and accreditation activities. The Accreditation Committee works with the program director/coordinator to plan, implement, and report on evaluation at the retreats. The Graduate Committee organizes any plans for implementing changes resulting from evaluation findings, and the department faculty work collaboratively to implement changes.

### **Budget and Resource Allocation**

The CHHS dean prepares a budget that reflects departmental priorities (including those of the program), as well as those of other units in the college with an allocated target. Briefly, budget allocations are based on student and faculty numbers, 12 units per graduate student and 15 units per undergraduate student. (For a glossary of related terms, see: [http://daf.csulb.edu/offices/univ\\_svcs/budget/docs/rpp08-09/pdf/Glossary\\_of\\_Terms.pdf](http://daf.csulb.edu/offices/univ_svcs/budget/docs/rpp08-09/pdf/Glossary_of_Terms.pdf)). CHHS uses a formula-driven scheme to allocate its share of the campus budget to departments and programs. This allocation, which includes support for faculty for both undergraduate and graduate programs, is somewhat negotiable between the dean and the department chair. The department chair employs the allocated Full-time Equivalent Faculty (FTEF) budget to meet the needs of the department and its programs. Within the department, the chair manages the discretionary operating budget. Faculty with specific budgetary needs, including program faculty and program committees make requests to the department chair.

### **Student Recruitment, Admission and Award of Degrees**

The program director/coordinator maintains responsibility for graduate student recruitment, monitoring of admissions, and monitoring of progress toward graduation.

#### **Student Recruitment**

The program recruits students through various venues, including the American Public Health Association's (APHA's) annual conference and at other local events and conferences (e.g., CSULB's annual Latino Health Equity Conference). The program committees offer suggestions for these recruitment venues and individual faculty also engage in recruitment activities.

#### **Student Admission**

All faculty are asked to review and score applications. Faculty complete an Application Evaluation Form (see **RF Student Recruitment & Admissions**) used to assess eligibility and quality of applicants. These forms are used by the program director/ coordinator to make admission decisions. The faculty members' reviews are key to making decisions on admission of students who show merit, but who may not completely meet admission criteria. Any applications that need further review are addressed by the Graduate Committee. As needed, based on faculty request or identification of recurring student issues, the department faculty re-evaluate admissions criteria to ensure they are relevant and useful for admitting high-quality students who will successfully progress through and complete the program. This typically occurs during monthly faculty meetings, during which discussion allows the program to update admission criteria, processes and procedures. The faculty assisted in development of the current Application Evaluation Form, revising the evaluation rubric in 2012.

## **1.5. Governance**

### **Award of Degrees**

The program director/coordinator works with each student to ensure that all degree requirements are met. In order to progress through the final stages of curriculum to earn their degree students must be advanced to candidacy. This process is a collaborative effort between the program director/coordinator and individual student. The program director/coordinator provides detailed information on procedures to graduate students during orientation and again when students meet to advance to candidacy.

### **Faculty Recruitment, Retention, Promotion, and Tenure**

#### **Recruitment and Selection**

To recruit new or replacement faculty, the department chair submits a request to the college dean for approval. In conjunction with input from all faculty members, the departmental search committee develops priorities for new hires. Requests for new faculty positions are submitted by the department chair during the spring semester of an academic year. After a new position is approved, the department elects a search committee from its tenured and tenure track faculty, including program faculty. This election takes place early in the fall semester of the academic year. After an extensive selection process and review of faculty feedback, the search committee makes a recommendation to the dean. The dean has approval authority for these recommendations, which are also examined at the university administration level by Academic Affairs and Office of Equity and Diversity.

#### **Faculty Retention, Promotion, and Tenure**

The department elects a Retention, Tenure, and Promotion (RTP) Committee, comprised of tenured faculty members who conduct reviews of faculty peers eligible for all personnel actions (re-appointment, tenure, and promotion), as well as post-tenure review of tenured faculty. The election of the Department RTP Committee takes place annually, by secret ballot, at the beginning of each academic year. The RTP Committee always includes program faculty. In addition, during a window period, all faculty and students have opportunities to provide non-anonymous written commentary about the qualifications of the candidates under review. This allows all program faculty and students to submit input during the RTP process.

Departmental and college level documents specify the criteria for retention, tenure, and promotion of untenured and tenured faculty. Each department creates its own RTP document reflective of the unique standards of the discipline (see **RF Promotion & Tenure**). These requirements can be reviewed at any time by the program faculty, and, if necessary, modified to meet changing needs. Based on these criteria, the RTP committee evaluates all faculty. The department chair forwards the review to the College RTP Committee, which makes a recommendation to the dean, who in turn forwards a recommendation that is further reviewed by Academic Affairs and the president.

#### **Academic Standards and Policies**

Following the CSULB tradition of shared governance, departmental faculty members actively participate in changes in academic policy, including changes that pertain to the program. Proposed changes in academic policy relating to the program are first discussed during department faculty meetings, usually initiated by program faculty or the program director/coordinator. When changes are warranted, the Graduate Committee develops an implementation plan and presents it to the faculty for approval and to subsequently implement the changes. Minor changes in academic policies may occur at the department level. Examples of minor policy changes would include small changes in course content and changes in the format of the comprehensive exam, e.g., a mixed approach including



## 1.5. Governance

multiple choice and take-home sections (as described above in **section 1.5.a**). Proposed major changes are reviewed by appropriate college committees, standing committees of the Academic Senate, and by the entire Academic Senate. Examples of major changes include the introduction of new courses or changes in grading policies, such as the use of plus and minus grades.

### **Research and Service Expectations and Policies**

Research and service expectations are articulated in the department's RTP document, as well as in the RTP documents of the college and university. The program faculty participate in revision of departmental RTP policies that impact the research and service policies for all department faculty.

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#### **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.**

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These aspects of the program are detailed in the California State University, Long Beach, Faculty Handbook (see **RF Handbooks**). In some cases these rights and obligations are determined by collective bargaining as all faculty members are represented by a union, the California Faculty Association. For example, the Faculty Handbook contains sections on faculty governance, including the Academic Senate, college and departmental governance, and appointment and review of administrators. Rights and obligations of students are disclosed in the University Catalog (see **RF Bylaws**).

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

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**Table 1.5.d. University Committee Appointments**

<b>Committee Name</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>
Academic Senate	Espinoza-Ferrel		
CHHS Associate Dean for Research Search Committee	Lopez-Zetina	Lopez-Zetina	
College of Continuing and Professional Education Advisory Board	Lopez-Zetina	Lopez-Zetina	Lopez-Zetina
CSU Research Foundation Board of Directors	Malotte	Malotte	Malotte
Enrollment Planning Committee	Lopez-Zetina	Lopez-Zetina	
Faculty Committee on Technology (FACT)	Acosta-Deprez	Acosta-Deprez	
Faculty Council, CHHS	Gunatilake	Gunatilake	Gunatilake
Graduate Council	Espinoza-Ferrel	Espinoza-Ferrel	Espinoza-Ferrel
Health Science Department Chair Appointment Committee		Gunatilake Lopez-Zetina Malotte	
Health Science Graduate Program Director	Lopez-Zetina Espinoza-Ferrel Rios-Ellis	Espinoza-Ferrel	Espinoza-Ferrel
Institutional Review Board	Acosta-Deprez	Acosta-Deprez	Acosta-Deprez Forouzesh
Retention, Tenure, and Promotion, CHHS	Malotte	Malotte	
Task Force on Sustainability	Acosta-Deprez	Acosta-Deprez	Acosta-Deprez
University Award Committee	Forouzesh	Forouzesh	Forouzesh
University Nomination Committee	Espinoza-Ferrel		

## 1.5. Governance

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### e. Description of student roles in governance, including any formal student organizations.

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Students participate in governance via several means, including: communicating directly with the program director/coordinator, through representation on the Community Advisory Board, as well as at faculty meetings. Students also hold Health Science Graduate Association (HSGA) meetings in order to provide feedback for the program. While students do not have formal voting privileges, their input is considered essential for program monitoring, functioning, and improvement.

The charge of the HSGA is to maximize the student experience by creating a unified and equitable student body, improving student-faculty collaboration, and fostering excellence and leadership in both personal and professional relationships. Using faculty, social media, and word of mouth to advertise events, the HSGA strives to reach every student in the department. CSULB provides both an intimate and well-connected environment to foster relationships, allowing the HSGA to guide students towards excellence through their own leadership and referring them to the leaders within the program. Collaboration between faculty and students is one of the primary goals of the program. Open communication is maintained between the executive board and the faculty to ensure accurate and timely information.

Succinctly, HSGA serves as the liaison between faculty and program students, as well as provide professional, community service, and socializing opportunities for the program's graduate students. HSGA is actively involved in the governance process by their selection of a student representative to attend faculty meetings (usually the HSGA president). HSGA arranges various social activities of interest to the students, such as an ice cream social, partnering with the student health center to increase students getting flu shots, and fundraisers (see **RF Student Research & Service**). Graduate students typically meet throughout the semester and develop assignments for particular tasks or projects (see **RF Bylaws**). The HSGA also is partnering with the undergraduate Health Science Student Association to increase volunteer activities in the community as well as student-centered events, including faculty-student mixers and career counseling panels (see **RF Student Research & Service**). **Table 1.5.e.** shows the members of the HSGA. Of note, the HSGA board members have a tenure of one year, and elect new members every spring semester.

**Table 1.5.e. Health Science Graduate Association Officers**

Position	2013-2014 Board Members	2014-2015 Board Members
President	Katherine Bourne	Cassandra Schroeder
Vice President	Daniel Magsino	Monica Chavez
Secretary	Dennis Hoang	Ana Alicia Rangel
Treasurer	Kaylee Rivera	Melissa Schimizu
Faculty Liaison	Mayra Rascon	Mayra Rascon

A graduate student representative is encouraged to participate in monthly faculty meetings. The only exceptions are when personnel matters and matters directly dealing with individual students and student evaluations, such as the comprehensive examination, are on the agenda. As the HSGA serves as a direct link for students to the faculty and program governance, the president is usually the student representative who attends faculty meetings (otherwise the HSGA selects a student representative to attend if the president is not available). The representative is encouraged to address student interests with the faculty, as well as participate in the business of the department as it affects students. Student representatives may provide input on topical matters and provide a report from the students at each faculty meeting.

## 1.5. Governance

The program has also developed a plan to increase the ability of students to participate in program improvement. To this end, a Student Program Improvement Panel was created to allow students to review program-related materials and provide feedback on relevance and responsiveness to their needs. This panel is scheduled to meet at least one time during the academic year (see **RF Meeting Minutes** - Student Panel). Further, a graduate student open forum will be held once per academic year (usually in the spring semester), which allows students to voice their concerns about any program-related issues, as well as take an active role in developing a plan to resolve the issue (the first open forum will be held in Spring 2015, yet to be scheduled). The open forum will be run by the HSGA (i.e., no faculty present) so that students can feel comfortable being frank in voicing their concerns. Results of discussions from these venues will be shared with the program leadership and department faculty. These processes will allow items relevant to graduate education and student life to be addressed and recommendations made to the faculty for consideration at departmental faculty meetings. Thus, student participation and feedback will be systematically obtained to ensure program decisions are indeed student-centered. Student input is also integrated from the Exit Survey and the Alumni Survey (see **RF Surveys**). These surveys allow for graduating and former students to have the opportunity to share their thoughts and concerns on key issues, such as admission procedures, advising, and program goals, objectives and competencies, in order to evaluate these facets of the PHP.

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### **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.**

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This criterion is **partially met**.

#### **Strengths**

All faculty members participate in governance of the program in some capacity. The university and college environment support faculty and departmental self-determination and involvement of faculty members in governance. Departmental faculty members provide input for policy development, planning, budget and resource allocation, and other aspects of governance. All procedures and policies are open to faculty review and scrutiny, employing transparency in processes, assuring integrity of the program and supporting achievement of the PHP's mission, goals, and objectives. The program director/coordinator and chair have shared student concerns with faculty. The program has responded to those concerns (e.g., students reported comprehensive exam did not cover many aspects they studied for, therefore, a multiple choice section was added to the exam in order to cover the core public health areas more broadly, and a take-home exam was instituted to address students' concern with lack of time to complete essay portions). Students have also been invited to attend faculty candidate job talks.

#### **Weaknesses**

- The PHP is in need of more faculty and staff to allow for responsiveness to student needs as well as to maintain records, assist in continuous review and revision of program elements, to schedule and hold regular committee meetings, and to organize program-related activities and data (including aspects related to accreditation).
- The program has not continued regular Community Advisory Board meetings as a result of changes in leadership.
- Committee meetings outside of departmental faculty meetings have been minimal. In the past three years, all department faculty served in the roles charged to the various program committees, as there were no established committees during this time frame. Additionally, limited availability of faculty resulting from broad commitments and limited number of faculty members have made it difficult to make time for outside meetings.

## 1.5. Governance

- Student participation in program governance has also not been maintained, partially due to the fact that graduate students have not maintained the HSGA, which normally provides a student representative to attend faculty meetings.

### Plans to Improve

- The dean has advised the program to look into options for offering online courses or an online program that will bring revenue to the department that can fund additional staff positions, such as an assistant student advisor and a clerical assistant. Meeting these personnel needs will ensure the program is able to complete the activities required to receive re-accreditation by CEPH.
- Suggestions for Community Advisory Board membership were collected in Spring 2014 and those persons were invited to sit on the Board. Small introductory lunch meetings were held with all new members during July and September 2014. Community Advisory Board meetings will be held twice per year (once per semester), with the aim to hold at least one meeting in conjunction with a student-centered event (e.g., research colloquium and/or symposium).
- During the Fall 2014 faculty retreat, all committees were identified, membership established, and duties operationalized. These committees include: the Graduate Committee, Curriculum Committee, and Accreditation Committee.
- Implementing consistent and regular student participation in all aspects of governance is a priority to ensure the student-centered value of the program. Students will have the opportunity to have their voices heard and needs met regarding instruction, research, service, internship opportunities, career advising, policy, and decision-making. Students will participate in policy-making through representation at faculty meetings (being encouraged to have 100% attendance in order to have the greatest level of involvement in these matters), program improvement panel, attending open forums, and membership in the HSGA. In addition, students will be invited to meet with faculty search candidates during the interview process. This will entail a separate, student only session (such as lunch), to allow students to get to know the candidates as well as allow candidates to get a sense of what the program students are like. Students will be asked to provide formal feedback on candidates which will be considered by the Faculty Search Committee in making hiring recommendations.

## 1.6. Fiscal Resources

**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.**

- 
- a. Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities. This description should include, as appropriate, discussion about 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.**
- 

Each fiscal year, the California legislature and governor allocate the system budget, which reflects a request for funding developed by the chancellor's office. After the legislature authorizes the system's budget, the chancellor's office allocates an approved budget for each campus. Campus budgets are enrollment driven, meaning that campuses that have higher student enrollments receive higher budget allocations in comparison with campuses that have lower enrollments. In addition, many CSU campuses encourage external development activities to raise funds from private sources such as donors and foundations in order to provide for special needs and to cover lean budgetary years. Both CSULB and the CHHS have initiated an ongoing capital campaign. On October 11, 2014, the university officially announced and launched "DECLARE: The Campaign for California State University Long Beach" which is the "public and final" phase of the campaign to which about \$200 million has already been donated. The overall campaign goal is to raise \$225 million by December 31, 2015. (<http://www.csulb.edu/sites/president/2014/10/declare-for-the-beach/>) The CHHS fundraising goal set in 2007 was \$20 million as part of the overall university campaign goal. Since Spring 2010, \$13.1 million has been successfully raised, which added to the prior amount totals over \$20.1 million—surpassing CHHS' set goal. However, fundraising will continue toward the current FY 14-15 fundraising goal of \$2.5 million. Within the past few years, the CSULB campus has increased the infrastructure for participating in sponsored research (further bolstered by a \$27 million NIH training grant awarded in September 2015) and is now active in encouraging faculty to apply for grants and contracts from government and other agencies.

### **Sources of Funding**

#### **Formula for Funds Distribution (State Appropriation & University Funds)**

The CSU distributes funds annually to each individual campus depending upon enrollments during the previous academic year and projected enrollments for a given fiscal year. These funds are then distributed to colleges and departments according to the number of full time equivalent faculty (FTE) and full time equivalent students (FTES) in each department. For example, the Health Science Department currently has an allocation of approximately 21 FTE faculty members; the enrollment target for the department is approximately 575 FTE students. An additional dollar-amount, which is also correlated with departmental enrollments and the number of FTE faculty, is provided for general operating expenses and support staff.

Stateside funds (i.e., those from state appropriations) must be expended in advance of the end of the fiscal year according to specific line-item categories, such as supplies and services, travel, and equipment. To augment this funding source, the department also maintains accounts in the CSULB Foundation, a non-profit agency created for fiscal management of grants and contracts and for accepting donations to support the department and its programs. A portion of overhead monies from grant-funded research is deposited

## **1.6. Fiscal Resources**

into a research stimulation account, which is available for program enhancement. In addition, alumni and benefactors donate funds to the department. All of these funds, generally less restricted than the stateside funding, may be carried over from year to year. However, the university is now initiating a policy to encourage/require departments to spend out many of these funds, particularly scholarship awards from year to year.

**State Appropriation:** Total funding to the University is based on state budget. Funding to departments is determined by Academic Affairs, based on full-time faculty and staff salaries and student needs. When these funds are reduced, it may impact faculty available to teach classes based on student needs.

**University Funds:** Academic Affairs determines allocation to the department, based on state budget and student needs.

### **Grants/Contracts**

The Office of Research and Sponsored Programs administers these funds. When grant proposals are written and received by faculty, funds are distributed to the faculty member's home department. When faculty time is allocated to projects resulting from grant writing, this may reduce their grant writing productivity, thus reducing funds from this source.

### **Indirect Cost Recovery**

Indirect costs from research grants obtained by departmental faculty are deposited in a research stimulation account within the university's Research Foundation office, and are available for use by the program. The amount of cost return to the university varies according to the rate that has been negotiated with the funding agency. Facilities And Administrative (F&A) return is calculated from F&A revenue earned times the effective F&A rate for the grant. Of the total available F&A return of grants and contracts with an effective F&A rate of 26% and above, the Office of Research and Sponsored Program returns 30% to the College, 30% to the department, 30% to principal investigator.

### **Endowment**

Investment income from endowment is administered by the 49er Foundation, which provides a 4% return on endowment balance (donations). When these funds are low, it may limit the ability to fulfill the donor's needs. These funds can be impacted by market evaluation of funds.

### **Gifts**

Funds are administered by the 49er Foundation and come from donors,

### **Continuing Education Revenue Fund**

Revenue is generated based on annual enrollment in Graduate Studies 700 course, department course enrollment during winter and May intersessions, and through Open University. When these funds are reduced, the department will not be able to purchase any operating supplies/equipment, based on enrollment/needs of students.

### **Lottery**

Funds come from the state lottery. Academic Affairs annually allocates a set amount to the College, based on FTES. Faculty members are invited to submit proposals for student-learning activities to obtain lottery funds.

### **Contribution to Scholarship Fund**

The 49er & Research Foundation administer these funds; they are based on a 4% return on the endowment balance; could be impacted by market evaluation of funds

## 1.6. Fiscal Resources

### Health Science Discretionary Fund

Funds are administered by the Research Foundation; sources of funds include past donations, gifts, and returns from donors.

### Grant Support from Training Program Reimbursement (Tuition, Stipends, Travel)

There are several student training grants that provide funding for student tuition, stipends, and travel costs. The grants reimburse the department for these expenses. These grants are obtained by faculty members of the department.

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- b. A clearly formulated program budget statement, showing sources of all available funds and expenditures by major 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 budget is an estimation based on a subset of the departmental budget. The university and CHHS are supplying some resources to the program, such as willingness to support activities related to the CEPH accreditation process. **Table 1.6.1** outlines the Sources of Funds and Expenditures since the last accreditation visit in 2007.

	<b>†2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>
<b>Source of Funds</b>						
State Appropriation			\$1,412,329	\$1,510,457	\$1,455,089	\$1,278,352
University Funds	\$469,490.00	\$469,490	\$469,490			\$1,007,672
Grants/Contracts	\$552,237.00	\$1,207,859	\$1,207,859	\$2,025,097		
Indirect Cost Recovery	\$8,616.00	\$17,532	\$17,532	\$11,713	\$26,557	\$23,271
Endowment					\$15,251	\$19,667
Gifts	\$200.00	\$1,000	\$1,000			\$99,199
Other funding(Continuing Education Revenue Fund)				\$50,338	\$53,150	\$11,000
Other (Lottery)				\$3,500		
Other (Contribution to scholarship fund)					\$1,752	
Other (Health Science discretionary fund)				\$77,485	\$80,146	\$103,057
Other (Tuition - grant support from Training Program reimbursement)				\$242,816	\$216,576	\$192,040
Other (Stipends - grant support from Training Program reimbursement)				\$28,300	\$28,100	\$45,800
Other (Travel - grant support from Training Program reimbursement)				\$3,500	\$9,500	\$750
<b>Total</b>	<b>\$1,030,543</b>	<b>\$1,695,881</b>	<b>\$3,108,210</b>	<b>\$3,953,206</b>	<b>\$1,886,121</b>	<b>\$2,780,808</b>
<b>Expenditures</b>						
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

## 1.6. Fiscal Resources

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
<b>Total</b>	<b>\$489,990</b>	<b>\$489,990</b>	<b>\$489,990</b>	<b>\$3,889,889</b>	<b>\$2,229,018</b>	<b>\$2,275,154</b>

Note. Data for 2013-2014 academic year will be updated when it becomes available

\* Training programs include: RIMI, HSI-STEM, & HHOLA

† Budget information could not be obtained for the 2007-2008 time period

**Table 1.6.1** shows that in some years, the total expenditures are less than the totals for sources of funding. Since the program and department budgets fall under the control of the college, any excess funds (differences between the total amount of available funds and the total amount of expenditures) remain in the college budget fund.

**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 accompanied 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

**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. See CEPH Outcome Measures Template.**

**Table 1.6.d. Outcome Measures for Fiscal Resources**

Outcome Measure	Target	2011-2012	2012-2013	2013-2014
1. Travel support for program faculty conference presentation or substantive role	Qualifying faculty receive maximum funding allowed by the university for at least 1 conference travel	3/3 (100%) Met	1/1 (100%) Met	2/2 (100%) Met
2. Travel support for graduate students when requested	2 student conference presentations per year	n/a	n/a	n/a
3. Budget to fund program personnel	1 director, 1 assistant advisor, 1 clerical assistant	2/3 (50%) Unmet	1/3 (25%) Unmet	1/3 (25%) Unmet
4. Indirect cost recovery	≥\$10,000 per year	\$11,713 >\$10K Met	\$26,557 >\$10K Met	\$23,271 >\$10K Met

1. The university maintains a policy that conference travel is covered only for faculty presenting or having a substantive role at the conference (e.g., panel moderator) and there is a maximum allowance for each visit. During the recession, the maximum funding was \$1,000, which was the maximum for 2011-2012. As of 2012-2013, the usual maximum of \$2,000, has been reinstated. All faculty requesting department funding to cover qualified conference travel are granted the maximum amount of funding.



## 1.6. Fiscal Resources

2. In the past three years, no requests for graduate student funding of conference travel were made to the department, therefore this outcome is not applicable for the reporting period.
3. During the 2011-2012 academic year, for one semester, a program director was appointed with three units of release time (Javier Lopez-Zetina) which allowed the current program director/coordinator (Toni Espinoza-Ferrel) to continue as assistant advisor. In the 2012-2013 academic year, Ms. Espinoza-Ferrel served as the director/coordinator and advisor, receiving six units of release time. However, in the 2014-2015 period, Ms. Espinoza-Ferrel's release time has been cut to three units of release time to run the program [in addition to her 12-unit (four classes) course load]. No additional personnel have been funded to assist with running the program.
4. The target has been met for indirect cost recovery due to funding from research and training grants from the Center for Health Equity Research and Center for Latino Community Health, Evaluation, and Leadership Training.

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### **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.**

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This criterion is **partially met**.

#### **Strengths**

The department chair receives input from the program director/coordinator to identify program needs. The chair then meets with the college dean and college administrative services manager to determine a budget for the PHP. Program needs are presented and budget allocation to the program is negotiated, in line with allocations in other departments and programs within the college.

#### **Weaknesses**

- As a result of the nation's recession and California's budget crisis, funding to the program was drastically cut in 2007; as a result, there had not been sufficient funds to routinely replace retiring faculty members, leading to an insufficient number of faculty and staff available to serve the program full time. As the economy is just beginning to recover improvements are underway.
- The program has suffered from an inability to fund program personnel (staff) to maintain continuous functioning at the highest level.
- Budget information was difficult to obtain, and varied depending on the person providing the information.

#### **Plans to Improve**

- As a result of the improved economy, increased funds have been allocated in the past three years to support new faculty hires, which has begun to reduce faculty-to-student ratios. It is expected that this trend will continue given continued economic stability.
- It is the goal of the program to garner the fiscal resources needed to maintain, in addition to the program director/coordinator (who serves as the primary student advisor) an assistant student advisor, clerical assistant, and student assistant.
- The department chair will meet with the dean and administrative services manager to develop a plan for program budget tracking that will allow access to past information and the provision of consistent information.

## 1.7. Faculty and Other Resources

**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.

**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.**

**Table 1.7.1** provides the number of primary program faculty serving the program in Community Health Education since the 2011-2012 academic year. Of note, Dr. Britt Rios-Ellis is currently on a leave of absence to serve as the Founding Dean of the College of Health Services and Human Services at CSU Monterey Bay, thus she is not reflected in the 2014-15 faculty headcount.

Table 1.7.1 Headcount of Primary Faculty			
2011-2012	2012-2013	2013-2014	2014-2015
8	8	8	8

**b. A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years (academic years) prior to the site visit.**

Table 1.7.2. Faculty, Students and Student/Faculty Ratios										
Year	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
AY 2011-12	8	6.65	3	.95	11	7.60	51	47.2	7.10	6.21
AY 2012-13	8	6.65	6	1.80	14	8.45	41	34.7	5.22	4.11
AY 2013-14	8	6.70	6	1.80	14	8.50	45	35.5	5.29	4.18
AY 2014-15	8	6.55	7	2.20	16	8.75	57	48.0	7.33	5.49

**FTE calculation includes:** Academic advising: 5% for infrequent (minimal, in-class or during office hours), 10% for moderate (outside of class/office hours, scheduled appointments), 20% for extensive (primary, usual activity)

Career advising: 5% for infrequent, 10% for moderate, 20% for extensive

Committees (program, College, University): 5% for each committee; College and University committee service is only counted if committee work directly affects the graduate program students or faculty.

Communication of resources to students: 5% if do any

Courses: 20% for each course

Program discussions & decisions: 5% if participate in these

Promotion and support of Student Association activities: 5% if do any

Student training activities: 5% if do any

Thesis committees: 10% Chair, 5% committee member

Spring 2015 FTES data from the institution are not yet available to calculate FTES for the 2014-2015 academic year, thus the FTES and SFR cells for 2014-15 are estimated only using Fall 2014 data.

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

The Department of Health Science currently has one full-time (100% FTE) and one part-time (75% FTE) staff member: department administrative coordinator, Ms. Karen Miyahara, and administrative assistant, Ms. Shawn Alexander, respectively. Approximately 25% of Ms. Miyahara's time is devoted to the **graduate program** (Ms. Alexander's time is allotted to non-graduate program activities). During the 2012-2013 academic year, the department had 3 federal work study students. Combined, these students provided approximately 30

## 1.7. Faculty and Other Resources

hours per week of assistance to the department (10 hours per student per week). As of Fall 2013, this was decreased to a recurring allocation of 2 federal work study students, providing approximately 20 hours per week to assist the department. Work study students report directly to Ms. Miyahara. In addition to supporting the office staff, work study students are assigned to the graduate program, undergraduate program or to faculty teaching the internship course, as needed. The department chair, through the Office of Equity and Diversity, has a student assigned to her for up to 20 hours per week during fall and spring and up to 40 hours per week during the summer; this student is available to provide assistance for the chair's activities related to the program.

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

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The department controls substantial space allotted for offices and classrooms for student use within the department. This includes the main office of the Department of Health Science. Adjacent to the main office are the chair's office (HHS2-117) and staff office (HHS2-113). Additionally, department program administrative offices (e.g., graduate program, undergraduate advisor, and shared part-time lecturer offices) are located within this building. Each departmental faculty member also has a personal office in adjacent buildings.

#### **Classroom Space**

The CHHS has an allocation of 35 classrooms, most of which are available from 8:00 a.m. to 10:00 p.m. Of the 35 classrooms, the HSC department has an allocation of 18 classrooms with varying time slots. Academic scheduling is completed in two phases. During Phase I only the HSC department can schedule classes within the 18 allotted rooms. During the last two weeks of Phase II, all but two departments are allowed to schedule classes within the CHHS allocation of rooms. If the department still does not have enough classrooms, the university will assign available rooms. CHHS maintains two computer labs for use by all its departments. The HSC department schedules all statistics classes in computer labs. All rooms within the HSC department allocation are smart rooms. Smart rooms include: ceiling-mounted data projectors, projection screens, CD/DVD equipment plus Ethernet and/or wireless connectivity. A classroom in the library is utilized for presentations by the Health Science librarian to provide training on the library resources available to students in the program's research methods course.

#### **Research and Community Service Space**

Offices for research activities are located on and off campus. The Center for Latino Community Health has space in the nearby Foundation Building. This space is used for research activities, including data entry and management for evaluation projects. In addition, this Center opened an off-site location in downtown Long Beach, *Centro Salud Es Cultura*. Community-based intervention programs and community services are offered at this location, including research training for the program students and space for community health education. The Center for Health Equity Research, located on campus, also provides a research training ground for faculty and students.

#### **Common Space**

Common space is also available across from the main department office, which includes storage space for classroom equipment as well as a copy machine, available for use by other CHHS departments located within the building. The Kinesiology building, which is adjacent to the Health and Human Services building, contains Room 57; this computer lab must be shared with other departments. Room 57 has 690 square feet of space. Tables, chairs, storage areas, computers with various software, and a printer are available in this

## 1.7. Faculty and Other Resources

room. Quiet study and meeting areas as well as an open computer lab are also available in the Horn Center, which is close to the program offices. Next to the Horn Center, the College of Business Administration (CBA) building also contains an open computer lab available to all students. The department is within easy walking distance from the University Student Union (USU) building. Abundant public space is available in this facility. Students and faculty may also reserve space in the USU for informal and formal meetings. The university library has abundant space for studying and provides computer access to students.

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

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Not Applicable (no traditional lab is needed for program training or research activities)

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

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The university provides a wide array of computing resources. Faculty access is available both on- or off-campus. Most (e.g., library access), but not all (e.g., statistical software), resources are available to students off-campus. The on-campus computer labs provide an extensive collection of software packages and programming languages.

CSULB makes Active Learning Classrooms (ALCs) available, which allow instructors and students to experience a flexible, student-centered learning environment. The ALCs are intended to facilitate active learning versus traditional lecture formats. The technology available allows students to present work for review by peers and instructors. The ALC setup includes furniture and writeable walls designed to support work in small-group formats. An instructor ALC online community is available for support, and instructors using the ALCs are required to receive training in the use of the equipment and facilities. ALCs are reserved in keeping with university policies and procedures, during course scheduling. Under special circumstances, use of the ALC can be requested from the director.

### **Faculty Computer Software and Hardware**

The department provides each faculty member with a computer, printer, and software. All computers have either been updated or changed to accommodate individual faculty needs. The university replaces computers every three years in order to maintain the "state of the art." The university has site licenses with major software vendors such as Microsoft, SPSS, and SAS. All faculty members have office internet access through high-speed fiber-optic lines. Faculty members have also been supplied with a desktop and/or laptop computer. There are also laptops and LCD projectors available for faculty check-out in the department office. The department makes every effort to meet the needs of faculty members for computers and other equipment.

### **Administrative and Other Staff Computer Stations**

Computer stations are available for administrative and other staff (including student assistant, part-time faculty, and lecturer) use. These computers have been updated to meet current administrative and staff needs. Administration and staff computers are connected to internet to facilitate linkages within the university to various student databases and other administrative information. All campus-supplied computers have networking capabilities. All computers are connected to printers.

### **Student Computer Facilities and Resources**

As described above, there are a number of open computer labs available to students, allowing them to access all campus software. These are located in the Horn Center and the

## 1.7. Faculty and Other Resources

CBA building. In addition, the university library has an open computer lab, as well as individual computer work-stations, available for students. Free internet is available across campus, where students are able to connect using their own devices (e.g., laptop, tablet) to access campus resources. The CHHS computer labs are available to students only during classroom instruction and when reserved for special trainings, for example, database construction and data analysis.

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**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.**

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The university's library offers a broad range of resources available to the program, which can be viewed at [www.csulb.edu/library](http://www.csulb.edu/library). The Library maintains collections that promote free inquiry and intellectual development, and provides instruction in the information gathering and evaluation process. It also provides the human, print, and digital resources necessary for the campus community to locate, retrieve, and evaluate information effectively. The library is open over 96 hours per week (Sunday through Thursday the library is open until midnight). In Spring 2015, due to a major donation, the 5<sup>th</sup> floor of the library will be refurbished for graduate study. For purposes of defining the portions of the library collection that are intended to serve the needs of individual departments or programs, the library has divided the Library of Congress classification scheme into call number ranges. The basic collections relevant to the Department of Health Science can be found in the Library of Congress call numbers: R-RA 1-392, RA 396-409, RA 416-959, RV-RZ. <http://www.loc.gov/aba/publications/FreeLCC/R-outline.pdf>. There are many eJournals and eBooks that the library provides online access to through other library funding. (See **RF Resources** for detailed information regarding library resources.)

### **Digital (electronic) Content (24/7)**

The library's online catalog COAST (<http://coast.library.csulb.edu/>) provides easy access and discovery to the library's collections. Resources/collections that are both physical and virtual, and print and digital and include books, journals, government documents, maps, and image and sound files. The library subscribes and provides access to over 200 web-based research databases that support the research of students and faculty. The library uses the most widely used OpenURL link resolver, SFX, which has a customer base of over 1800 institutions worldwide. As a link resolver, SFX helps students and faculty connect from online resources, like the many research databases, to the full text of articles that are often in a different location online. In addition to individual health eJournal subscriptions, the library provides access to numerous eJournal Collections. In academic year 2014-2015, the library began a subscription to Films On Demand, a web-based digital video delivery service that allows the viewing of streaming videos. The library has a growing collection of electronic books covering all topics ([http://web.csulb.edu/library/new/news/news278\\_ebrary\\_fall13.html](http://web.csulb.edu/library/new/news/news278_ebrary_fall13.html)). *eBooks on Reserve* is a pilot project that began in Fall 2014, sponsored by the university library and the California State University (CSU) Chancellor's Office, to make course-required books available to students without charge.

### **Access Mechanisms**

Current students, faculty, and staff are given the opportunity to create a library password to search the research databases from off-site, to have access to eBooks and eJournals from off site, to review what materials are checked out or on hold, to renew books before they are overdue so as not to incur fines, to set up preferred searches in COAST, to request materials not available at CSULB through Interlibrary Services, and to sign-up for a

## **1.7. Faculty and Other Resources**

computer in the library and Horn Center computer labs. The Spidell Technology Center, located on the first floor of the library, is the largest and is a heavily-utilized student computing facility on campus. The Horn Center has almost 200 computers enabling students to search the library catalog and the research databases and to use Microsoft Office products and other software programs. A broad range of adaptive devices, software, and facilities make the library a hospitable environment for students with special needs.

### **Training Opportunities (Library Instruction Program)**

The library's instruction program offers a full range of opportunities aimed to give students the skills to find, critically analyze, and effectively utilize all types of information. From an undergraduate course required of new first- and second-year students to advanced seminars in research methodology and information retrieval tailored to the needs of specific disciplines or courses, a variety of instruction courses are provided to connect students and the library. The Health Science librarian provides course integrated instruction for HSC 696 (Research Methods) graduate students. The Health Science Librarian has developed five health-related research guides including health science and also provides a variety of workshops, as well as individual in-depth consultation focusing on a specific research topic or project designed to enable students to understand and apply the principles of information literacy.

### **Document-Delivery Services**

The library offers three interlibrary service options to obtain materials not currently available (material that is checked out, temporarily unavailable, not owned, etc.) at CSULB. The library participates in LINK+, a consortium of academic library resources, including health science libraries and public libraries in California and Nevada. Articles in thousands of academic journals can be quickly searched and delivered to any web-enabled computer through the library web site. BeachReach is a consortium that includes both U.S and international institutions that have an agreement to share their periodical (journals, magazines, and newspaper) collections. Book chapters, conference proceedings, dissertations, and books can also be borrowed through BeachReach.

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

University resources include those to support research proposal submission, a software depot providing faculty, staff, and students software, statistical support, assistance for making materials Americans with Disabilities Act compliant, and student service learning and internship placements. CSULB has adopted a set of essential skills, including information literacy and technology literacy, that are to be developed and practiced in general education courses and which are applicable to graduate courses. Program resources include a variety of student opportunities for research and service in public health education and health promotion. Located in a large metropolitan area, this mega polis provides a variety of unique internship experiences for students. Formal affiliation agreements with various community agencies and organizations are in place to address liability insurance, confidentiality and indemnification issues. Additional information regarding resources can be found in **RF Resources - Other Resources**.

## 1.7. Faculty and Other Resources

- 
- 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. See CEPH Outcome Measures Template.**
- 

**Table 1.7.i. Outcome Measures for Other Resources**

Outcome Measure	Target	2011-2012	2012-2013	2013-2014
1. Student faculty ratios	Less than 10 to 1	51 to 11 (4.64) Met	41 to 14 (2.93) Met	45 to 14 (3.21) Met
2. Office space	All full-time faculty have a single office	10/10 (100%) Met	10/10 (100%) Met	10/10 (100%) Met
3. Computer resources	All full-time faculty have up-to-date computers	10/10 (100%) Met	10/10 (100%) Met	10/10 (100%) Met
4. Auxiliary space for graduate students	At least one meeting space is available	0/1 Unmet	0/1 Unmet	0/1 Unmet

1. Student faculty ratios are well below the target, based on head counts for students and total faculty head counts (primary and secondary faculty).
2. All full-time faculty have consistently had a single office to support their program activities, including holding office hours and meetings with faculty and students.
3. Each single office for faculty is equipped with a desktop computer. In addition, new hires are provided a desktop and/or laptop computer. In 2011-2012, funds were available to purchase new laptop computers for faculty needing an updated laptop. In 2012-2013, faculty office desktops were upgraded to have the most current operating systems. There is also a department laptop available to program faculty for check-out, as needed.
4. The department has not been able to provide auxiliary space for graduate students during the reporting period. However, when meeting space is needed, the program director/coordinator works with the department coordinator to find and reserve meeting space. For example in 2013-2014, graduate students formed a comprehensive exam study group for which a classroom was secured to support weekly meetings. Further, a new graduate training grant has been awarded to the university, Project HOGAR (see **RF Resources**), and will create a Graduate Studies Resource Center that will house work space for students.

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- j. **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**.

### **Strengths**

The program has access to state-of-the-art computing resources and facilities, and sufficient space for faculty offices, and common space for students. Space is available for research activities to take place on and off campus. These resources greatly facilitate the program's ability to reach its mission and goals.

### **Weaknesses**

- The most prominent weakness in this area is the high student-to-faculty ratio experienced in recent years, resulting from a growing program but no faculty hires at the same time.

### **1.7. Faculty and Other Resources**

- Related to faculty ratio issues is the fact that graduate classes tend to have high course enrollment (at times, more than 30 students), which reduces the effectiveness of the seminar format implemented for higher learning at the graduate level.
- At times, computer lab availability has been too limited to allow for flexibility in class scheduling.
- Further, statistical software is not available to students to support coursework and research while off campus.

#### **Plans to Improve**

- The department chair has requested and will continue to request faculty hires for each academic year until ratios are favorable for most effective instruction.
- The department chair is working to address class size issues for courses most negatively impacted. She has successfully negotiated a reduced enrollment cap of 20 students for the graduate statistics course, indicating college support for effective teaching and learning.
- The promising growth of the state economy and pursuing increases in donations to the college and extramural funds will contribute to increased resources for the program.
- The university is currently working on creating a Virtual Private Network (VPN)-like portal to allow students to fully access computer resources as they would if they were on campus; this has been completed for the College of Natural Sciences and Mathematics, and IT services are working to make this feature available campus-wide.



## 1.8. Diversity

<b>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.</b>
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**a. A written plan and/or policies demonstrating systematic incorporation of diversity within the program.**

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

The program has identified ethnic minorities, Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) persons, veterans, and persons with disabilities as its various underrepresented groups. The program's rationale for these designations is that these groups are those identified in the University's Non Discrimination Policy: "Pursuant to Executive Order 1097 (Systemwide Policy Prohibiting Discrimination, Harassment, and Retaliation Against Students and Systemwide Procedure for Handling Discrimination, Harassment and Retaliation Complaints by Students), California State University does not discriminate on the basis of race, ethnicity, color, nationality, disability, genetic information, gender/sex (including gender identity and gender expression), sexual orientation, age, genetic information, religion, as well as Veteran Status." In regards to ethnic groups targeted by the program, the program aims to ensure the student body's ethnic minority makeup represents that of the local community. Long Beach's population is comprised of 40.8% Latino, 13.5% African American, 12.9% Asian, 0.7% Native American, and 0.4% Pacific Islander.

Diversity in the program contributes to new ways of thinking, new knowledge, and different experiences, which permit students and faculty to develop an understanding of various cultural ideas and practices, enriching their training and learning experiences, which is imperative to training a diverse public health workforce. The identified underrepresented groups are particularly important to the program because students who have been historically excluded from higher education have the potential to contribute to their graduate research career through their understanding of barriers experienced by ethnic minorities, students with disabilities, LGBTQ persons, and veterans who are underrepresented in higher education careers. The program is committed to ensuring that the MPH student body reflects the diversity of CSULB's local community and society.

A 2013 Task Force Study on the Historical Commitment to the Development and Success of Underrepresented, Low-income and First Generation University Students report ([http://www.csulb.edu/divisions/aa/research/university\\_info/serving\\_underserved\\_students/documents/Commitment\\_to\\_URM\\_Students.pdf](http://www.csulb.edu/divisions/aa/research/university_info/serving_underserved_students/documents/Commitment_to_URM_Students.pdf)) notes that CSULB has been recognized "as one of the top universities in the nation for underrepresented/underserved student education, academic excellence, and value." Findings show that nearly forty percent of CSULB students are designated as underrepresented. The university is designated as an Asian-American, Native American and Pacific Islander Serving Institution (AANAPISI) and Hispanic Service Institution (HSI), and ranks among the top ten U.S. universities in bachelor's and master's degrees earned by Latinos.

## 1.8. Diversity

- 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 Department of Health Science's MPH program aims to:

1. Ensure students have the opportunity to interact with diverse populations in the classroom and through training activities (e.g., internship) which support understanding of cultural differences and diverse views.
2. Provide students with education and training in cultural competence (not limited to ethnicity-related cultures) to be able implement culturally relevant health education and public health practices among diverse populations.

These goals are in line with the mission and values of the university. The university mission states that "California State University Long Beach is a diverse, student-centered, globally-engaged public university..." and is guided by a range of values, including Educational Opportunity and Diversity.

The university's Strategic Plan for 2014-2017 includes, in its goals, plans to recruit and retain a diverse pool of faculty, staff and students  
([http://web.csulb.edu/divisions/aa/provost/strategic\\_plan/documents/14-17\\_strat\\_plan.pdf](http://web.csulb.edu/divisions/aa/provost/strategic_plan/documents/14-17_strat_plan.pdf).)

- 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 university catalog includes clear policies regarding harassment and discrimination and the value of diversity.

The following links provide policies in particular areas:

CSULB's *Nondiscrimination* Policy is available at

[http://www.csulb.edu/divisions/aa/catalog/current/general\\_policies/nondiscrimination\\_policy.html](http://www.csulb.edu/divisions/aa/catalog/current/general_policies/nondiscrimination_policy.html).

CSULB's Policy on *Equal Access and Opportunity, Non-discrimination/Non-harassment* is available at

[http://www.csulb.edu/divisions/aa/catalog/current/general\\_policies/equal\\_access.html](http://www.csulb.edu/divisions/aa/catalog/current/general_policies/equal_access.html).

CSULB's Policy on *Prohibiting Discrimination and Harassment* is available at

[http://www.csulb.edu/divisions/aa/catalog/current/general\\_policies/policy\\_prohibiting\\_discrimination.html](http://www.csulb.edu/divisions/aa/catalog/current/general_policies/policy_prohibiting_discrimination.html)

CSULB's Policy on Freedom from Discrimination, Harassment, and Retaliation states:

"California State University, Long Beach affirms that students, employees, volunteers, members of the public, and recipients of services and/or benefits provided by CSULB have the right to a University free from discrimination and harassment, including hostile environment, on the basis of: race, color, disability, ancestry, national origin, ethnicity, gender, gender identity, religion, sexual orientation, marital status, age, pregnancy, disabled Veteran status, recently separated Veteran, and other covered U.S. Veteran status. Retaliation for exercising one's right to protection from discrimination and/or harassment or for participating in the investigation of a complaint will not be tolerated."

(<http://www.csulb.edu/depts/oed/policies/policies.html>)

## 1.8. Diversity

The Human Resources Policy on Prohibiting Discrimination, Harassment, and Retaliation can be found on their website: [http://daf.csulb.edu/admin\\_guidelines/policies/prohibit-discrimination.html](http://daf.csulb.edu/admin_guidelines/policies/prohibit-discrimination.html).

The Office of Equity and Diversity (OED) oversees all hiring processes to ensure diversity in faculty and staff hires. Their policies can be found on their website: <http://www.csulb.edu/depts/oed/>. The university's Faculty Affairs Tenure-Track Search Protocol describes the process applied to faculty hires, including diversity assurances (<http://www.csulb.edu/divisions/aa/personnel/appointments/recruitment/documents/SearchProtocolTT2014.doc>). All departments are required to follow the Recruitment and Advertising Plan (R & A) according to a template provided by the Office of Equity and Diversity. "The R & A Plan is then forwarded to the Director of Equity and Diversity for review and approval. The R & A Plan must include a list of specific efforts by the search committee and the department to attract the most robust and diverse pool of highly qualified applicants." Please see the template for the Recruitment and Advertising Plan that is available at <http://web.csulb.edu/divisions/aa/personnel/appointments/recruitment/> (RF Diversity).

Examples of potential diversity recruitment efforts for the Search Committee to include in the departmental Recruitment and Advertising Plan are:

1. **DIVERSITY EXAMPLE:** *(List sources, dates and/or include e-mail listservs)* The department advertises in discipline-related professional association publications, newsletters, professional associations used by academicians within the discipline; send the job advertisement to the professional associations and e-mail representatives from the Latino, African American, and Asian American caucuses, the feminist/women's caucuses, and the gay and lesbian caucuses within these professional associations.
2. **DIVERSITY EXAMPLE:** Reviews directories of women and ethnic minority doctoral candidates such as the **Directory of Recipients of the CSU Forgivable Loan Program**. For a hard copy of this directory, please contact Equity & Diversity at 562-985-8256. The search committee sends letters and announcements to those individuals pursuing either degrees and/or research appropriate for the position(s).
3. **DIVERSITY EXAMPLE:** *(Attach lists)* Announcements are sent to all colleges and universities designated as "Hispanic serving" or with significant Hispanic enrollment *[indicate mailings to all targeted groups — i.e., those from which there is underutilization — such as historically black colleges and universities, colleges with predominantly female enrollment, etc.]*.
4. **DIVERSITY EXAMPLE:** *(Identify specific recruitment efforts)* The position is publicized and aggressive recruiting carried out through other faculty efforts as well. Emphasis is placed upon recruitment of applicants from targeted groups through networking conducted by the search committee and department faculty.

The program has a limited role in these efforts, as all requirements of the university must be followed by the program; the program supports and welcomes the ability to follow such procedures as diversity in the program is a definite strength and asset of the training experience that is provided. A new statement of inclusion, although not required by the university, has also been mandated by the department to be included in all syllabi, including those of the program. This states: "California State University, Long Beach is committed to maintaining an inclusive learning community that values diversity and fosters mutual respect. All students have the right to participate fully in university programs and activities free from discrimination, harassment, sexual violence, and retaliation. Students who believe they have been subjected to discrimination, harassment, sexual violence, or retaliation on the basis of a protected status such as age, disability, gender, gender identity/expression, sexual orientation, race, color, ethnicity, religion, national origin, veteran/veteran status or

## 1.8. Diversity

any other status protected by law, should contact the Office of Equity and Diversity at (562) 985-8256, University Student Union (USU) Suite 301, <http://www.csulb.edu/depts/oed>."

The required statements on syllabi underscore the program's commitment to enforcing these policies among students. These statements include that of accessibility and civility from the university catalog. Instructors make it a point to address any violations of these policies with students and/or the department chair.

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

The university policies set forth in the catalog (i.e., statements on civility, non-discrimination, non-harassment, equal opportunity employment and education) and the hiring processes governed by the Office of Equity and Diversity ensure that the campus climate is conducive to working and learning in a diverse setting.

Although the university does not have formal policies that support a climate for working and learning in a diverse setting, Committees and Panels within the Academic Senate have been established. ([http://www.csulb.edu/divisions/aa/grad\\_undergrad/senate/committees/](http://www.csulb.edu/divisions/aa/grad_undergrad/senate/committees/).)

"The mission of the Campus Climate Committee (CCC) is to promote mutual acceptance and respect to celebrate diversity in all its forms." The charge of the committee includes:

- 1) Performing periodic needs assessments of the campus climate;
- 2) Recommending specific actions to improve the campus climate to the President via the Academic Senate in a timely fashion as needs are identified;
- 3) Monitoring the campus climate and the implementation of recommended actions and reporting at least annually to the President via the Academic Senate; and
- 4) Encouraging, endorsing, and participating in University educational programs that promote an increased understanding of equity and diversity issues.

([http://www.csulb.edu/divisions/aa/grad\\_undergrad/senate/committees/ec/CCCCharge.html](http://www.csulb.edu/divisions/aa/grad_undergrad/senate/committees/ec/CCCCharge.html).)

"The mission of the Committee on Lesbian, Gay, Bisexual, Transgender and Queer Campus Climate (CLGBTQCC) is to collaborate with all segments of the university to recruit, retain, and promote the success of LGBTQ students, staff, faculty, and administrators."

([http://www.csulb.edu/divisions/aa/grad\\_undergrad/senate/committees/documents/CLGBTQCCCharge.pdf](http://www.csulb.edu/divisions/aa/grad_undergrad/senate/committees/documents/CLGBTQCCCharge.pdf).)

The faculty of the PHP actively engage in research projects that tend to the needs of diverse populations, aiming to achieve health equity for underrepresented community members. The program also provides student opportunities through training grants that support the diversification of the workforce, by providing training to those of diverse backgrounds, and teaching students methods to effectively work with diverse populations (e.g., becoming culturally competent and providing health equity services). Because the program is located in such a diverse location, these diverse populations are students of the program, and they are continuously exposed to and supported in diverse learning environments. The program faculty member that is a physician works with the Disabled Student Services office, providing referrals and working directly with students that receive services from this office. The university offers a number of trainings that increase the capacity of faculty, staff, and students to be sensitive to and serve as allies to a number of diverse populations. For example, there is the Safe Zone Ally training focusing on the LGBTQ community, and an annual "Out List" where members of the community and supporters are able to add their names. There are also trainings to become an ally for veterans and persons with autism.

## 1.8. Diversity

The program faculty and staff have participated in these events, fostering a climate supportive of diversity.

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

The program has moved towards increasing the diversity focus of curricula without formal policy. The Graduate Certificate in Latino Health and Nutrition Studies has been instituted at CSULB. This certificate aims to train students in providing culturally and linguistically relevant care and education for the Latino population through diversity-focused courses and service learning. Various topics covered include development of culturally and linguistically relevant interventions, understanding and addressing health disparities, and implementation of chronic disease prevention best practices (e.g., community-based participatory research) for underserved populations. As the Latino population in the U.S. continues to grow and face health disparities, this certificate is clearly responsive to current public health priorities.

MPH students are not currently required to take any diversity-related courses, however, during curriculum review, the program aims to find a way to make the existing health disparities graduate course a required course. Curriculum review has commenced and will aim to explicitly institute a plan to evaluate courses and other opportunities that support increased competency in diversity and cultural issues. Evaluation will focus on ensuring that the curriculum, internship placement, and other opportunities foster achievement of the aforementioned program diversity goals. Access to other opportunities will be bolstered by the department encouraging students to participate in service learning through the Center for Community Engagement by increasing advertisement of the Center's services. Additionally, much of the program's research relates to issues of diversity, and students are consistently encouraged to participate in this research—levels of student participation are captured as part of evaluation.

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

#### **MPH Program Process**

All open faculty FTEs are filled through nationwide solicitation of applications campus wide recruitment policies, as described in CSULB's Faculty Affairs Tenure-Track Search Protocol. The department engages in targeted recruitment, sending the job announcement to institutions representing diverse groups including minority women, Historically Black Colleges and Universities. The OED also sends the announcement to diversity institutions; just as the CSU is very sensitive to diversity, the department and program embraces these efforts as the importance of diversity is well understood.

#### **University Policies and Plans**

See the Office of Equity and Diversity's *Equal Opportunity Policies*.  
(<http://www.csulb.edu/depts/oed/policies/policies.html>.)

The *Faculty and Staff Diversity Plan* "articulates four action areas for augmenting current programs and implementing new ones: 1) Education and Training; 2) Recruitment; 3) Retention and Campus Climate; and 4) Assessment."  
(<http://www.csulb.edu/depts/oed/policies/faculty-staff-diversity-plan.html>.)

The university's Faculty Affairs Tenure-Track Search Protocol requires all departments to design a Recruitment and Advertising Plan according to a template provided by the Office of Equity and Diversity. Faculty Affairs is responsible for submitting each college-wide tenure-track announcement to *The Chronicle of Higher Education*, submitting a university-wide

## 1.8. Diversity

tenure-track announcement to *Women in Higher Education*, *Hispanic Outlook*, and *Diverse Issues in Higher Education*, and submitting links to Employment Opportunities in *The Voice* (Hispanic Association of College and Universities), and placing position description announcement on the following websites: CSULB Faculty Affairs, CSU Careers, Higher Ed Jobs, and Cal Jobs Service EDD. Furthermore, each department is responsible for meeting diversity-specific recruitment efforts.

(<http://web.csulb.edu/divisions/aa/personnel/appointments/recruitment/>)

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

#### University Policies and Plans

See the Office of Equity and Diversity's *Equal Opportunity Policies*

<http://www.csulb.edu/depts/oed/policies/policies.html> and *Faculty and Staff Diversity Plan*

<http://www.csulb.edu/depts/oed/policies/faculty-staff-diversity-plan.html>

The university's recruitment procedures for hiring staff can be found at

[http://www.csulb.edu/misc/adminguidelines/pdf/staff\\_personnel/recruit\\_staff\\_mpp.pdf](http://www.csulb.edu/misc/adminguidelines/pdf/staff_personnel/recruit_staff_mpp.pdf)

CSULB's Equal Employment Opportunity and Affirmative Action Statement of Policy can be found at <http://www.csulb.edu/depts/oed/policies/csulbpolicy.html>.

### viii. Policies and plans to recruit, admit, retain and graduate a diverse student body.

Due to restrictions set forth by California legislation (Proposition 209), the program and university recruitment and admissions policies regarding diversity are limited to specific strategies. A number of diversity-related events are offered (see **RF Diversity**) to students that provide students the opportunity to interact with people from diverse backgrounds and celebrate the richness of diversity. Training programs that support students from diverse backgrounds help support their retention and graduation rates.

CSULB is committed to student diversity as described in its strategic plan, described in:

[http://www.csulb.edu/divisions/aa/provost/strategic\\_plan/documents/Strategic\\_Plan2014.pdf](http://www.csulb.edu/divisions/aa/provost/strategic_plan/documents/Strategic_Plan2014.pdf).

The University Outreach & School Relations (UOSR) is the primary student recruitment and guest relations office for CSULB. UOSR is responsible for the following: 1. Advising prospective students on academic preparedness and college readiness; 2. Recruiting a diverse and talented pool of high-achieving scholars and college-bound students; and 3. Raising awareness and appreciation of CSULB's unique opportunities and high-quality education to prospective students, their families, high school and community-college personnel, and others through strategic communication and services.

(<http://www.csulb.edu/divisions/students/uosr/>.)

The Educational Equity Services (EES) is "dedicated to the academic advancement of military veterans, disabled individuals and low-income, first-generation students. EES offers seven innovative, federally-funded, student-centered programs designed to meet the needs of traditionally underrepresented individuals in higher education. EES is committed to increasing the enrollment, retention, and graduation of underrepresented individuals in higher education." (<http://www.csulb.edu/divisions/students/ees/>.)

The California State University system implemented a plan to improve graduation rates as well as support college completion of underrepresented students. As a result, the university launched the CSULB Highly Valued Degree Initiative. This initiative will focus on unmet



## 1.8. Diversity

support needs of high-risk underrepresented freshmen and transfer students. In its first year, retention of Latino and African American students was a primary aim.

([http://www.csulb.edu/projects/wasc/WASC\\_accreditation\\_2006-11/effectiveness\\_review/core\\_commitment\\_three/remaining.htm](http://www.csulb.edu/projects/wasc/WASC_accreditation_2006-11/effectiveness_review/core_commitment_three/remaining.htm).)

Also, see the Office of Equity and Diversity's *Equal Opportunity Policies* <http://www.csulb.edu/depts/oed/policies/policies.html> and Strategic Priorities and Goals 2013-2016 (**RF Diversity** - Campus Goals)

### **ix. Regular evaluation of the effectiveness of the above-listed measures.**

Prior to the current accreditation process, the program had not engaged in any formal diversity evaluation procedures, especially any which assessed the other underrepresented groups (non-ethnicity related groups). Previously, some informal procedures provided confidence that diversity-supporting activities were effective in regard to ethnic make-up of the student body. The program director/coordinator provides a summary of student demographics at the start of each semester. This summary routinely shows that there is no one ethnic group of students overrepresented, indicating that students enrolled in the program are an ethnically diverse group. Further, the Program Director/ Coordinator provides an annual report to CEPH on student demographics for those that were accepted as well as those not accepted to the program. This report allows the program to assess the ethnic diversity of program students and also to determine if there are any groups overrepresented in admission denials.

As of spring 2015, questions to gather diversity data of students have been added to the Admissions Application and Alumni Survey to collect this information from students. Starting fall 2015, the program will implement formal evaluation of faculty and staff every three years to assess and ensure the diversity of these groups. This time period is ideal, as it provides sufficient time to implement new faculty hires, as needed, to address any diversity issues before the next evaluation point. As the faculty and staff remain relatively constant, ongoing evaluation of the diversity of these two groups had not occurred, but is required during the hiring process, to ensure effective implementation of diversity policies. The data below indicates the success of these measures. These information sources will be gleaned to formally evaluate faculty and staff diversity.

CSULB is a Hispanic Serving Institution (HSI) and Asian and Native American and Pacific Islanders Serving Institution (AANAPISI). The campus sits in the southeast corner of Los Angeles County, which has a population of 9.9 million, immediately adjacent to Orange County (population of 3.1 million). Both of these metropolitan areas are highly ethnically, racially and culturally diverse. Long Beach is one of the most diverse cities in the nation, therefore, the surrounding areas **naturally** provide a broadly diverse environment for work and study with continuous exposure to diverse populations.

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**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.**

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Diversity is a central part of all aspects of the program. It is represented in the program's mission, values, goals, and objectives. The text below describes additional ways that diversity is supported through the program.

## 1.8. Diversity

### Syllabi and Other Course Materials

All course syllabi and standard course outlines contain the required statements regarding accessibility and civility (see **RF Syllabi & SCOs**). Although courses may not be explicitly labeled as diversity courses, classroom discussion of diversity occurs across the curriculum. Instructors use examples that provide illustrations of application to diverse populations in working through course content. For example, course content may focus on addressing the needs of underserved populations, the use of *promotores de salud* (community health workers) to reach these communities, and how phobia towards certain groups needs to be addressed in communication theory. Dr. Veronica Acosta-Deprez delivers a lecture on Culture and Health in her courses that address this association (see **RF Diversity**). As mentioned above, the Graduate Certificate in Latino Health and Nutrition Studies is a significant means by which students are able to engage in diversity-focused education and training. Considering the focus of the Certificate, courses are largely oriented towards Latinos, however the Health Equity and Health Disparities Research in the U.S. course addresses a broad array of diverse populations, including Native American, Middle Eastern, and LGBTQ communities. The syllabi for the required certificate courses are available in **RF Syllabi & Standard Course Outlines**. During a Community Advisory Board meeting, the concern that diversity issues are not covered across the curriculum (beyond the certificate courses) was raised. This led to an agreement between the chair and Accreditation Committee that the curriculum would be evaluated to identify methods to increase integration of diversity issues across the curriculum. Ideas include requiring papers and projects to focus on working with underrepresented populations as the target population. Further discussions with the Curriculum Committee will ensue to plan and implement a process for this review, which has already commenced and will continue during Spring 2015, with the goal of a complete review in Fall 2015.

### Student Experiences

As mentioned above, the student body of CSULB is very diverse, which allows students to interact with diverse populations every day. Further, internship experiences often place students in organizations that serve diverse populations and are located in diverse locations. The Center for Community Engagement offers students opportunities to engage in service learning activities, as does the Graduate Certificate in Latino Health and Nutrition Studies program. The HSGA is collaborating with the department's undergraduate Health Science Student Association to engage graduate students in more volunteer community service activities in the surrounding communities, which are predominantly underserved, diverse populations.

As a result of funding from the Archstone Foundation, a recent partnership that fosters diversity is a University-affiliated Village for older adults. Students have undergone research training to complete needs assessments and other evaluation activities within the Long Beach Village, which is very unique in the diversity of its community members, since similar villages in other regions tend to be largely comprised of more affluent Anglo members. Student involvement includes engaging in interdisciplinary learning communities to provide health education for Village members.

Additionally, a myriad of events, activities, and training workshops are available to students across the academic year (see **RF Diversity**). Some examples include talks celebrating cultural heritage and on becoming an ally for members of the LGBTQ community and for veterans (as mentioned above in section 1.8.a.iv).

### Training Programs

The program actively recruits medical students from the University of California Irvine's Program in Medical Education for the Latino Community (PRIME-LC). Thus, the program



## 1.8. Diversity

assists in training future culturally-sensitive physicians who aim to focus their services on meeting Latino-specific health care needs. The students of the program are fortunate to be able to apply to be supported through various training programs focused on diversity. The Center for Latino Community Health, Evaluation and Leadership Training and the Center for Health Equity Research house the NIMHD-sponsored Research Infrastructure in Minority Institutions project, which aims to "... build, strengthen and/or enhance the research infrastructure and research training capacity of minority-serving institutions." This project provides support to both faculty and students to engage in health equity research, with a goal to engage students from underrepresented groups as fellows.

The Center for Latino Community Health, Evaluation and Leadership Training has secured a number of training grants that facilitate reaching the program's diversity goals. They are:

- USDA-funded project, Transdisciplinary Graduate Education and Training to Prevent Latino Childhood Obesity, that aims to train underrepresented graduate students in community-based obesity prevention for Latino families;
- Hispanic Health Opportunity Learning Alliance project Minority Health and Health Disparities (NIMHD), which collaborated with the College of Natural Sciences & Math (CNSM) and CHHS, supports first generation college-educated Latino undergraduate students' readiness for graduate or professional-level degrees, via mentorship from Graduate Mentor Fellows. Activities include finding health disparities research opportunities and the annual CSULB Latino Health Equity conference, which exposes students and faculty to health equity researchers from across the globe; and
- HSI STEM initiative (U.S. Department of Education), which aims to support educational and academic success for Hispanic students in the fields of science, technology, engineering, or mathematics. This program also is a collaborative effort between CHHS, CNSM the College of Engineering. Primary components of this project include mentoring, tutoring, research experience, family engagement, and faculty development.

The Graduate Certificate in Latino Health and Nutrition Studies (described above) was created in response to First Lady Michelle Obama's call to action as an opportunity for graduate students to receive specialized training in Latino-specific nutrition and health promotion. The internship course for the Certificate program requires service learning hours within community organizations working with diverse populations.

The Center for Health Equity Research was established to institutionalize efforts by the CSULB Research Infrastructure in Minority Institutions (RIMI) Project, funded by the National Institute on Minority Health and Health Disparities (NIMHD), to promote health disparities and minority health research at CSULB through the support and training of faculty and students. Together with the Center for Latino Community Health, Evaluation and Leadership Training, the RIMI program funded provided services to minority students and faculty for the past five years. The project activities included promotion of collaborative community and interdisciplinary research, training of students in health equity research topics and skills, and scholarship/research opportunities for students.

The university has just received funding for the CSULB Building Biomedical Research Program. This is a \$25 million grant to support research training among students from underrepresented racial and ethnic groups, people with disabilities, and people from disadvantaged backgrounds. A major component of the training program involves faculty development that will support infusion of cultural- and diversity-related issues into teaching as well as research training. Faculty will be required to participate in learning communities and workshops what will improve skills and resources for working with diverse students. The program also includes budget lines for four diversity faculty hires per year (Faculty Diversification Initiative). Although the student training is focused on undergraduate

## 1.8. Diversity

students, the CSULB program is implementing multi-tiered mentoring where graduate students will serve as near-peer mentors to the underrepresented undergraduate students, providing the master's students with important professional skills as well as exposure to training diverse students.

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### **c. Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.**

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There are no program-level diversity plans or policies, as the program simply follows that of the university. As a state university, the program is mandated to follow state policy, thus diversity plans and policies are dictated by the university to the program. CSULB's Equal Opportunity Policies and the Faculty and Staff Diversity Plan were developed by the President's Office and dean with communication and discussion with campus constituents, including students, staff, faculty, and affinity groups.

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### **d. Description of how the plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed.**

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The Faculty and Staff Diversity Plan is part of the University's Strategic Plan ([http://www.csulb.edu/divisions/aa/provost/strategic\\_plan/documents/Strategic\\_Plan2014.pdf](http://www.csulb.edu/divisions/aa/provost/strategic_plan/documents/Strategic_Plan2014.pdf)). Each year, Vice Presidents review the strategic plan and must identify the goals achieved in the past year. Any goals that are achieved are reported annually as demonstrated in Section XI. Key Achievements of Prior Goals and Earlier Achievements are archived on the Strategic Planning website that can be found at [http://www.csulb.edu/divisions/aa/provost/strategic\\_plan/](http://www.csulb.edu/divisions/aa/provost/strategic_plan/). The plan is used to guide faculty and staff hires, as mandated by the university. The program is not involved in monitoring the University's diversity plan for relevance and appropriateness.

As mentioned above, a plan has been developed to monitor outcomes of diversity procedures related to faculty and staff hires every three years. The demographic summaries of student enrollment each semester allow for continuous monitoring of student ethnic diversity outcomes by the program director/coordinator. Student demographic summaries provide information on whether recruitment and admissions efforts should target increased enrollment by any particular underrepresented group. The evaluation of diversity will be performed with overall program evaluation by the Accreditation Committee chair.

## 1.8. Diversity

- 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. Measurable objectives must align with the program's definition of under-represented populations in Criterion 1.8.a.

**Table 1.8.1. Summary Outcomes Data for Faculty, Students and/or Staff**

Category/Definition	Method of Collection	Data Source	Target	2011-2012	2012-2013	2013-2014
Ethnic minority Students	Self-report	Admissions Form	65%	61%	74%	72%
Ethnic minority Faculty	Self-report	Human Resources	30%	46%	50%	50%
Ethnic minority Staff	Self-report	Human Resources	30%	50%	50%	50%
Students with Disabilities	Self-report	Admissions Form; Alumni Survey	3%	0%	0%	0%
Students from LGBTQ community	Self-report	Admissions Form; Alumni Survey	3%	0%	0%	0%
Veteran Students	Self-report	Admissions Form; Alumni Survey	3%	0%	0%	0%

These outcomes had not been previously assessed. Proxy measures via self-report survey and Alumni Survey were gleaned to report data for staff and students, respectively. Data are reported for those who provided a response to the question: "Do you belong to any of the following diversity groups"? Faculty ethnicity data (including department faculty and program lecturers) were obtained from Human Resources; data are not collected for LGBTQ or disability status. Among students completing the Alumni Survey, 2 in 2011-12, declined to answer the question. Considering confidentiality issues, and that persons have the right to decline to state, these data will likely continue to be estimations rather than true representations of the program population.

- 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**.

### **Strengths**

The university environment, student body, curriculum, and training programs focus on supporting and enhancing social interactions with diverse populations as well as education and related activities that increase preparation to work with and serve diverse populations. Policies are in place to ensure fair practices in recruitment and retention of diverse students, faculty, and staff. Current diversity experiences cater to the community's largest ethnic minority.

### **Weaknesses**

- No formal policies for evaluation of diversity had been instituted at the program level.
- Of note, although the faculty members are diverse, the composition does not match that of the student body.
- Curriculum may not explicitly address the full breadth of diverse populations across the curriculum.
- Data have not been collected for all diversity categories defined in Section 1.8.a., and may not be available due to confidentiality policies.

## **1.8. Diversity**

### **Plans to Improve**

- As described above, plans have been developed for regular evaluation of diversity plans every three years, and review of faculty and staff diversity every three years.
- It is anticipated that future faculty hires can focus on diversity hires which will result in a faculty that represents that of the students served.
- The program's Health Disparities course does address a broad array of diverse populations, including Native Americans, people with disabilities, and the LGBTQ community. The Curriculum Committee will commence planning to develop and implement discussion and training related to working with diverse populations across the curriculum in Spring 2015.
- Admissions forms have been updated to collect student diversity data (beyond ethnicity) at the program level.

## 2.1. Degree Offerings

### 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.

- a. An instructional matrix presenting all of the program's degree programs and areas of specialization, including bachelor's, master's and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees for all graduate degrees offered and should identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix. See CEPH Data Template 2.1.1.

**Table 2.1.a. Degree Program Matrix**

<b>CEPH Degree Category</b>	<b>Academic</b>	<b>Professional</b>
Community Health Education	none	MPH
Master in Nursing & Public Health	none	MSN/MPH

As a result of continued low enrollment, the university and college have eliminated the Master's of Science (MS) degree from the Department of Health Science's graduate program offerings. There are no remaining MS students in the department. Because students do continue to show interest in completing a thesis, students have the option of taking a comprehensive exam or completing a thesis as their culminating experience to meet degree requirements.

- 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.

A current University Catalog can be found in the Resource File (see **RF Bylaws**), and can also be accessed on the university website (<http://www.csulb.edu/divisions/aa/catalog/current/index.html>). The catalog documents university, college and department policies and procedures governing graduate degrees for students and describes curricular requirements and the scope of the department's curriculum. Since the current catalog was published prior to recent changes in the Health Science Graduate degree offerings, it does not reflect these changes. The Graduate Handbook (see **RF Handbooks**) is a program document that consistently maintains the most current information (and is publicized as such). The handbook is available at <http://www.csulb.edu/colleges/chhs/departments/health-science/graduate-program/about.htm>

- 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 **met**.

## **2.1. Degree Offerings**

### **Strengths**

The program offers the Master of Public Health (MPH) in Community Health Education, the primary professional public health degree, which prepares graduates for professional practice in the community. The Department of Health Science's MPH degree program offers curricula that reflect its stated mission and goals. The program includes planned and evaluated learning experiences and required coursework in its training. The MPH degree in community health education includes preparation in concepts and methodologies used by health educators to research needs for community-based programs, plan and implement programs, evaluate programs, and provide leadership in various community settings. This professional degree prepares students to apply organizational, analytical, interpretation, and communication skills to public health education practice. Official publication of the program is easily accessible and clearly describes the program, including courses, course requirements and electives for each of the program's culminating experience options.

### **Weaknesses**

No weaknesses identified.

### **Plans to Improve**

No plans needed at this time.

## 2.2. Program Length

<b>2.2. Program Length. An MPH degree program or equivalent professional master's degree must be at least 42 semester-credit units in length.</b>
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### **a. Definition of a credit with regard to classroom/contact hours.**

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The program requires 42 units. One class unit requires approximately one contact hour per week. Program courses typically require three units or three contact hours per week, unless they are internship courses, which require five hours per unit per week. Each semester in the academic year lasts 16 weeks (15 weeks of content, one week for final exams).

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### **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.**

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The minimum unit requirement for the program is 42 units. Students have up to seven years to complete their degree. This timeline is most suitable in meeting the needs of all types of students, as the program aims to make degree completion accessible and possible for working professionals.

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### **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.**

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In the past three years, no students have earned the MPH degree with fewer than 42 units.

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### **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.**

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This criterion is **met**.

#### **Strengths**

The program requires at least 42 units, meeting CEPH's minimum requirements as well as conforming to university unit caps. The program is accessible and amenable to the schedules of working professionals wanting to pursue and complete an MPH degree.

#### **Weaknesses**

No weaknesses identified.

#### **Improve**

No plans needed at this time.

## 2.3. Public Health Core Knowledge

**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.**

- 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**

<b>Core Knowledge Area</b>	<b>Course Number &amp; Title</b>	<b>Credits</b>
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 & Behavioral Sciences	HSC 570 – Theoretical Concepts and Issues in Health Science	3
Health Services Administration	HSC 508 – Administrative Relationships in Health Education Programs	3

The program curriculum leads to a professional degree that is designed to prepare students for a broad mastery of competencies essential to community health education practice. The program develops a broad understanding of public health by including a separate required core course for each core knowledge area. Prerequisites are in place to ensure students take courses in the sequence that best builds upon the previous to ensure a solid foundation for learning. The courses that pertain to health education, quantitative research, and integrative experiences, reinforce the core public health concepts. The perspective of the program is that students need to acquire basic knowledge and skills before advancing to a higher level. No waivers are offered for any core course.

The applied focus is complemented by a required internship that allows students to develop practical competence. The program also requires students to pass a comprehensive exam or complete a thesis project with oral exam for degree completion. Both of these options test the candidate's broad mastery of core public health knowledge as well as community health education knowledge and skills.

- 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 **met with commentary**.

### **Strengths**

The program provides all professional degree students with a broad understanding of the knowledge basic to public health. The curriculum achieves this objective by preparing the students in competencies essential to public health practice. Students complete courses in each of the core knowledge areas to ensure competence in these basic areas.

### **Weaknesses**

- One challenge for the program is adapting to the rapidly changing field of health education, and competencies and skills achieved by new graduates (e.g., public health disaster preparedness).
- There has been significant instructor turnover in recent years due to faculty retirements, therefore, course instruction has varied in format and some content during this time.



### **2.3. Public Health Core Knowledge**

#### **Plans to Improve**

- Every four years, course content will be reviewed, and revised as needed, based on results of curriculum review analysis and feedback from Community Advisory Board members.
- Recent faculty hires with expertise in key public health areas, and improved state budget for the CSU, will help to ameliorate these turnover issues. In addition, standard course outlines that dictate required textbook, core content, and learning objectives will ensure fidelity of course delivery and student outcomes, regardless of instructor.

## 2.4. Practical Skills

**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.**

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- a. Description of the program's policies and procedures regarding practice placements, including the following: selection of sites, methods for approving preceptors, opportunities for orientation and support for preceptors, approaches for faculty supervision of students, means of evaluating student performance, means of evaluating practice placement sites and preceptor qualifications, criteria for waiving, altering or reducing the experience, if applicable**
- 

The program requires that students complete an internship at a health agency in a community setting. Students taking the comprehensive exam are required to engage in an equivalent of six units (or 480 hours), whereas students completing the thesis option are required to engage in an equivalent of three units (or 240 hours). Since the thesis option requires further research preparation, those students are able to use three units for enrollment in thesis or a research-focused elective. Students choose their culminating experience by the end of their first semester, which dictates the number of internship hours to be completed. In order for a student to request enrollment in the internship, the following prerequisites must have been completed: 1) advancement to candidacy; 2) removal of any outstanding incomplete grades; 3) a minimum of a 3.0 overall GPA; and 4) completion of at least half of the required number of units for the program. Students may enroll in three units in two semesters or six units in one semester. A faculty member in the department serves as the program internship supervisor. A copy of the internship syllabus is included in the electronic resource file (see **RF Practical/Internship Experience**).

### **Selection of Sites**

The supervising faculty member, preceptor, and student mutually agree upon the placement site. It is important to make sure that the internship sites are a convenient distance for students in the Southern California area. Students may choose to complete all hours at one organization or divide them between two agencies. A list of potential internship sites is posted on BeachBoard for their consideration and selection. Students are encouraged to select only two agencies and to set up appointments for an interview. The agency must be able to provide student interns opportunities to perform professional-level health education work, and not clerical work. Site visits are also conducted in-person or by phone, and evaluated using a standard screening checklist (see **RF Practical/Internship Experience**). A university affiliation agreement spells out the requirements as well (see **RF Practical/Internship Experience** for example agreements). From a programmatic point of view, the department utilizes sites that have active health education programs administered by prospective preceptors with an educational and experiential background in health education and/or public health. The internship supervisor selects sites based upon professional public health capabilities, program offerings, and willingness to accept student interns and liability coverage in the affiliation agreement. The internship supervisor works with the university administration to assure that liability questions are resolved prior to students arriving on site. A formal contract must be signed between the program and the agency and each contract specifies the working environment requirements (e.g., available workspace). The department maintains a job/internship binder with announcements available to students during department office operating hours. Students are also able to access these announcements in electronic format via the department's BeachBoard (the university's e-learning management system) page at all times.

## **2.4. Practical Skills**

### **Methods for Approving Preceptors**

The preceptor is expected to hold at least an MPH degree or other relevant master's degree. Preceptors are selected on the basis of his/her capability to provide the intern with high-quality education, direction and experiences. A preceptor must have at least five years of experience in health education or a related field. The preceptor must be willing to spend ample time with the student intern to provide supervision, guidance, and feedback on professional activities. The supervising faculty member reviews the preceptor's resume and credentials in order to minimize liability problems and ensure appropriateness of the placement.

### **Opportunities for Orientation and Support for Preceptors**

Each semester, the program sponsors an orientation meeting for current internship students. The meeting acquaints prospective interns with policies and procedures covering this experience. Students are strongly encouraged to attend this meeting because of the complexity of internship requirements. On April 14 and 16, 2015, the HSGA will hold two internship workshops to help students become better acquainted with the process.

The internship supervisor meets with individual preceptors and reviews department requirements. Each agency is given an affiliation agreement to sign and return directly to the university's Office of Risk Management. The department and the faculty supervisor have a long history of working with a variety of agencies and have a professional relationship with many of them, thus making it easier to match students' skills with the need and the expectations of the agencies.

### **Approaches for Faculty Supervision of Students**

Each semester, the faculty supervisor meets with the students prior to their internship assignment to determine a student's goals and academic aspirations. The students are asked to bring a copy of their resume to this meeting. These meetings are informal and provide enough information for students to get started on their internships. Upon enrollment, students attend a mandatory orientation meeting and three other separate classroom meetings. Each student is required to submit a one to two page proposal regarding their internship activities. During the final class meeting, students are asked to reflect on their experiences and provide insight into their experience. The other class meetings are focused on providing training and information on professional development, employment, professional public health organizations, and leadership skills.

### **Means of Evaluating Student Performance**

Methods for assessment of students include self-assessment procedures and ratings by the preceptor and faculty supervisor. As part of self-assessment, students submit a needs assessment for the internship, along with a current professional resume. They also complete a formal agreement with the internship site and preceptor that specifies goals and objectives to be accomplished during the term. All three parties (preceptor, student, and faculty supervisor) sign the agreement, which remains with the student's internship file. The preceptor completes a mid-semester and a final evaluation form. It is suggested that the preceptor meet with the student and complete the evaluation forms to be submitted as part of their final internship report. Students are also evaluated in the internship course at mid and final meetings, during which interns make a presentation regarding their experience. All forms can be found in the internship syllabus.

### **Means of Evaluating Practice Placement Sites and Preceptor Qualifications**

All interns complete evaluations of their placement (see **RF Practical/Internship Experience**), and these evaluation ratings affect future selection of preceptors. If substandard evaluations are provided for an agency, then placements in the agency will be

## 2.4. Practical Skills

discontinued. Feedback from students and site visits are a means to evaluate the placement sites. If the site is not appropriate for the students, this becomes apparent within the first two weeks of the internship experience. If the preceptor site is deemed to be an inappropriate match for the students, they are re-assigned to other sites. Non-academic reasons for reassignment include: lack of availability of the preceptor, inappropriate dissemination of work tasks, and unethical work related behaviors. The faculty supervisor always conducts a follow-up with the preceptors to resolve the conflicts.

### **Criteria for Waiving, Altering or Reducing the Experience, if applicable**

No students have been granted a waiver for the practice experience in the past seven years. This option was created for very unusual circumstances. The program has an Alternative Internship Placement Policy for students who have considerable health education program experience, defined as five or more years of exceptional professional public health experience (see **RF Practical/Internship Experience** for Alternative Internship Placement Policy). The program's standardized policy includes the application form and requires students to sign a form to establish eligibility for exceptions. Students must submit appropriate documentation to corroborate eligibility requirements delineated in the policy. As delineated in the policy, the program director must grant final approval.

The alternative to internship assignment is a completion of a scholarly research project such as conducting a community needs assessment, or preparing a paper for presentation and/or publication. The waiver is only granted for a portion of their internship (no more than three units). Only one waiver has ever been granted. In that case the student was the medical director of a local public health agency and the alternative was to complete and publish a scholarly research paper in collaboration with the department chair.

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

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The following table includes a list of preceptors that have provided internship opportunities for students in the past two years. All preceptors are community-based, and none are faculty members (the university's Office of Risk Management does not allow faculty to serve as preceptors).

**Table 2.4.1. Agencies and Preceptors for Internship Placements, 2012-2014**

<b>Name, Title, Organization</b>
<b>Reist, Christopher</b> , MD, MBA, Vice Chairman; Psychiatry and Human Behavior & Associate Chief of Staff Research and Development <i>University of California, Irvine, Department of Veterans Affairs</i>
<b>Sinclair, Michelle</b> ; Volunteer Recruiter <i>University of California, Irvine, Health Care</i>
<b>Austin, Pamela</b> , MSW, CFGD, Chief Executive Officer <i>Orange County Needs Assessment</i>
<b>Andrade Lee, Jessica</b> , MPH, CHES; LTJG, U.S. Public Health Service Investigator <i>Food and Drug Administration</i>
<b>Allen, Keith</b> , MPA, REHS; Supervisor, Food Facility Inspection Program & Tobacco Retail Enforcement Program Bureau of Environmental Health
<b>Calvet, Helene</b> , MD; City Health Officer <b>Holguin, John</b> ; Epidemiologist Supervisor, Preventive Health Bureau <i>Department of Health and Human Services, City of Long Beach</i>
<b>Handler, Eric</b> , MD, MPH, FAAP; Deputy Agency Director; Health Officer <b>Secrist, Carolyn</b> ; Program Supervisor, Alcohol and Drug Education Prevention team Public Health/Health Promotion Division

## 2.4. Practical Skills

**Table 2.4.1. Agencies and Preceptors for Internship Placements, 2012-2014**

<b>Name, Title, Organization</b>
<b>Sanchez, Rebecca</b> , MPH; Program Evaluation Specialist, STD community Interventions Program Public Health/Health Promotion Division <b>Carusillo, Rhena</b> , MSN, RN, PHN, Nurse Recruiter <i>Orange County Health Care Agency</i>
<b>Anderson, Vezutto Lucy</b> , PhD, Coordinator Research & Development, Instructional Services <b>Abdrabou, Dareen</b> , MPH, MCHES, Program Coordinator Instructional Services <b>Kahm, Pamela</b> , RN, MPH, Coordinator Health & Wellness, Instructional Services <b>Cummings, Arthur</b> , EdD, Administrator Safe and Healthy Schools <i>Orange County Department of Education</i>
<b>Gonzalez, Diana</b> , Smoking Cessation Counselor/Coordinator <i>NHAH HOA clinic</i>
<b>Ki Yeon Yi, Katie</b> , Personal Service Coordinator <i>Korean Community Services</i>
<b>Amador Perez, Susan</b> , MPH, Training Coordinator Organizational Development and Training Public Health Unit <b>Best, Kimberly</b> , MSN/MPH, CNS, PHN, Public Health Nurse Childhood Poisoning Prevention Program, Case Management Unit <b>Adams, Demitra</b> , MPH, CHES, Health Educator Service Planning Area 1 &2 Public Health Services <b>Dominguez, Fred</b> , MD, MPH, CHES, Health Educator Health Education Administration <b>Vigdorchick, Olga</b> , MPH, CHES, Health Educator Antelope Valley Service Planning Area 1 San Fernando Valley Service Planning Area 2 North Hollywood Health Center <i>County of Los Angeles, Public Health</i>
<b>Vrabel, Melissa</b> , MS, Health Educator <i>Community Service Programs Inc.</i>
<b>Falcetti, Phillip</b> , MPH, CHES, Chief Executive Officer <b>Drenick, Gwen</b> , MPH, CHES, Director <b>Ortiz, Heidi</b> , PMH, CHES, Health Educator <i>National Council on Alcoholism and Drug Dependence</i>
<b>Bouveron, Suzi</b> , MPH, Health Education Consultant Information and Education Section Immunization Branch <i>California Department of Public Health</i>
<b>De Groote, Tori</b> , Alumni Coordinator Mission Pacific Coast Recovery <i>St. Joseph Health, Mission Hospital</i>
<b>Nguyen, Tina</b> , Research Operations Manager <i>Neuropsychiatric Research Center of Orange County</i>
<b>Kuoch, Kimthai</b> , Associate Executive Director/Chief Financial Officer <i>Cambodian Association of America</i>
<b>Narbos, Emily</b> , MSG, Program Coordinator & Evaluator Fall Prevention Center of Excellence Program Office <i>University of Southern California</i>
<b>Smith, Nicole</b> , Community Development Corporation <i>Beacon of H.O.P.E.</i>
<b>Bird, Mara</b> , PhD, Co-Director <i>The Center for Latino Community Health, Evaluation &amp; Leadership Training</i>

## 2.4. Practical Skills

**Table 2.4.1. Agencies and Preceptors for Internship Placements, 2012-2014**

<b>Name, Title, Organization</b>
<b>Bailey, Stephanie</b> , MD, MSHSA, Chief of Public Health Practice <i>Centers for Disease Control and Prevention</i>
<b>Duerr, Jacquolyn</b> , MPH, Assistant Chief Department of Health Services Division of Chronic Disease and Injury Control
<b>Lidgett, Deanna</b> , Program Consultant Local Programs & Advocacy Campaigns Units California Department of Public Health California Tobacco Control Program <i>State of California</i>
<b>Ki, Sandy</b> , Community Relations <i>Caretech Home Health Inc.</i>

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

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No students have received a waiver in the past seven years.

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**d. Data on the number of preventive medicine, occupational medicine, aerospace medicine and general preventive medicine and public health residents completing the academic program for each of the last three years, along with information on their practicum rotations.**

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Not Applicable

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**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.**

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This criterion is **met**.

### **Strengths**

The program requires that MPH students engage in internships that require them to apply the knowledge and skills acquired during their training, which provides the opportunity to strengthen skills as well as contribute to public health efforts. The activities engaged in are planned, supervised, and evaluated, ensuring that the experience is meaningful and adds to their mastery of public health skills. There are a variety of agencies and organizations available to students, allowing them to select a placement that is relevant to their career interests and goals. Sites and preceptors are evaluated to ensure they are qualified and sufficiently prepared to provide an exceptional internship experience for students. These sites are evaluated by the student interns as well as during the site visits. The internship syllabus clearly outlines learning objectives, procedures, and criteria for evaluation of the practice experience so that these elements are clear to students, faculty supervisors, and preceptors. The program is flexible in meeting student needs for the internship to ensure it is feasible and complements their training, using a strict, standard policy which requires meeting eligibility criteria for individual waivers.

### **Weaknesses**

- The internship sites and the kinds of experiences available to program students change very rapidly due to various factors, such as new funding opportunities, staff changes, and new projects.

## **2.4. Practical Skills**

- Although many internship and employment opportunities are posted on BeachBoard, students also receive information from various sources, which can be hard for students to organize.

### **Plans to Improve**

- It would be useful to better track these changes, for example conducting regular interviews with the agencies. However, additional program personnel are needed to ensure these activities can be completed.
- It would be beneficial to centralize this process so that these resources are available in one uniform place. A program assistant would be able to be the point person to send information and maintain a central resource.

## 2.5. Culminating Experience

**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.**

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- 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.**
- 

The program allows for either of two options to serve as the final culminating experience where students demonstrate their ability to engage in public health skills and integrate relevant knowledge of the field. Students decide on their preferred culminating experience by the end of their first semester, as their entire MPH schedule is determined at that time. (See **RF, Curriculum Degree Requirements** for a side-by-side listing of curriculum for both options.) All students must complete the same required courses, but diverge in the electives in which they enroll, ensuring they have completed the curriculum necessary to be competent to receive the MPH degree in community health education.

### **Comprehensive Exam**

Students have the option to successfully complete a comprehensive examination in order to satisfy degree requirements. This written examination requires broad preparation in public health core content areas as well as content specific to community health education. Examination questions focus on integration and application of knowledge and skills as well as health education concepts acquired in individual classes and learning experiences over an extended period. In order to apply to take the comprehensive exam, students must complete an application for the comprehensive examination available from the Department of Health Science Office and/or graduate director/coordinator.

Students must be advanced to candidacy in order to be eligible for the comprehensive exam. Advancement to Candidacy is essential to completion of the degree, as it is a prerequisite to enrolling in internship, thesis units, and taking the comprehensive examination. Students cannot graduate in the same semester in which they are advanced. Typically, students take the exam after they have completed all core public health courses (those listed in table **2.3.1**), and have no more than three courses left to complete the program. Students must notify the program director/coordinator of their intention to take the comprehensive exam by the fourth week of the semester in which they plan to take the exam. The date and time of the examination is announced 10 weeks in advance of the test date. The examination is scheduled in April and November of each academic year. The exam typically occurs between weeks 10-12 in the semester, this flexibility is needed to accommodate semester variation in schedules due to holidays. The exam must take place by week 12 to allow sufficient time for grading and to meet the paperwork deadline for graduation. To help prepare students for the exam, students enroll in HSC 626 Integrative Seminar. During this course, program faculty members attend a class meeting to answer questions and provide tips and resources for preparing for the exam. The program director/coordinator also meets with the students to review the logistics and format of the exam.

An essay portion assesses knowledge and applied skills in the five core public health areas (biostatistics, environmental health, epidemiology, health policy and management, and social and behavioral sciences) as well as community health education. The essay portion was completed in-person under supervision of the program director/coordinator during 2011-2013. In response to student feedback on the comprehensive exam satisfaction



## 2.5. Culminating Experience

survey (completed Spring 2013) that the four hours of allotted time was not sufficient, the format was changed to a take-home exam, providing students with three days to complete the exam. In order to ensure the time was sufficient, one scenario was provided and all questions pertained to that one scenario. It was anticipated that only having to research one topic would help students gather information efficiently and would reduce the research time needed to answer all questions. The take-home (essay) portion of the exam also includes an article critique section that requires students to apply critical thinking skills for epidemiology, environmental health, biostatistics, and research methods. Due to additional student feedback obtained in Spring and Fall 2014, the time allotment for the take-home portion has been increased to 5 days, which will be implemented in Spring 2015.

During the 2013-2014 academic year, as a result of student feedback that they felt the exam did not test as comprehensively as expected, a 100-item multiple-choice section was added to more broadly assess knowledge across a wide range of concepts within the core public health areas and health education. Department faculty members initially provided 10 items for each focus area to ensure equal coverage of topics across the exam. This section is completed on-site, under the supervision of the program director/coordinator, during a two-hour timed session. An item analysis is performed on items to identify “unfair” or “poorly worded” questions. Each semester, new items are added so that each exam includes a random selection of questions, ensuring exam items are not identical to the previous exam.

The exam is developed by the department faculty and finalized by the Graduate Committee. Each semester, faculty members are asked to submit an essay question within their area of expertise (for the core public health areas as well as community health education areas) and three to five new multiple-choice questions. Editing of selected questions for the examination assures balance and consistency. Faculty members review drafts of the examination and provide input for revision. Faculty also grade the responses and submit the scores to the program director/coordinator. The Graduate Committee is consulted and facilitates final decisions on any scores that need additional grading or attention. Respondent’s anonymity is preserved by using the student’s university identification number as the only identifier on the examination. Students must pass all parts (essay, including article critique, and multiple-choice) of their comprehensive exam to successfully complete their culminating experience. After the scores have been recorded students are notified in writing through the university whether they passed or failed. Students who fail one or more sections of the comprehensive exam are allowed one opportunity to re-take the full exam. If students do not pass the re-take exam they are not awarded an MPH degree.

### **Thesis**

As the Department of Health Science has eliminated the MS degree from the program but students still expressed interest in completing a thesis, the program has instituted the option to complete a Master’s thesis as the culminating experience to earn the MPH degree. Since this is a relatively new option, program-specific guidelines are under development (see RF Culminating Experience), which will include a thesis syllabus by fall 2016. Thesis guidelines require that students demonstrate preparation in the core public health content areas and the community health education specialization. In order to apply to complete a thesis project, students must meet with the department chair to receive topic approval. Thesis students are required to take 24 units of core curriculum, and are allowed to take up to 12 elective units that will provide instruction specific to the content area for their thesis. Thesis students complete three units of internship (total of 240 hours). Students enroll in up to six units of HSC 698 Thesis while they are working on their thesis (thesis committee members determine course grade). The five-chapter thesis requires students to write a chapter for each of the following: introduction, literature review, methods, results, and

## 2.5. Culminating Experience

discussion. Students may undertake primary or secondary analysis in testing an empirical research question.

A thesis committee must be formed with a minimum of three members: the committee chair and two other faculty members that can offer guidance in specific areas of expertise. A minimum of two members must be tenured or tenure-track (chair must be tenured or tenure-track from the Department of Health Science). The thesis committee is approved by the department chair. The committee chair advises the student on selection of committee members, certifies that the student has been properly prepared via coursework and research skills to complete the thesis project, and provides guidance for a timeline for completion in a reasonable time.

The student must complete a thesis proposal and receive approval from all committee members to complete the thesis project. The completed thesis paper is submitted for approval from the committee members. The thesis chair arranges for an oral exam, the student revises the thesis based on feedback from the exam, and submits their thesis for final approval by the committee. By signing the signature page, committee members confirm that the thesis meets the discipline's standards of scholarship and style. The committee chair approves submission to the University Thesis and Dissertation Office; once accepted, the final thesis grade can be submitted. At this point, the student has completed program requirements to be conferred with the MPH degree. The HSGA held two thesis workshops on March 10 and 12, 2015 to acquaint the graduate students with the thesis guidelines and process. Complete details of thesis requirements are available in the University Catalog.

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### **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.**

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This criterion is **met**.

#### **Strengths**

The culminating experience option for the MPH degree is rigorous and appropriate to the mission of the program. Both the comprehensive exam and thesis are culminating experiences that require students to synthesize, integrate, and apply the knowledge and skills that they acquired in courses and training experiences. These experiences allow students the opportunity to demonstrate their competence by engaging in professional practice writing using public health principles and theoretical concepts to address community health issues. The options are flexible and responsive to student needs, and allow faculty to evaluate whether students have achieved mastery of the field of public health community education and are proficient in the required competencies.

#### **Weaknesses**

No weaknesses identified.

#### **Plans to Improve**

No plans needed at this time.

## 2.6. Required Competencies

**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).

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**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 (eg, one set each for BSPH, MPH and DrPH).**

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### Competencies for the MPH degree are:

Upon graduation, an MPH student will be proficient in Discipline-Specific, as well as Interdisciplinary/Cross-cutting core competencies, set forth by the Association of Schools and Programs of Public Health, including the ability to:

1. Apply statistical techniques and describe appropriate application of statistics to research problems.
2. Assess associations found between environmental hazards and health outcomes and to describe environmental policies designed to protect communities at risk for harmful exposures.
3. Apply epidemiological methods to the surveillance and measurement of disease rates, disease causality, and disease prevention.
4. Assess the impact of health policy related to social, legal, ethical, and cultural forces on community health education, programming, and the health care system.
5. Engage in management and administration of public health education programs.
6. Identify the causes of cultural, social, and behavioral factors affecting the health of individuals and populations.
7. Assess needs and understand contextual factors relevant to achieving health equity for underserved populations through research and community health education.
8. Identify and apply fundamental research skills to collect, interpret, and disseminate public health findings to various audiences.
9. Develop skills to work with individuals and communities from diverse cultural, social, and economic backgrounds to identify and improve their specific priority health issues, utilizing methods deemed appropriate by that particular population.
10. Establish linkages with stakeholders to promote community building.
11. Participate in advocacy and community-based research and health education practices.
12. Engage in collaborative decision-making and problem-solving to improve the health of the community.
13. Comprehend and apply ethical principles in order to responsibly engage in equitable and just public health practice.
14. Plan, implement, and evaluate public health policies, programs, and interventions.
15. Assess the influence of individual, social, and community-level factors and their interactions in both the onset of and solutions to public health problems.

## 2.6. Required Competencies

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- 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.**
- 

In addition to core competencies for Public Health, graduating MPH students will be skilled in the following *Community Health Education* competencies, modeled on the advanced-level competencies set forth by the National Commission for Health Education Credentialing, the ability to:

16. Synthesize community assessment findings
17. Formulate specific, measurable, attainable, realistic, and time-sensitive objectives for community health programs
18. Select a variety of strategies and interventions to achieve stated objectives for community health programs
19. Use strategies to ensure cultural competence in implementing community health education plans
20. Develop a data analysis plan for community health research
21. Disseminate community health research findings through professional conference presentations
22. Promote collaboration among community stakeholders
23. Identify potential community partner(s)
24. Provide expert assistance for community health programming
25. Lead community health advocacy initiatives

## 2.6. Required Competencies

- 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. See CEPH Data Template 2.6.1.

Table 2.6.1.a. Courses and other learning experiences by which the <i>Core Public Health</i> competencies are met															
Core Competencies	500 Principles of Epidemiology	HCA 502 The Health Care System	503 Advanced Community Health Statistics	507 Health Equity and Health Disparities Research in the US	508 Administrative Relationships in Health Education Programs	528 Advanced Environmental Health	535 Health Promotion and Risk Reduction	570 Theoretical Concepts and Issues in Health Science	581 Curriculum Development in Health Education	585 Health Education Internship	624 Seminar in Community Analysis and Program Planning	625 Advanced Community Health Education	626 Integrative Seminar in Public Health	696 Research Methods	698 Thesis
Apply statistical techniques and describe appropriate application of statistics to research problems	R		P				R		R		R	P	R	R	P
Assess associations found between environmental hazards and health outcomes and to describe environmental						P	R						R		R

## 2.6. Required Competencies

Table 2.6.1.a. Courses and other learning experiences by which the <i>Core Public Health</i> competencies are met															
Core Competencies	500 Principles of Epidemiology	HCA 502 The Health Care System	503 Advanced Community Health Statistics	507 Health Equity and Health Disparities Research in the US	508 Administrative Relationships in Health Education Programs	528 Advanced Environmental Health	535 Health Promotion and Risk Reduction	570 Theoretical Concepts and Issues in Health Science	581 Curriculum Development in Health Education	585 Health Education Internship	624 Seminar in Community Analysis and Program Planning	625 Advanced Community Health Education	626 Integrative Seminar in Public Health	696 Research Methods	698 Thesis
policies designed to protect communities at risk for harmful exposures															
Apply epidemiological methods to the surveillance and measurement of disease rates, disease causality, and disease prevention	P					P	R			R		R	R		R
Assess the impact of health policy, related to social, legal, ethical, and cul-		P		P	P		R	R		P	R	R	R		R

## 2.6. Required Competencies

Table 2.6.1.a. Courses and other learning experiences by which the <i>Core Public Health</i> competencies are met															
Core Competencies	500 Principles of Epidemiology	HCA 502 The Health Care System	503 Advanced Community Health Statistics	507 Health Equity and Health Disparities Research in the US	508 Administrative Relationships in Health Education Programs	528 Advanced Environmental Health	535 Health Promotion and Risk Reduction	570 Theoretical Concepts and Issues in Health Science	581 Curriculum Development in Health Education	585 Health Education Internship	624 Seminar in Community Analysis and Program Planning	625 Advanced Community Health Education	626 Integrative Seminar in Public Health	696 Research Methods	698 Thesis
tural forces on community health education, programming, and the health care system															
Engage in management and administration of public health education programs		P			P		R		R	P				R	
Identify the causes of cultural, social, and behavioral factors affecting the health of individuals and popula-	P			P	R	R	P	P		R	P	P	R		P

## 2.6. Required Competencies

Table 2.6.1.a. Courses and other learning experiences by which the <i>Core Public Health</i> competencies are met															
Core Competencies	500 Principles of Epidemiology	HCA 502 The Health Care System	503 Advanced Community Health Statistics	507 Health Equity and Health Disparities Research in the US	508 Administrative Relationships in Health Education Programs	528 Advanced Environmental Health	535 Health Promotion and Risk Reduction	570 Theoretical Concepts and Issues in Health Science	581 Curriculum Development in Health Education	585 Health Education Internship	624 Seminar in Community Analysis and Program Planning	625 Advanced Community Health Education	626 Integrative Seminar in Public Health	696 Research Methods	698 Thesis
Assess needs and understand contextual factors relevant to achieving health equity for underserved populations through research and community health education				P	R		R		R	R	P	P	R	R	R
Identify and apply fundamental research skills to collect, interpret, and disseminate public			R	R			R	R	P	P	R	P	R	P	P



## 2.6. Required Competencies

Table 2.6.1.a. Courses and other learning experiences by which the <i>Core Public Health</i> competencies are met															
Core Competencies	500 Principles of Epidemiology	HCA 502 The Health Care System	503 Advanced Community Health Statistics	507 Health Equity and Health Disparities Research in the US	508 Administrative Relationships in Health Education Programs	528 Advanced Environmental Health	535 Health Promotion and Risk Reduction	570 Theoretical Concepts and Issues in Health Science	581 Curriculum Development in Health Education	585 Health Education Internship	624 Seminar in Community Analysis and Program Planning	625 Advanced Community Health Education	626 Integrative Seminar in Public Health	696 Research Methods	698 Thesis
health findings to various audiences															
Develop skills to work with individuals and communities from diverse cultural, social, and economic backgrounds to identify and improve their specific priority health issues, utilizing methods deemed appropriate by that particular population				P	R		R	R		P	R	R			R

## 2.6. Required Competencies

Table 2.6.1.a. Courses and other learning experiences by which the <i>Core Public Health</i> competencies are met															
Core Competencies	500 Principles of Epidemiology	HCA 502 The Health Care System	503 Advanced Community Health Statistics	507 Health Equity and Health Disparities Research in the US	508 Administrative Relationships in Health Education Programs	528 Advanced Environmental Health	535 Health Promotion and Risk Reduction	570 Theoretical Concepts and Issues in Health Science	581 Curriculum Development in Health Education	585 Health Education Internship	624 Seminar in Community Analysis and Program Planning	625 Advanced Community Health Education	626 Integrative Seminar in Public Health	696 Research Methods	698 Thesis
Establish linkages with stakeholders to promote community building		R					P	R		P		R			
Participate in advocacy and community-based research and health education practices				R			R	R	R	R				R	R
Engage in collaborative decision-making and problem-solving to improve the health of the community		R			R		R	R		R					R
Compre-	P	R							R	P	R	P		R	R

## 2.6. Required Competencies

Table 2.6.1.a. Courses and other learning experiences by which the <i>Core Public Health</i> competencies are met															
Core Competencies	500 Principles of Epidemiology	HCA 502 The Health Care System	503 Advanced Community Health Statistics	507 Health Equity and Health Disparities Research in the US	508 Administrative Relationships in Health Education Programs	528 Advanced Environmental Health	535 Health Promotion and Risk Reduction	570 Theoretical Concepts and Issues in Health Science	581 Curriculum Development in Health Education	585 Health Education Internship	624 Seminar in Community Analysis and Program Planning	625 Advanced Community Health Education	626 Integrative Seminar in Public Health	696 Research Methods	698 Thesis
Identify and apply ethical principles in order to responsibly engage in equitable and just public health practice															
Plan, implement and evaluate public health policies, programs, and interventions			R				R	R	R	P	P	P		R	R
Assess the influence of individual, social, and community-level factors and their interactions in							P	P		R	P	P			P

## 2.6. Required Competencies

Table 2.6.1.a. Courses and other learning experiences by which the <i>Core Public Health</i> competencies are met															
Core Competencies	500 Principles of Epidemiology	HCA 502 The Health Care System	503 Advanced Community Health Statistics	507 Health Equity and Health Disparities Research in the US	508 Administrative Relationships in Health Education Programs	528 Advanced Environmental Health	535 Health Promotion and Risk Reduction	570 Theoretical Concepts and Issues in Health Science	581 Curriculum Development in Health Education	585 Health Education Internship	624 Seminar in Community Analysis and Program Planning	625 Advanced Community Health Education	626 Integrative Seminar in Public Health	696 Research Methods	698 Thesis
both the onset of and solutions to public health problems															

P=Primary, R=Reinforcing

## 2.6. Required Competencies

Table 2.6.1.b. Courses and other learning experiences by which the <i>Community Health Education</i> competencies are met															
Community Health Education Competencies	500 Principles of Epidemiology	HCA 502 The Health Care System	503 Advanced Community Health Statistics	507 Health Equity and Health Disparities Research in the US	508 Administrative Relationships in Health Education Programs	528 Advanced Environmental Health	535 Health Promotion and Risk Reduction	570 Theoretical Concepts and Issues in Health Science	581 Curriculum Development in Health Education	585 Health Education Internship	624 Seminar in Community Analysis and Program Planning	625 Advanced Community Health Education	626 Integrative Seminar in Public Health	696 Research Methods	698 Thesis
Synthesize community assessment findings	R		R	R			R	P	R		P	R	R	R	R
Formulate specific, measurable, attainable, realistic, and time-sensitive objectives for community health program							P		P		P	R	R		
Select a variety of strategies and interventions to achieve stated objectives for community health programs						R	P	P	P		P		R		R
Use strategies				P			R		P		R		R		

## 2.6. Required Competencies

Table 2.6.1.b. Courses and other learning experiences by which the <i>Community Health Education</i> competencies are met															
Community Health Education Competencies	500 Principles of Epidemiology	HCA 502 The Health Care System	503 Advanced Community Health Statistics	507 Health Equity and Health Disparities Research in the US	508 Administrative Relationships in Health Education Programs	528 Advanced Environmental Health	535 Health Promotion and Risk Reduction	570 Theoretical Concepts and Issues in Health Science	581 Curriculum Development in Health Education	585 Health Education Internship	624 Seminar in Community Analysis and Program Planning	625 Advanced Community Health Education	626 Integrative Seminar in Public Health	696 Research Methods	698 Thesis
gies to ensure cultural competence in implementing community health education plans															
Develop data analysis plan for community health research	P		P			R			R			P		P	P
Disseminate community health research findings through professional conference presentations			R	R		P			R	R				R	P
Promote collaboration among		R		R	R		R			P	R	P			

## 2.6. Required Competencies

Table 2.6.1.b. Courses and other learning experiences by which the <i>Community Health Education</i> competencies are met															
Community Health Education Competencies	500 Principles of Epidemiology	HCA 502 The Health Care System	503 Advanced Community Health Statistics	507 Health Equity and Health Disparities Research in the US	508 Administrative Relationships in Health Education Programs	528 Advanced Environmental Health	535 Health Promotion and Risk Reduction	570 Theoretical Concepts and Issues in Health Science	581 Curriculum Development in Health Education	585 Health Education Internship	624 Seminar in Community Analysis and Program Planning	625 Advanced Community Health Education	626 Integrative Seminar in Public Health	696 Research Methods	698 Thesis
community stakeholders															
Identify potential community partner(s)				R			P			P	P	P	R		
Provide expert assistance for community health programming		R	R	R			R			P		R	R		R
Lead community health advocacy initiatives				P	P		R			R					

P=Primary, R=Reinforcing

## 2.6. Required Competencies

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### **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.**

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All core and concentration-specific competencies are covered across the curriculum. While coverage varies, more of the core competencies are covered across a wider range of courses. Ensuring cultural competence is only covered in three courses, which implies this may be an area of improvement. Providing expert assistance is covered in all courses, which the program espouses as an important outcome for graduating students. It was also identified that HCA 502 Health Care System may be a course that can be replaced, since similar content is covered in HSC 508 and 626. Possible options are to develop a foundation public health course for students that do not have an undergraduate degree in this area (students that do could test out and take an elective course instead). Another possibility would be to make the HSC 507 Health Disparities course a required course, replacing HCA 502. The Curriculum Committee has commenced review of curriculum in spring 2015, this assessment will be used to determine whether changes to the curriculum are needed based upon a more detailed analysis.

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

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The existing program competencies (those approved post-site visit during the 2007 accreditation process) underwent initial revision during the spring 2014 semester. Faculty provided feedback on the current competencies with the goal of ensuring that they reflected current public health education needs. The faculty agreed that competencies should be developed for each discipline-specific, as well as interdisciplinary/cross-cutting, core competencies set forth by the Association of Schools of Public Health that fit best with the focus and strengths of the program. Discussion of all revisions was completed during monthly faculty meetings, and a semi-final version was voted on at the May 2014 faculty meeting. Core competencies were reviewed by the Community Advisory Board in July and September 2014. As of fall 2014, the core competencies are considered final. The competencies for the community health education concentration were developed in October 2014. These were created employing the same processes with faculty described above, and using the advanced-level competencies set forth by the National Commission for Health Education Credentialing as a foundation, with modifications to be specific to community health. The concentration-specific competencies, approved by the department and program faculty, are currently the final version. However, Community Advisory Board members and Program Improvement Panel students will review concentration-specific competencies in the spring 2015 meetings (April 15 and April 29, respectively).

The competencies are used to evaluate whether students have gained the necessary skills and knowledge from courses, internship, and other learning experiences to be deemed competent in community health education practices. Curriculum is evaluated to ensure that courses do indeed teach as well as assess the program competencies. To such end, standard course outlines are required to show how the course-level learning objectives lead to achievement of competencies (see **RF, Syllabi & Standard Course Outlines**). However, since students do not see the standard course outlines, both sets of competencies are being integrated into spring 2015 syllabi to ensure that students can link courses and course-level learning objectives to the program competencies.

The MPH Student Handbook and program section of the Department of Health Science website (<http://www.csulb.edu/colleges/chhs/departments/health-science/graduate-program/>) publish the program competencies for student and public access. The



## 2.6. Required Competencies

competencies are reviewed during orientation for new students. In addition, competencies are included on the internship syllabus to ensure preceptors and students are aware of them and that the practice experience provides activities that focus on building these competencies.

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**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.**

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The Community Advisory Board is charged with being the program's liaison to current and changing public health priorities. As preceptors of current students and employers of program graduates, advisory board members offer insight on what skills students must be competent in to meet the needs of the community and the field. The program faculty members also continually engage in their own personal research and practice, and thus are able to speak to the changing needs of the field and assess whether program competencies are aligned with current public health priorities. The Community Advisory Board and faculty will review competencies every three years in order to ensure they are in line with changing practice and research needs, and the program will make revisions as necessary.

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**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.**

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This criterion is **met with commentary**.

### **Strengths**

Competencies are directly related to the program mission and goals. They were developed with input from all stakeholder groups, and are in line with the areas outlined by the Association of Schools of Public Health and National Commission for Health Education Credentialing. The program competencies are clearly articulated in a variety of locations so that they are accessible to students as well as the general public. The program curriculum and competencies are aligned to ensure courses result in competence in these fundamental areas. Key constituents are available to review and revise competencies as needed.

### **Weaknesses**

- Since CEPH's last approval of the competencies, they had not undergone review until 2014.
- The program did not have a concentration-specific set of competencies in addition to the core public health competencies.

### **Plans to Improve**

- A plan has been developed to review the competencies every three years to ensure changes are made in a timely manner and to keep curriculum current with the day's public health priorities.
- Concentration-specific (community health education) competencies have been created.

## 2.7. Assessment Procedures

**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.

**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.**

Assessment of students' competence in the required areas of performance takes place throughout their educational experience.

- **Coursework Assessment & Performance:** Course performance is a primary method by which competencies are assessed. Each course has a Standard Course Outline (SCO) that includes a table that identifies the program competencies that are addressed as well as the assessments (e.g., exams, research papers, final projects, presentations, group projects) that are used to evaluate whether each competency is met and how each competency is linked to course-level Student Learning Outcomes. The program requires that courses cover the core public health areas and those specific to the community health education concentration, thereby ensuring that all competencies are covered and assessed across the curriculum. Grades are assigned for each stated assessment as well as final grades for the course, providing estimates of the level of competence achieved.
- **Grade Point Average (GPA):** The program requires that all students maintain an average overall GPA of at least 3.0. This threshold allows for evaluation of an acceptable level of competence for the core and concentration-specific competencies. If a course is not passed with at least a B grade, this serves as evidence that a student is not competent in a particular area and warrants intervention by the program faculty.
- **Advancement to Candidacy Program Planner:** Advancement to Candidacy forms are completed by the graduate advisor and student. In this process, courses necessary to complete the degree are delineated. The advisor ensures the student is taking the courses needed to support training in the program competencies. The Advancement to Candidacy process is used by the university to perform an evaluation of each student's eligibility for graduation, which assumes achievement of competence.
- **Internship Performance:** The internship experience allows for students to demonstrate their ability to apply knowledge and skills gained in the classroom to practice within a public health setting. Preceptors observe and evaluate graduate students during their internship, using a standard evaluation form intended to assess whether a student's performance illustrated achievement of program competencies during their hands-on experience. At the end of the internship experience, students also complete a self-assessment of whether they feel they meet competencies.
- **Exit and Alumni Surveys:** The Alumni Survey asks whether the program competencies prepared them for employment and their level of satisfaction with the academic preparation for their job. These data provide a student perspective on program competencies. As of spring 2015, the Exit Survey has been revised to include a self-assessment of competencies.
- **Culminating Experience Performance:** MPH students are also evaluated by their performance on the required comprehensive examination, a summative evaluation of program competencies. The student applies past course content as well as other professional experiences, to specific health education problems. The quality of examination responses provides an evaluation of students' mastery of public health concepts and competence in the field of community health education. Similarly, those students completing a thesis as the culminating experience must demonstrate these competencies in the methods and write-up of their chosen empirical project.

## 2.7. Assessment Procedures

- 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.

Table 2.7.1 provides degree completion data for the MPH degree.

Table 2.7.1. Students in MPH Degree, By Cohorts Entering Between 2007-08 and 2014-15								
	Cohort of Students	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
2008-09	# Students continuing at beginning of this school year	23						
	# Students withdrew, dropped, etc.	0						
	# Students graduated	1						
	Cumulative graduation rate	4%						
2009-10	# Students continuing at beginning of this school year	22	17					
	# Students withdrew, dropped, etc.	0	1					
	# Students graduated	13	1					
	Cumulative graduation rate	61%	5%					
2010-11	# Students continuing at beginning of this school year	9	17	27				
	# Students withdrew, dropped, etc.	0	0	1				
	# Students graduated	8	9	4				
	Cumulative graduation rate	96%	55%	15%				
2011-12	# Students continuing at beginning of this school year	1	8	21	21			
	# Students withdrew, dropped, etc.	0	2	0	0			
	# Students graduated	0	2	15	6			
	Cumulative graduation rate	96%	71%	70%	29%			
2012-13	# Students continuing at beginning of this school year	1	4	7	15	14		
	# Students withdrew, dropped, etc.	0	1	1	0	0		
	# Students graduated	0	1	5	10	2		
	Cumulative graduation rate	96%	76%	92%	76%	14%		
2013-14	# Students continuing at beginning of this school year	1	1	1	5	12	25	
	# Students withdrew, dropped, etc.	0	0	0	1	1	1	
	# Students graduated	1	1	1	3	5	2	
	Cumulative graduation rate	100%	82%	93%	90%	50%	8%	
2014-15	# Students continuing at beginning of this school year	0	0	0	1	7	22	32
	# Students withdrew, dropped, etc.				1		0	0
	# Students graduated				0	3	14	1
	Cumulative graduation rate				90%	*71%	*64%	*3%

NOTE: the maximum allowable time to graduate is seven years

\*Anticipated graduation numbers-dependent on results of comprehensive exam and thesis.

Based on data provided to CEPH in annual reports, Table 2.7.2 provides employment data for program graduates for the last three years. In addition to the past three years, data are

## 2.7. Assessment Procedures

reported for 2010-2011 since one year has not passed for students graduating in 2013-2014.

Table 2.7.2 Destination of Graduates by Employment Type, 2010-11 – 2013-14				
Year	2010-11	2011-12	2012-13	2013-14
Employed	14	13	13	6
Continuing education/training (not employed)	9	9	5	1
Actively seeking employment	0	2	0	3
Not seeking employment (not employed and not continuing education/training, by choice)	0	0	0	0
Unknown	0	0	0	4
Total	23	24	18	14

Job placement (including pursuit of additional education) is at least 80% for graduates from 2011 through 2013. For those graduating in 2014, job placement is at 50%, however a full year has not passed since graduation, thus this percentage is expected to increase by the end of the 2015 academic year.

- 
- 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.**
- 

Information regarding job placement of graduates is collected via exit surveys (administered in HSC 626 or HSC 698, depending on whether students are taking comprehensive exam or completing thesis as their culminating experience, respectively). This information is also collected via alumni surveys. The program director/coordinator maintains records of survey response rates for both surveys. In addition, the program director/coordinator tracks employment through informal communications with graduates. An alumni survey had not been administered in the past three years due to multiple changes in leadership. The alumni survey was administered on February 27, 2015, with a deadline to submit by March 20, 2015; the response rate was 8.7% (43/492; the survey was emailed to all alumni that graduated in the past 7 years; however, the data report shows there was only a 44.9% open rate). Data cannot be found for 2012-13 Exit Surveys. Response rates for the Exit Survey are: 70% (16/23) for 2011-12 and 100% (13/13) for 2013-14. Since the Exit Survey is not administered until the end of the semester (week of May 11<sup>th</sup>), Spring 2015 data will not be available for the CEPH accreditation site visit.

- 
- 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.**
- 

In the past three years, students taking and passing the Certified Health Education Specialist (CHES) exam, offered by the National Commission of Health Education Credentialing, Inc. are included in **Table 2.7.d.**

**Table 2.7.d. Students completing and passing CHES exam**

Year	2011-12	2012-13	2013-14
# Completing	3	4	2
# Passing	3	4	2
Passing rate (%)	100%	100%	100%

## 2.7. Assessment Procedures

In the past three years (2011-12 through 2013-14), one student completed and passed the Certified Public Health (CPH) exam, available from the National Board of Public Health Examiners. As of October 2014, one additional student has completed and passed the CPH exam.

- 
- 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.**
- 

Data from the Spring 2015 Alumni Survey (administered to graduates in the past seven years; n=43) indicated that 80.5% of graduates are working in the field of public health or health-related field. These data suggest that program graduates are competent in the field, and that a large majority of program graduates pursue employment in public health as opposed to other fields. Over 70% agreed or strongly agreed that the program prepared them to work in the field of public health/health education, and 70.7% agreed or strongly agreed that the program competencies prepared them for employment. Finally, alumni also serve in several leadership roles in the profession (29.7% per the results of the Alumni Survey), for example, they serve as presidents of the Southern California chapter of the Society for Public Health Education and California Association of School Health Educators as well as Director of Community-Based Programs and Managers/Supervisors.

The program also obtains information regarding the ability of graduates to effectively perform the competencies in a practice setting from informal communications. Internship preceptors are often also employers of program graduates, and they provide evaluation of students in the practice setting at the conclusion of the internship. In regular communications with the internship supervisor, preceptors/employers often provide positive feedback on the performance of program graduates. Employers have indicated that program graduates are performing their employment roles effectively. The fact that these employers continue to welcome program students, as interns and to hire them after graduation, is an important indicator that students are indeed meeting competencies. In addition, many of the potential employers serve on the program's Community Advisory Board and use this opportunity to provide feedback regarding the competencies of program graduates. Of note, several program alumni also serve on the Community Advisory Board, this assumption of a leadership role further supports the competence of program graduates.

The program does not formally assess employer perceptions of alumni and their ability to perform the competencies in the workplace. Due to the nature of employment (e.g., government jobs), strict confidentiality guidelines limit the ability to obtain formal evaluation of program graduates by employers. The Accreditation Committee has discussed this issue, and will request that alumni ask employers to submit an anonymous evaluation directly to the program, the exact details and procedures will be developed through ongoing faculty discussions.

- 
- 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**.

### **Strengths**

Competencies that require mastery of necessary theories, concepts and content are used to evaluate whether students should be granted the MPH degree are in place. These

## **2.7. Assessment Procedures**

competencies are evaluated through a variety of mechanisms, including course work, internship evaluation, and performance on culminating experiences. Graduation rates by the end of the maximum allowable time to graduation of seven years are well above 70%. Job placement rates are monitored and are at least 80% after one year post-graduation.

### **Weaknesses**

- Regular administration of alumni surveys has not been completely consistent in the past three years (prior to 2011-12 it was administered every three years).
- Routine, formal assessment of competencies by employers of program graduates has not been a part of regular assessment.

### **Plans to Improve**

- An electronic version of the Alumni Survey has been developed. This will facilitate consistent administration, every two years. To facilitate high participation rates, the program will offer incentives for completion and submission of Alumni Surveys using a raffle mechanism, utilize reminder emails, and engage in individual faculty outreach to graduates with whom they maintain contact.
- The program will develop a standardized survey and procedure to request that alumni seek anonymous evaluation from employers to be sent directly to the program. The program will seek guidance from the Community Advisory Board members to implement a procedure that will allow for successful assessment.

**2.8 through 2.10: Not Applicable**

<b>2.8. Bachelor's Degrees in Public Health.</b>
--

NOT APPLICABLE

<b>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.</b>
---

NOT APPLICABLE

<b>2.10. Doctoral Degrees. The program may offer doctoral degree programs, if consistent with its mission and resources.</b>
--

NOT APPLICABLE

## 2.11 Joint Degrees

**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.**

The MSN/MPH joint degree was eliminated as of the 2014-2015 academic year. However, there are still 19 students completing the program. Seven will be graduating in spring 2015, and the remainder are expected to graduate in the 2015-2016 academic year.

---

**a. Identification of joint degree programs offered by the program. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.**

---

As seen in Table 2.1.a, the MSN/MPH was the sole joint degree offered in the program. The MSN/MPH joint degree program consists of 57 units. Of these units, the program includes core public health and health education curriculum. For prerequisite courses, applicants are obligated to take an upper division course in statistics, which is available in the Department of Health Science.

**The following lists the required courses of the MSN/MPH**

**Core Public Health Courses**

HSC 500	Principles of Epidemiology
HSC 503	Advanced Community Health Statistics
HSC 508	Administrative Relationships in Health Education
HSC 528	Advanced Environmental Health
HSC 570	Theoretical Concepts and Issues in Health Science

**Core Health Education Courses**

HSC 535	Health Promotion and Risk Reduction
HSC 581	Curriculum Development in Health Education
HSC 624	Seminar in Community Analysis and Program Planning
HSC 625	Advanced Community Health Education

**Research Competencies**

(with HSC 500 and 503 forms a research/quantitative core)

HSC 696	Research Methods (NRSG 696 may be taken)
HSC 697	Directed Studies (NRSG 698 Thesis may be taken)

**Culminating Experience**

HSC 626 Integrative Seminar in Public Health (NRSG 680CL may be taken)

With nursing units, students may use nine units of clinical or field experience

NRSG and HSC Comprehensive Examination or Thesis must be completed

**Nursing Courses**

NRSG 660A,B	Theoretical Base for Advanced Nursing Practice
NRSG 680A,B,C	Theories of Extended Nursing Practice
NRSG 680AL,BL,CL	Clinical Studies (or HSC 626 for 3 of these units)



## 2.11 Joint Degrees

- 
- b. A list and description of how each joint degree program differs from the standard degree program. The program must explain the rationale for any credit-sharing or substitution as well as the process for validating that the joint degree curriculum is equivalent.**
- 

Aside from the nursing classes required, the primary differences between the MPH and the MSN/MPH are the substitution of HSC 508 for HCA 502 and practical experience. This degree program substitution is made because HSC 508 covers sufficient administrative aspects of the health care system for the nursing student; it develops the core knowledge and skills essential to becoming an effective program manager. Nursing students do not complete the MPH internship, rather they complete their program's clinical hours. The program directors in the respective departments work together to ensure the joint degree curriculum is equivalent.

- 
- 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 met.

### **Strengths**

Through extensive and intensive joint planning by nursing and health science faculty, the integrity of the preparation of those in this joint degree program for public health and health education was preserved. Nursing faculty members, with public health preparation, were part of the core team from that department in the process of creating the joint degree. Those courses that could be substituted or course content that could be covered in one department or the other were identified and included in the curriculum.

### **Weaknesses**

No weaknesses identified.

### **Improve**

No plans needed at this time.

## **2.12 Distance Education or Executive Degree Programs**

<b>2.12 Distance Education or Executive Degree Programs</b>
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NOT APPLICABLE

### 3.1. Research

## 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.**

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

### **Research and Scholarly Activities**

Consistent with the program's mission, research by faculty and students is highly valued and encouraged. Program faculty are actively involved in research and scholarship, which takes several forms: 1) quantitative and qualitative research (e.g., epidemiology, program evaluation, and needs assessment); 2) synthesis of existing published literature; 3) pursuit of health-related grants and contracts, as well as participation on grant review panels; and 4) dissemination of information through publication of articles in professional journals, publication of textbooks, books, and book chapters, and presentations or panel moderation at national, state, and local professional meetings. Specific examples of these activities include: participation in intramural funded research programs; submission of extramurally funded research grant applications; attendance at local, state and national conferences; involvement in local research activities; participation in research committees, and reading and keeping abreast of relevant literature. Students also actively collaborate with program faculty in pursuing research activities as part of training activities, volunteer opportunities, and thesis projects.

### **Institutional Support for Research and Scholarly Activities**

#### **Supportive Personnel Policies**

The university and college Retention, Tenure, and Promotion (RTP) policies reflect support for instructionally related research and creative scholarly activities. The RTP document explicitly states, "Faculty are expected to remain engaged in an ongoing program that demonstrates intellectual and professional growth in the discipline over time." Scholarly achievements as exemplified by publications, presentations at scientific conferences, funded research, and related activities are a specific requirement for gaining a tenured appointment at the university. These research activities also complement the ongoing functioning of the program, department, college, and the university.

Sabbatical leaves are available to full-time faculty in order to facilitate their professional development and thus enhance the overall quality of the university and its instructional programs. These leaves are an avenue through which faculty may take concerted time to enhance their research productivity. The policy for such leave requires that the activities proposed be of value to the university. This policy states that, "Research activities or projects which directly contribute to instructional effectiveness or to University-community interrelationships" are considered of value to the university. See the faculty affairs website for the policy statement regarding sabbatical leave time (<http://www.csulb.edu/divisions/aa/personnel/leaves/sabbatical/>). Faculty are eligible for sabbatical leave after full-time service for six years since their last leave or initial faculty appointment (more information can be found in Article 27 of the Collective Bargaining Agreement **RF Bylaws**).

### **3.1. Research**

#### **University Level Support for Research**

The Office of University Research and Sponsored Programs coordinates faculty and staff efforts to develop research proposals. It is the administrative setting through which local, state, and federal government agencies, and other prospective public funding organizations as well as foundations, channel their requests for assistance in research and scholarly activities. In conjunction with the Research Scholarly and Creative Activities Committee, this office oversees the award of scholarly and creative activity funding which is available annually for support of release time for research and summer fellowships. Another mission of the office is to disseminate information about public and private funding sources and to match faculty interests with available funding sources.

The university provides release time from teaching one course each semester to new faculty hires during their first three years on campus. Promotion with tenure from assistant to associate professor also carries one course of release time for one year. This release time allows faculty to further develop their research portfolio, activities and capacity. A full-time teaching load for tenure-track faculty is 12 units (four courses), in addition to three units for service activities.

Recognition of faculty research efforts through annual achievement awards is another way that the university supports research. Drs. Sarath Gunatilake (2014) and Kevin Malotte (2013) have received the Impact Accomplishment of the Year in Research, Scholarly and Creative Activity Award in recent years. Recognition of research activities rewards those efforts and also serves to motivate continued effort.

The university has just received an NIH-sponsored award (Building Infrastructure Leading to Diversity [BUILD] <http://web.csulb.edu/programs/build/>) to increase the diversity of the research workforce by training underrepresented undergraduate students in order to prepare them for matriculation into PhD programs. The CSULB Building Biomedical Research Program includes an Institutional Development Core which oversees the Faculty Research Strengthening Program. The aim of these efforts is to strengthen faculty research as new research pursuits can improve the student research training environment within the university. These activities include research mentoring of BUILD faculty meant to develop research skills and competitiveness in newly hired faculty. Well-established R01-funded researchers will serve as BUILD Faculty Mentors on their research and mentoring track records and appropriate disciplinary expertise. Faculty are also able to apply to become mentees of the BUILD National Research Mentoring Network, which will provide intensive training in developing manuscripts and grant proposals. Finally, BUILD offers research stimulation grants opportunities that will allow faculty to apply for funding for independent research as well as to receive mentoring from an R1 researcher to develop a fundable research proposal.

#### **College of Health and Human Services Support for Research**

The college is strongly committed to supporting research in order to enhance its visibility and reinforce its funding base. A standing committee at the college level, the College Research Committee, includes members elected from the college's full-time faculty. The purpose of the committee is to orient the faculty and students to available research support such as library services, sources of funding, and computer assistance. The committee sponsors annual seminars and workshops for faculty and students, graduate students' thesis workshops and statistical workshops are examples. Through the auspices of the research committee, distinguished speaker lectures on research topics are also offered during the year. Annually, the college holds a poster event that provides an opportunity for students to showcase their research. Finally, a development person has been hired by the college to seek out funding sources from private foundations. The Department of Health Science's

### 3.1. Research

chair serves as the CHHS-appointed support person for research whose primary responsibility is stimulating and advancing research activities among the faculty.

#### **Departmental Support for Research**

Empirical research is critical to the integrity of the program and is entirely compatible with the goals of the department. The graduate program aims to develop knowledge and skills germane to research including biostatistics, epidemiology, program evaluation, measurement techniques, literature critique and analysis, and computer literacy. Other related goals include training graduates in critical thinking skills so they are competent in the interpretation of research findings and application of data to contemporary health issues. In addition, the program seeks to enhance the field of health science by pursuing and encouraging the conduct of scholarly inquiry and research. Program students are encouraged to present their work at local and national conferences. Courses in the areas of quantitative research methods, measurement and statistics, program planning and evaluation, and thesis preparation, as well as faculty and student research collaborations are examples of support for research in the program. The department chair routinely sends research opportunity announcements to all faculty, and several faculty members participate in listservs that regularly send funding announcements.

#### **Other Supportive Resources**

An autonomous organization, the California State University, Long Beach Research Foundation, also aids faculty in gaining research funding and acts as the regulating body in expenditure of research funding. The Development Office provides a similar function for grants from private foundations and corporations. The Office of University Research coordinates with the Institutional Research Board that reviews proposals for adequacy of human subjects' protection.

Approximately 14 research centers and institutes contribute to the supportive environment for research on the campus. These centers range from the Center for Health Equity Research and Center for Latino Community Health, mentioned earlier, to the Center for Behavioral Research and Services and the Center for Educational Research and Service. These Centers house and support student training grants that aim to provide research experience to the program's graduate students.

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#### **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.**

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The Center for Health Equity Research and Center for Latino Community Health, Evaluation, and Leadership Training have provided graduate students with research opportunities for the past five years through the NIMHD-funded Research Infrastructure in Minority Institutions project (<http://web.csulb.edu/HealthEquity/cher-projects/rimi>). The Center for Latino Community Health, Evaluation, and Leadership Training (<http://www.csulb.edu/centers/latinohealth/projects/>) also currently provides research training to graduate students in community health intervention through a USDA-funded project, Sanos y Fuertes (Healthy and Strong) and a SAMHSA-funded project, Salud a la Vida (Cheers to Life). The USDA project has formal agreements with Paramount Community Center, YMCA Fairfield, and St. Mary's Medical Center in Long Beach in which health interventions are implemented and evaluated. The SAMHSA project collaborates with California State University, Monterey Bay and Bienestar Human Services, Inc. (local community-based organization) to build capacity to deliver effective integrated HIV, HCV, and substance use interventions for 18-24 year old Latinos.

### 3.1. Research

Last year, a cross-college collaboration (College of Health and Human Services, College of Natural Sciences and Mathematics, and College of Liberal Arts) resulted in funding of the AHORA grant, an NIH-funded initiative to assess the colleges' collective research infrastructure and resources to prepare for the successful application for funding to support student research training meant to increase matriculation into doctoral programs in the biomedical and behavioral sciences. This year, the BUILD grant was funded to support these efforts (see **section a**, above), and has formalized partnerships with the University of California, Irvine and the University of Southern California to support research mentoring for both faculty and students. Dr. Sarath Gunatilake has been working with the Rajarata University in Sri Lanka and the Ministry of Health to conduct research on chronic kidney disease and occupational origin of it. Dr. Gail Farmer worked on a community project to establish a university affiliated Village for elderly community members in Long Beach.

### 3.1. Research

- 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.

Research activity of faculty for the MPH in Community Health Education is provided in the table below. All program faculty names are bolded, with primary faculty names bolded and italicized.

<b>Project Name</b>	<b>Principal Investigator</b>	<b>Funding Source</b>	<b>Funding Period Start/End</b>	<b>Amount Total Award</b>	<b>Amount 2011-12</b>	<b>Amount 2012-13</b>	<b>Amount 2013-14</b>	<b>Community-Based Y/N</b>	<b>Student Participation Y/N</b>
Association Between Neighborhood Context and Social Cohesion and Smoking Prevalence Among Young Asian American Adults	<b>Acosta-Deprez</b>	CSULB	2014	3 WTU	n/a	n/a	n/a	Yes	Yes
Interdisciplinary Pathways for Global Health: Connection, Collaboration, and Innovation	<b>Acosta-Deprez, Erlyana</b>	CSULB	2014	\$2000	n/a	n/a	\$2000	Yes	Yes
Prescription Stimulant Misuse Feasibility Study	<b>Bavarian</b>	Pacific Institute for Research and Evaluation	2013-2014	\$20,674	n/a	n/a	\$20,674	No	Yes
Prescription Stimulant Misuse Pilot Study	PI: Saltz (Pacific Institute for Research and Evaluation) Postdoctoral Investigator: <b>Bavarian</b>	Prevention Research Center	2012-2013	\$7,800	n/a	\$7,800	n/a	Yes	Yes
Examining Prescription	PIs: Smit (Faculty PI;	Pacific Coast College Health	2011	\$2,338.37	\$2,338.37	n/a	n/a	Yes	Yes

### 3.1. Research

Table 3.1.c. Research Activity from 2011-12 to 2013-14									
Project Name	Principal Investigator	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2011-12	Amount 2012-13	Amount 2013-14	Community-Based Y/N	Student Participation Y/N
Stimulant Misuse: A Multiphase Study	Oregon State University); <b>Bavarian</b> (Student PI)	Association							
University-Affiliated Multicultural, Low-Moderate Income Village for Older Adults in Long Beach	<b>Farmer</b>	Archstone Foundation	2013-2014	96,800	n/a	n/a	96,800	Yes	Yes
Tobacco prevention, trends and media literacy	PI: Kitter (ALA) <b>Forouzes</b> (Evaluator)	Orange County Health Care Agency	2012-2015	\$45,000	\$15,000	\$15,000	\$15,000	Yes	Yes
Prescription medication abuse	PI: Drenick (NCADOC) <b>Forouzes</b> (Project researcher)	US Department of Education and NCAD-OC	2011-2016	\$60,000	\$12,000	\$12,000	\$12,000	Yes	No
Tobacco prevention in OC housing	PI: Kitter (ALA) <b>Forouzes</b> (Project researcher)	American Lung Association	2013-2016	\$15,000	\$5,000	\$5,000	\$5,000	Yes	Yes
Investigation of the Cause of Chronic Kidney Disease (CKD) of Unknown Origin Sri Lanka, India, El Salvador and Nicaragua	<b>Gunatilake</b>	CSU Water Policy and Research Institute	2013	\$6756	n/a	\$6756	n/a	Yes	Yes
Methamphetamine Use and Mental Health in the U.S. and Mexico	<b>Lopez-Zetina</b>	Health Initiative of the Americas Programa de Investigación en Migración y Salud (PIMSA)	2011-2013	\$ 45,000.00	\$22,500	\$22,500	no cost extension	Yes	Yes
Research Infrastructure in Minority Institutions	PI: CSULB President PDs: <b>Malotte, Rios-Ellis</b>	National Institute on Minority Health and Health Disparities	2009 -2015	\$4,700,000	\$922,407	\$910,317	\$841,723	Yes	Yes
Building Health Communities Long	<b>Malotte</b> , Evaluation	California Endowment	2012-2014	\$305,400	n/a	\$177,600	\$127,800	Yes	Yes



### 3.1. Research

Table 3.1.c. Research Activity from 2011-12 to 2013-14									
Project Name	Principal Investigator	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2011-12	Amount 2012-13	Amount 2013-14	Community-Based Y/N	Student Participation Y/N
Beach Evaluation Project Aware	component <b>Malotte</b> , Long Beach site	National Institute on Drug Abuse (University of Miami)	2010-2012	\$62,219	\$31,900	n/a	n/a	No	No
TIM Project	PI: Washington (CSULB) Co-I: <b>Malotte</b>	National Institute on Drug Abuse	2012-2015	\$397,375	n/a	\$216,750	180,625	Yes	Yes
Transdisciplinary Graduate Education to Prevent Childhood Obesity	PIs: <b>Rios-Ellis</b> , Frank, Evaluator: <b>Nguyen-Rodriguez</b>	U.S. Department of Agriculture (USDA)	2011-2016	\$3,750,000	\$763,164	\$750,000	\$750,000	Yes	Yes
Hispanic Health Opportunity Learning Alliance (H2OLA)	PIs: <b>Rios-Ellis</b> , Martinez	National Institute of Minority Health & Health Disparities	2011-2016	\$1,740,000	\$345,400	\$350,000	\$350,000	No	Yes
Hispanic Serving Institution Sustaining Traditions of Excellence and Motivation	PI's: <b>Rios-Ellis</b> , Martinez,	U.S. Department of Education	2011-2016	\$4,349,809	\$809,984	\$866,257	\$827,955	No	Yes
<i>¡Protege tu familia: Hazte la Prueba!</i>	PI: <b>Rios-Ellis</b>	Broward County, FL	2014	n/a	n/a	n/a	\$34,000	Yes	No
Alliance for Health Opportunities Research Advancement	PIs: Urizar, <b>Rios-Ellis</b> , Buonora	National Institute of Minority Health and Health Disparities	2013-2014	\$216,673	n/a	\$216,673	n/a	No	No
CSULB Building Biomedical Research Program	PIs: Kingsford, Urizar, <b>Rios-Ellis</b> Core Co-Director: <b>Nguyen-Rodriguez</b>	National Institute of Minority Health and Health Disparities	2014-2019	\$23,799,238	n/a	n/a	\$2,765,492	No	Yes
<b>Totals</b>				\$39,622,082	\$2,907,193	\$3,534,153	\$6,029,069	71% (15/21)	76% (16/21)

### 3.1. Research

- 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 (eg, citation references), extent of research translation (eg, adoption by policy or statute), dissemination (eg, publications in peer-reviewed publications, presentations at professional meetings) and other indicators. See CEPH Outcome Measures Template.

Table 3.2.d. Outcome Measures for Faculty Service Activities

Outcome Measure	Target	2011-2012	2012-2013	2013-2014
1. Faculty publications	All faculty produce at least one scholarly publication every two years	7/8 (88%) Unmet	9/9 (100%) Met	7/9 (78%) Unmet
2. Faculty participation in professional conference activity (presentation, panel moderator)	Department average of one conference presentation per faculty, annually	3.89 Met	5.00 Met	4.78 Met
3. Faculty research grant submission	Department average of at least one grant proposal per faculty submitted annually.	3.22 Met	3.00 Met	3.00 Met
4. Faculty-student collaborations on research projects	One student research collaboration in past 2 years for all faculty	Lowest: 0 Unmet	Lowest: 0 Unmet	Lowest: 0 Unmet

1. Publication target not met for 2011-12 and 2013-14. Regarding the criterion of publications, the RTP process requires that non-tenured faculty develop publications in order to achieve tenure. As a measure of success, the program requires faculty to publish one paper every two years. Among tenured faculty, peer reviewed publications are encouraged and may result in merit salary increases. However, some tenured faculty who prefer to focus on teaching and service, do not participate actively in publishing papers. See faculty CVs in **RF Curriculum Vitae** for evidence of scholarly activity.
2. Targets for conference participation are above the target.
3. Targets for faculty research grant submissions are above the target.
4. Faculty to student collaborations on research projects ranges include: 0-14 in 2011-12, 0-12 in 2012-13, and 0-16 in 2013-14. The only faculty member who did not have a student research collaboration is in the early retirement program, thus has reduced some aspects of student interaction at this stage in his career. The remaining faculty members all had at least one faculty-student collaboration in each year of the reporting period, meeting the outcome target.

#### e. Description of student involvement in research.

Graduate students are afforded opportunities to participate collaboratively with the faculty in on-going research or to develop their own projects. Students' involvement may stem from either individual faculty initiatives or from students' own interests. Graduate student involvement in research has been promulgated through three mechanisms: (a) external funding through grants and contracts; (b) university-wide sponsorship of scholarly activity; and (c) non-reimbursed faculty activity. Through these mechanisms some graduate students become involved in research areas such as substance abuse, obesity, diet, physical activity, kidney disease, and sexual health. The Graduate Research Fellowship is awarded, by CSULB faculty, to students who show potential for success in scholarly and creative

### 3.1. Research

activity, and an interest in advanced study. One graduate student just received this award (\$4500) to support her research on the validity and reliability of refugee health screener among refugee women. Graduate students have also recently participated in the CHHS Graduate Student Research Colloquium (see **RF Student Research & Service** for sample posters presented). Hands on research experience contributes to familiarity with the full research process, i.e., conceptualization, operationalization, methods of data collection, computer applications (data entry/data cleaning), statistical analyses (univariate, bivariate, multivariate), and report writing. Student involvement in faculty research activities is noted in **Table 3.1.c**, above. The department does not offer research assistantships.

The program aims to empower students to pursue their research interests and to obtain opportunities for involvement in research. Program faculty members and students have developed a number of joint research projects that were presented at professional conferences. As mentioned above, students are funded by training grants that provide them research training. The Center for Latino Community Health, Evaluation & Leadership Training also provides research training through its graduate student training projects. These offer full tuition scholarships and monetary stipends for participating in community-based research projects, funding for participation in professional conferences, workshops on community-based participatory research and other research methods (e.g. qualitative and quantitative analysis), involvement in research project development, implementation, and evaluation, as well as assistance with preparation of abstracts, posters, and oral presentations in various research areas. Hands-on training in dissemination of research occurs when students attend and present their research at professional conferences. For example, faculty-student collaborative teams have presented papers at the Annual National Health Disparities Conference for the past three years as well as at APHA.

Thesis projects provide another opportunity for students to engage in research. Students receive research mentoring from faculty to complete these projects. Between 2011-12 to 2013-14, three students have completed projects (see **RF Culminating Experience**).

These include:

- The relationship between comfort in sexual communication and prevalence of Chlamydia knowledge among intergenerational Latina adult and adolescent family-based dyads (2012)
- Chronic illness, stress, and academic success (2012)
- Acculturation and dietary intake of Latina mothers in Los Angeles (2013)

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#### **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.**

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This criterion is **met**.

#### **Strengths**

There is an adequate representation of the several modes of scholarship appropriate to the fields of public health education as demonstrated by the range of activities in which departmental faculty participate. Faculty research activities also provide opportunities for student collaborations. The program is located in a geographic area which enables the continued involvement with diverse potential research populations, e.g., Asians, African-Americans, Cambodians, Filipino, Pacific Islanders, Latinos, and the LGBTQ community; also of note, the campus is located next to the Veterans Affairs Medical Center of Long Beach. All newly recruited assistant professors are given three units of release time each semester, for their first three years, to provide time to develop research portfolios. The Office of University Research provides opportunities to apply for research and scholarly and creative activity (RSCA) grants to support research endeavors.

### **3.1. Research**

#### **Weaknesses**

Heavy teaching loads limit faculty time to apply and procure grant funding as well as to consistently publish research findings.

#### **Plans to Improve**

The support services provided to faculty through the current BUILD grant will help faculty to integrate research into their academic activities.

### 3.2. Service

<b>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.</b>
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**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.**

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The Public Health Program (PHP) pursues service activities consistent with its mission. As a public institution, CSULB values service as one of its major functions, where faculty service is a major criterion of the Retention, Tenure and Promotion (RTP) process. Through an impressive scope of activities, faculty members provide local, national, and international service to the 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. The themes of these service activities center on expert assistance and consultation, program policy development, program evaluation, and leadership in professional organizations. Students engage in service activities sponsored by the HSGA and by seeking out volunteer opportunities that they learn about through faculty and departmental announcements.

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

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Faculty expectations regarding service are described in department, college and university policies governing faculty RTP (see **RF Promotion & Tenure** for current policies). Quality service is one of three major criteria that all faculty must meet in order to be promoted and granted tenure. If faculty members do not exhibit extensive, active service to the college, university, community, and field they will not be promoted or tenured.

The following excerpt is taken from the departmental RTP policy (which mirrors that of the college and university) in regard to service expectations:

*"Quality service contributions and activities are necessary to ensure and enhance the quality of programs and activities at the university, in the community, and in the profession."*

**2.3.1 Range and Depth of Service Commitments**

*All faculty members are required to participate collegially, constructively, and respectfully in the process of faculty governance through service to their academic units, the college, and the university. The expectations regarding the depth of service involvement depend upon faculty rank and experience. Candidates for reappointment, tenure, and promotion to the rank of Associate Professor are required to have made quality service contributions either in the community or to the profession as described in this subsection. Candidates for promotion to the rank of Professor shall have provided significant service and leadership either in the community or to the profession as described in this subsection." (p. 20)*

Service is a requisite component of the tenure and promotion process. A candidate for new appointment or continuation as an assistant professor in the department must show evidence of service to the department, college, university, and the community. Candidates for promotion to associate professor must show evidence of active involvement in and commitment to professional organizations beyond mere membership. Professor candidates must show active participation in university, professional, and community service activities that exceed the level required for an associate professor.

### 3.2. Service

- 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.

**Table 3.2.1. Faculty Service from 2011-12 to 2013-14**

Faculty member	Role	Organization	Activity or Project	Community-Based Y/N	Student Participation Y/N	Year(s)
Acosta-Deprez	Reviewer	<i>Journal of American Public Health, International Electronic Journal for Health Education, American Association for Health Education Journal, Health Education Research: Theory and Practice</i>	Manuscript review	N	N	1998-present
	Tobacco Evaluation Consultant for Services	Tobacco Control Section of the California Department of Health and Human	Consulted on TCS funded projects in Southern California	N	N	2000-present
	Evaluation Specialist	People's Community Organization for Reform and Empowerment	Assisted in community-based participatory evaluation training	Y	Y	2001-present
	Evaluation Specialist	END/OIL Cumulative Impacts of Ambient Air Pollution Engaging the Central Long Beach Community, a research project for Assessment of Local Environmental Risk Training (ALERT) Project, UCLA Center for Health Care Policy and Research	Implemented a community-based demonstration project on environmental pollution in the Long Beach area	Y	Y	2011-2013
Bavarian	Ad Hoc Reviewer	<i>Drug and Alcohol Dependence, Health Education &amp; Behavior, Journal of Psychoactive Drugs, Journal of School Health, Prevention Science, Substance Abuse Treatment, Prevention, an Policy, American Journal of Drug and Alcohol Abuse</i>	Manuscript review	N	N	2012-present
	Abstract Reviewer	Society for Prevention Research	Abstract Reviewer for 20 <sup>th</sup> and 21 <sup>st</sup> Annual Meeting	N	N	2012, 2013
	Program Planning Committee Member	Pacific Coast College Health Association	Develop program for the Annual Meeting of PCCHA	N	N	2013
Farmer	Unpaid consultant	United Cambodian Community	Advising on methods to reduce health disparities experienced by the Cambodian community in Long Beach.	Y	Y	2010-present

### 3.2. Service

**Table 3.2.1. Faculty Service from 2011-12 to 2013-14**

Faculty member	Role	Organization	Activity or Project	Community-Based Y/N	Student Participation Y/N	Year(s)
	Unpaid consultant	Centro C.H.A.	Advise on activities which enhance quality of life of Latino older adults in Long Beach	Y	Y	2011-present
	Unpaid consultant	St. Mary Medical Center	Advise on programs to reduce Hypertension among African Americans in Long Beach	Y	Y	2009-present
	Unpaid consultant	The Center Long Beach	Advise on programs pertaining to health, and social programs for the LGBTQ community in Long Beach	Y	Y	2013-present
Fourouzesh	Abstract Reviewer	American Public Health Association	Abstract Reviewer for Annual Meetings	N	N	2011-present
	Board Member	Violence Prevention Coalition of Orange County	Board of Directors	Y	N	2014-present
	Board Member	National Council for Drug Dependency of Orange County	South Orange County advisory Board	Y	Y	2011-Present
	IRB Member	Orange County Department of Education	Institutional Review Board	N	N	2000-Present
	Evaluation consultant	National Council for Drug Dependency of Orange County	Agency program evaluation	Y	N	2012-Present
Gorman	Translation consultant	PALS for Health	Translate health information into Chinese to increase access to meaningful and quality health care services for limited English proficient (LEP) residents of Los Angeles County and reduce health disparities related to language barriers.	Y	N	2011-Present
	Community events co-coordinator	San Gabriel Valley Youth Summit	Assist in coordinating annual event empowering minority youth to build healthier communities by promoting dialogue with leaders and stakeholders	Y	N	2014-present
	Abstract Reviewer	American Public Health Association	Abstract review for Annual Meetings in the areas of HIV/AIDS and Public Health Education and Health Promotion,	N	N	2014- present
Gunatilake	Editorial Board Member	<i>American Journal of Managed Care</i>	Manuscript review	N	N	2012-present
	Invited Foreign Examiner	Sri Lanka Institute of Post Graduate Medicine	Conduct Post Graduate exam- M.D Community Medicine for Physicians	N	N	2014
	Board Member/ Moderator and Organizer for CME programs	Sri Lanka- America Medical Association of Northern America	Organize and Moderate CME programs every year for the for the physicians Organize fundraising events for medical charities	N	N	2011-present
	Special Advisor	Ministry of Chronic Kidney Disease in Sri Lanka	To conduct research and provide advice to the Minister and the presidential Task	Y	N	2013-present

### 3.2. Service

Table 3.2.1. Faculty Service from 2011-12 to 2013-14						
Faculty member	Role	Organization	Activity or Project	Community-Based Y/N	Student Participation Y/N	Year(s)
			Force that is designing programs to agriculturally related Chronic Kidney Disease that has killed 23, 000 people.			
	Evaluator	World Health Organization, Southeast Asia Region	Immunizations in Bangladesh	Y	N	2014-present
Lopez-Zetina	Editor	Online Journal of Epidemiology	Manuscript reviewer	N	N	2011-2014
	Reviewer	<i>Journal of Sex Research, AIDS and Behavior, Public Health Reports</i>	Manuscript review	N	N	2011-2013
	Member, Scientific Committee	AIDS Impact	Committee work	N	N	2011-2013
Malotte	Volunteer Mentor	American Psychological Association	Developing HIV Research in Communities of Color Cyber Mentors Program	N	N	2010-2012
	Reviewer	National Center for Chronic Disease Prevention and Health Promotion Centers for Disease Control and Prevention	Special Emphasis Panel ZDP1 DYB 02 R	N	N	2011
	Consultant/Trainer	Centers for Disease Control - Kenya	Trainer for HIV prevention interventions	N	N	2011
	Evaluator, Consultant	Center for Latino Community Health, Evaluation & Leadership Training	Youth Empowerment for Success (YES! Si Se Puede); Evaluated program outcomes, consultant for health education development, provided career advising	Y	Y	2011-2012
	Evaluator, Supervisor	Center for Latino Community Health, Evaluation & Leadership Training	Sanos y Fuertes (Healthy and Strong); Evaluated program outcomes, graduate fellow supervisor	Y	Y	2011-present
	Faculty Supervisor	CSU, Los Angeles	CSU Health Insurance Education Project	Y	Y	2013-present
	Faculty Supervisor	CSU, Los Angeles	Undergraduate Health Policy Conference in Sacramento, CA	N	Y	2013-present
	Reviewer	<i>American Journal of Preventive Medicine, Childhood Obesity, Evaluation and Program Planning, Public Health Nursing, Stress and Health</i>	Manuscript review	N	N	2011-present
	Associate Editor	<i>Californian Journal of Health Promotion</i>	Identify reviewers, summarize reviewer responses for publication decisions	N	N	2013-present
Britt Rios-Ellis	Founder and Director	Centro Salud es Cultura	Established community based center for educational and physical wellness.	Y	Y	2013-2014



### 3.2. Service

Table 3.2.1. Faculty Service from 2011-12 to 2013-14						
Faculty member	Role	Organization	Activity or Project	Community-Based Y/N	Student Participation Y/N	Year(s)
			Created opportunities for community service and engagement in Community Based Participatory Research. Worked with staff, faculty and students to create community based programming and research activities. Worked with local politicians and businesses to ensure ongoing support and engagement.			
	Founder and Director	NCLR/CSULB Center for Latino Community	Director for an applied research center focusing on the betterment of Latino and underserved community health and education. Served as Principal Investigator, co-PI, or Project Director for all center funded projects.	Y	Y	2011-2014

Note: Primary faculty names in italics

### 3.2. Service

- 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. See CEPH Outcome Measures Template.**

**Table 3.1.e. Outcome Measures for Faculty Service Activities**

Outcome Measure	Target	2011-2012	2012-2013	2013-2014
Service on department committees	80% of faculty serve on at least one department committee	90% Met	90% Met	90% Met
Service on college committees, as eligible	60% of faculty serve on at least one college committee	80% Met	70% Met	60% Met
Service on university committees, as eligible	50% of faculty serve on at least one university committee	70% Met	60% Met	60% Met
Community service activity*	80% of faculty provide at least one form of service to the community	100% Met	100% Met	90% Met
Academic journal reviewer and/or editor	75% of faculty serve as journal reviewers or editors	87.5% Met	87.5% Met	87.5% Met
Members of professional organizations	75% of faculty are members of professional organizations	100% Met	87.5% Met	87.5% Met

\*Includes, but is not limited to, community service, provision of health education, advisory board membership, community organization consultant, etc

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

The Health Science Graduate Association, with the support of the faculty, also initiates student service activities. One example was holding a fundraising event to support the American Cancer Society's Relay for Life (HSGA raised \$270), as well as bringing together a group of students to participate in the event in April 2014 (see **RF Student Research & Service**).

Involvement with Southern California Society for Health Educators (SOPHE) is another example of student service. Membership applications are distributed to students. CSULB MPH graduate students and program graduates continue to hold major leadership positions in SOPHE. Other examples of student service include educational efforts by members of Eta Sigma Gamma, involvement in CSULB Kaleidoscope (a program that showcases programs of the campus), and numerous course activities focused on community health education. Graduate students also volunteer at local conferences and have actively participated in meetings and the governing council of the Southern California Public Health Association. In addition, graduates hold leadership positions within this organization.

An important resource that supports community service is CSULB's Center for Community Engagement (CEC) (<http://www.csulb.edu/divisions/aa/personnel/cce/>). The CEC provides resources for faculty to integrate service learning into their courses. CEC also provides students the opportunity to: "Participate in community engagement initiatives that meet societal needs; Apply academic instruction to service projects that address significant community issues; Conduct action-oriented research that makes significant contributions to the community; and Enhance leadership skills." As part of the Certificate in Latino Health

### 3.2. Service

and Nutrition Studies, students are required to engage in service-learning hours at a community organization during their internship course. In addition, during the second week of the semester, the students receive an orientation to the service-learning expectations and a panel of speakers from community-based organizations presents service-learning opportunities at their organization. Currently, these organizations include the YMCA, Paramount Community Center, Children & Families Health Connection, and St. Mary's Medical Center-Hospital. The service-learning activity is intended to allow students to apply academic training, provide service to the community, increase cultural competence, and provide reflective insight for students' learning experience. The department also maintains a binder and an online bank of internship opportunities on BeachBoard that provide information on service activities that students can engage in to cultivate civic responsibility.

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**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.**

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This criterion is **met**.

#### **Strengths**

The program is fully committed to maintaining an active service component, supporting its mission and goals. The program faculty members are involved in an impressive variety of service activities, their level of participation in service is exemplary. Service accomplishments, which complement teaching and scholarship, reflect the faculty's high motivation to contribute to the community and the field. As a result of these collaborations and consultations, faculty are able to learn from these community affiliates and infuse those needs back into training experiences in the program. Among students, service programs foster an understanding of how the community plays a part in the role of the health educator. Graduate student association members engage in community service and health education events as part of their commitment to service. These experiences help to support achievement of learning objectives through applied practice and hands-on experiences.

#### **Weaknesses**

No weaknesses identified.

#### **Plans to Improve**

No plans needed at this time.

### 3.3. Workforce Development

**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.**

- 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.**

The program has not recently implemented periodic assessment of continuing education needs. The continuing education programs that have been offered have largely been provided as a result of opportunities that were made available to the program. A formal assessment of community professionals' needs for continuing education will be developed. This assessment will be accomplished by distributing a survey to the program's Community Advisory Board members, program alumni, and employers in the local area served by the program. (The survey has not yet been developed, but will be put on the agenda for the May 2015 faculty meeting.) Analysis of survey results will be used to guide faculty discussion to identify activities that the program can offer to the public health workforce; once identified an implementation plan will be developed.

- 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.**

**Table 3.3.b. Continuing Education Programs, 2011-12 to 2013-14**

<b>Date</b>	<b>Title/Topic</b>	<b>Participants</b>
04/10/2014	2014 Latino Health Equity Conference	7 CHES participants, more than 500 conference attendees; ~50% professionals or other members of the workforce
03/08/2013	2013 Latino Health Equity Conference (6 CHES CEUs)	2 CHES participants, total ~350 conference attendees; ~50% professionals or other members of the workforce
08/25/2012	2012 Greater Long Beach Community Health Needs Assessment (3 CHES CEUs)	6 CHES participants, 143 attendees; ~90% professionals or other members of the workforce
04/27/2012	2012 Latino Health Equity Conference (6 CHES CEUs)	5 CHES participants, ~250 conference attendees; ~50% professionals or other members of the workforce
4/29/2011	Climate Change: Mastering the Public Health Role (1 CHES credit)	5 attendees; ~90% professionals or other members of the workforce

### 3.3. Workforce Development

**Table 3.3.1. Funded Training/Continuing Education Activity from 2011-12 to 2013-14**

Project Name	Principal Investigator	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2011-12	Amount 2012-13	Amount 2013-14	Community-Based Y/N	Student Participation Y/N
CSULB Sri Lanka Ministry of Health Center for International Education Physician Training	Gunatilake	Sri Lanka Ministry of Health	2009-2013	\$120,000	\$30,000	\$30,000	n/a	Y	N

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

As part of a USDA-funded training grant (Transdisciplinary Graduate Education and Training to Prevent Latino Childhood Obesity) awarded to the Center for Latino Health, Evaluation & Leadership Training, the *Graduate Certificate in Latino Health and Nutrition Studies* has been instituted at CSULB (see **RF Bylaws, University Catalog** and <http://www.csulb.edu/centers/latinohealth/projects/usda/#certificate>). It is housed within **CHHS** (<http://www.csulb.edu/divisions/aa/catalog/current/chhs/chhs/chhsct01.html>), and is offered, not just to the HSC MPH graduate students, but to all graduate students on campus. The certificate program was approved by the Academic Senate as of the Fall 2013 semester ([http://www.csulb.edu/divisions/aa/grad\\_undergrad/senate/policy/degree/alphabetical/LatinoHealthandNutritionStudiesGradCert.html](http://www.csulb.edu/divisions/aa/grad_undergrad/senate/policy/degree/alphabetical/LatinoHealthandNutritionStudiesGradCert.html)). As of fall 2014, students were able to enroll in the certificate program. The certificate requires students to meet eligibility requirements and complete of 18 units of coursework (six classes). There are currently nine students enrolled in the certificate program. The individual courses had been taught in 2013-2014, therefore two students will be completing the certificate in Spring 2015. However, since the program is only offered to matriculated students, it does not fall within CEPH's definition of workforce development. Of note, the Center for Latino Community Health is looking into being able to offer the certificate through the College of Continuing and Professional Education, which would make the program available to the general workforce.

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

The program has been an active participant in continuing education with the departmental Continuing Education Committee guiding these efforts. The department has been approved as a CHES Category 1 multiple event provider (provider status is renewed every two years and is currently in force). The department and the Health Science Graduate Association offered a variety of continuing education activities for health education professionals. Graduate students receive free or discounted admission to continuing education events and conferences. Approximately 20% of the conference participants are currently enrolled students. Professionals who visit campus are representatives of voluntary and health care agencies, they are effective in sharing the real world of health education with the graduate students. Refer to **Table 3.3.b** above for continuing education programs offered within the last three years.

### 3.3. Workforce Development

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

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Not Applicable

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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.

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This criterion is **partially met**.

#### **Strengths**

The program maintains active participation in events that promote and support the development of the public health workforce. Additionally, the health science department is a CHES certified continuing education provider and has been providing continuing education units for more than 15 years.

#### **Weaknesses**

The program has not engaged in formal assessment of continuing education needs in recent years.

#### **Plans to Improve**

The program will collect primary data from stakeholders to identify programs that are easily accessible and in various formats most relevant to program constituents.

## 4.1 Faculty Qualifications

### 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.

- 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. See CEPH Data Template 4.1.1.

**Table 4.1.1** lists primary faculty who support the community health education program; this table includes faculty that have been a part of the program since 2011-2012 through 2014-2015. The program faculty members have considerable and diverse educational and experiential capabilities with which to implement the mission of the program (see **RF Curriculum Vitae**). Among the primary program faculty members are six PhDs, two DrPHs, one of whom is an MD/DrPH. Because of their multidisciplinary experience, faculty members are able to cover the core curriculum areas, i.e., behavioral sciences, epidemiology, research methods, biostatistics, and environmental health, as well as the concentration-specific areas, i.e., health education.

**Table 4.1.1. Current Primary Faculty Supporting Degree Offerings** (Community Health Education)

Name	Title/ Academic Rank	Tenure Status	FTE or % Time to the program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
Bavarian*	Asst	TT	0.85	MPH PhD	Oregon State University	Public Health; Health Promo- tion and Health Behavior	Health Behavior Theory, Bio- statistics, Program Planning, Proposal Writing	Determinants of health behavior; Program evaluation
Espinoza- Ferrel	Lect	NT	0.75	MPH	CSULB	Community Health Education	Orientation to Health Science, Drugs and Health, Human Sexuality	Assessment
Forouzesh	Prof	T	1.00	MPH PhD	University of Tennessee	MPH: Health Planning and Administration PhD: Health Education	Community Health Education, Program Evaluation	Tobacco Control Adolescent Health
Friis**	Prof	T	0.60	MA PhD	Columbia University	MA: Educational Psychology PhD: Higher Education	Epidemiology, Statistics	Tobacco Control

#### 4.1 Faculty Qualifications

Name	Title/ Academic Rank	Tenure Status	FTE or % Time to the program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
Gunatilake	Prof	T	0.80	MPH DrPH MD	University of Hawaii University of California, Irvine	MPH: Public Health Educa- tion DrPH: Organi- zational Devel- opment MD: Pre- ventive Medicine in Occupational Medicine	Administrative relationships in health education, Integrative seminar in public health	Mental Health International Health Training and Development Occupational and Environ- mental Health Health Care Administration Disaster Management
Lopez- Zetina	Assoc	T	0.95	MA PhD	University of Texas	MA: Health Sociology PhD: Epidemi- ology	Epidemiology, Statistics	Substance Abuse
Malotte**	Prof	T	0.70	MA MPH DrPH	Claremont Graduate University (MA) UCLA (MPH, DrPH)	MA: Social Psychology MPH, DrPH: Behavioral Sciences and Health Educa- tion	Research Methods, Epidemiology	HIV, Sexually Transmitted Infections, Intervention Development, Place-Based Program Evaluation
Nguyen- Rodriguez	Asst	TT	0.90	MPH PhD	University of Southern California	MPH: Biostatistics & Epidemiology PhD: Preven- tive Medicine	Statistics, Research Methods, Health Behavior Theory	Psychological Determinants of Health, Obesity Prevention, Minority Health
Rios-Ellis <sup>†</sup>	Prof	T	1.00	MS PhD	University of Oregon	MS: Health & Fitness Management PhD: Com- munity Health	Latino Health	Latino Health

Abbreviations: Lect = Lecturer, Asst = Assistant professor, Assoc = Associate professor, Prof: Full professor; NT: Non-tenure Track, TT: Tenure Track, T: Tenured

\* Dr. Bavarian became a faculty member in 2014-2015 academic year.

<sup>†</sup> As of the 2014-2015 academic year, Dr. Rios-Ellis has taken a professional leave of absence.

\*\* Drs. Friis and Malotte are in the Faculty Early Retirement Program, however still teach in the program and continue to engage in activities that serve the program (e.g., review of applications, development of comprehensive exam, career advising, etc)

**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) highest degree earned (optional: programs may also list all graduate degrees earned to more accurately reflect faculty expertise), f) disciplines in which listed degrees were earned and g) contributions to the program. See CEPH Data Template 4.1.2.**

Refer to **Table 4.1.2** for information on secondary faculty who support the program. This table includes full-time faculty who do not teach in the program.



## 4.1 Faculty Qualifications

### 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 in which degrees were earned	Teaching Area & Contributions to Program
Acosta-Deprez	Prof	Professor, CSULB	.55*	MS PhD	MS: Health Education & Educational Technology PhD: Curriculum & Instruction	Resources & training to students, Program committees discussions & decisions, Comprehensive exam development & grading
Falcetti	Lect	CEO, National Council on Alcoholism and Drug Dependence- Orange County	.20	MPH	Community Health Education	Health promotion & disease reduction
Farmer	Prof	Department Chair	.45	DrPH	Public Health	Epidemiology, Department Chair, Thesis advising
Garrido-Ortega	Lect	Lecturer, CSULB	.25	MPH	Community Health Education	Epidemiology, Health Education, Health Behavior, Health Promotion & Risk Reduction
Gorman**	Asst	Assistant Professor, CSULB	.25	MPH EdD	MPH: Health Promotion EdD: Educational Psychology	Resources to students, Program committees, discussions & decisions
Rascon	Lect	Research Fellow, Center for Latino Community Health Graduate Student Researcher, UCLA	.25	MPH	Community Health Education	Latino Health, Graduate Student Associate Faculty Liaison
Waetjen	Lect	Lecturer, CSULB Consultant	.20	MS EdD	Health Science Curriculum	Curriculum development, Comprehensive exam, development & grading

Abbreviations: Lect = Lecturer, Asst = Assistant professor, Prof: Full professor;

\*Although this full-time faculty member contributes substantially to the PHP, she does not teach in the program, a requirement to be listed as primary faculty, thus she is listed here as a secondary faculty member.

\*\*Dr. Gorman became a faculty member in 2014-2015 academic year.

**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.**

### **Community Health Programs and Evaluation**

Faculty have extensive experience designing, implementing, and evaluating health programs. Examples of such activities include serving as health educators within the college community, delivering programs related to alcohol, tobacco, and other drug use, physical activity, sleep hygiene, influenza, and evaluating a longitudinal randomized controlled trial of a social-emotional and character education program implemented in K-8 schools. Faculty also have experience with the Tobacco-Free Communities Project, while others work in adolescent health (alcohol tobacco and other drugs) with Community Service Programs, Project PATH, NCADD, Community Alliance Network, and the Orange County Department of Education. Other community activities include working with youth and adolescents on the issues of obesity and violence in Orange County. For example, being an evaluator for an intergenerational program that promotes physical activity and healthy eating in the elderly

## **4.1 Faculty Qualifications**

and children, as well as the coordination of events to facilitate community interactions with leaders and stakeholders to support healthier communities. Public health work has also included the Mobile Children's Health Coalition which established several community based clinics in the Long Beach area, and work with an elderly village in Long Beach. The expertise of faculty is evident in the recognition received. One illustration includes co-development of three interventions listed as effective evidence-based interventions by the CDC. The community-based research conducted with the NCLR/CSULB Center for Latino Community Health, Evaluation, and Leadership Training has resulted in organizing events, conferences, and fundraising activities focusing on the betterment of the Latino community and their health. Additional activities include the promotion of a social justice model resulting in full-inclusion of students with special needs, promotion of prevention in behavioral health practice, and teaching instructional strategy and methodology which are inclusive of all learners. Additional health equity-related activities include translation consultant health of information into different languages to improve healthcare services.

### **Professional Organizations**

Program faculty members integrate perspectives from practice as a result of their extensive public health experience and leadership roles. As such, they hold leadership positions in various professional associations, such as president of the Southern California Public Health Association. To stay current with public health issues, faculty are also active members of professional organizations including, the American Sexually Transmitted Disease Association, the Southern California Chapter of the Society of Public Health Educators (SCSOPHE), the American Public Health Association, the International AIDS Society, the Society for Prevention Research, and the National College Health Association.

### **Practitioner and Consultantships**

Faculty have been health practitioners and also continue to work with clinical and other organizations. Faculty include a registered nurse and a physician. The latter consults for numerous organizations regarding occupational health status worldwide and conducts training on the development and provision of primary care to developing countries. He was a consultant for the World Health Organization in Sri Lanka during the South East Asian tsunami. The program also appoints practitioners in the field who teach some of the program courses. The program employs the CEO of the National Council on Alcoholism and Drug Dependence Orange County, as well as an educational consultant, certified facilitator, community activist, and special educator.

## 4.1 Faculty Qualifications

**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. See CEPH Outcome Measures Template.**

**Table 4.1.d. Outcome Measures for Qualifications of Faculty Complement**

Outcome Measure	Target	2011-2012	2012-2013	2013-2014
1. Award of tenure for eligible faculty	100% tenured	n/a	n/a	n/a
2. Promotion to full professor for eligible faculty	100% promoted	n/a	n/a	n/a
3. Faculty publications	All faculty publish 1 scholarly publication every 2 years	7/8 (88%) Unmet	9/9 (100%) Met	7/9 (78%) Unmet
4. Grant awards	50% of faculty have an active award in past 3 years	6/10 (60%) Met	7/10 (70%) Met	9/10 (90%) Met
5. Professional Conferences	Average of 1 conference presentation per faculty member, annually	3.89 Met	5.00 Met	4.78 Met
6. New faculty hires	New faculty members hired to replace retiring/leaving faculty within 3 years	n/a	1 retired, 1 hired Met	n/a
7. Service activities	All faculty members participate in 1 significant service activity benefiting the public health profession every 2 years.	8/8 (100%) Met	9/9 (100%) Met	9/9 (100%) Met
8. Professional public health collaborations	75% of faculty maintain active collaborations* outside of the department	100% Met	100% Met	100% Met

\*Collaborations refer to those with faculty from different departments within the university as well as faculty outside the university

1. During the reporting period no faculty were eligible for tenure.
2. During the reporting period one faculty member was eligible for promotion, but elected not to apply for promotion consideration.
3. Publications are below target for two of the time periods. Publication data was not collected for 2010-2011, thus outcomes for the first reporting period only include a period of one year. Faculty no longer undergoing RTP evaluation may have lower research productivity.
4. Targets are met for active research projects in the past three years.
5. Conference participation targets are met.
6. One faculty member retired in 2008-09 and one in 2011-12. In 2012-13, one faculty member was hired.
7. Service activity targets are met.
8. Maintenance of outside collaboration targets among faculty are met for all years. .

**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**.

## **4.1 Faculty Qualifications**

### **Strengths**

The program faculty members have a wide range of service and research interests and activities. Their experiences enable the program to integrate practice and research perspectives into the curriculum. This also provides opportunities for faculty to guide students in practice activities in various public health areas. The breadth of expertise is more than sufficient to provide quality teaching for the program's instructional concentrations. As described in previous sections, faculty maintain linkages to community health organizations and public health practitioners, which supports the relevance of curricula and learning experiences. Further description of participation of Advisory Board members includes their role as preceptors and plans to invite them to serve as adjunct professors.

### **Weaknesses**

No weaknesses identified.

### **Plans to Improve**

No plans needed at this time.

## 4.2 Faculty Policies and Procedures

<b>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.</b>
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**a. A faculty handbook or other written document that outlines faculty rules and regulations.**

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University policies and procedures are available to faculty in the faculty handbook. The handbook is available on the university's Faculty Affairs webpage: <http://www.csulb.edu/divisions/aa/personnel/handbook/>, and is included in the **RF Handbooks**.

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

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The department holds an annual retreat prior to the beginning of each new school year. This provides an opportunity for new faculty to get an overview of department activities and to meet part-time faculty. The university has an orientation program for all new faculty members to introduce them to key staff and program resources, such as the library, the Academic Computing Center, Educational Testing Services, and the Faculty Center for Professional Development (FCPD). Subsequently, the FCPD continues to support new faculty through formal and informal meetings targeted at their special needs. Other orientation activities include a College and University Convocation.

The FCPD staff is available to assist all faculty members (both full-time and part-time) with professional need, ranging from assistance with course preparation, syllabus design, scholarly writing, and preparation for review for tenure and promotion. The FCPD also provides a new tenure-track faculty "first year experience" including an orientation and follow-up workshops designed specifically for "new to CSULB faculty." The FCPD provides a wide variety of learning communities for faculty interested in exploring a common topic together. Workshop offerings include brown-bags on topics of interest in teaching and research. Lecturer evaluation, formative evaluation, and RTP workshops are also offered by the FCPD. The FCPD hosts a Scholarly Writing Institute (SWI) each January and June to provide tenured and tenure-track faculty with three days of intensive writing on a specific manuscript in progress. Editors, statisticians, and library assistance are provided at the SWI.

In addition, staff members at the Academic Computing Services (ACS) and with Educational Testing Services are always available and willing to help faculty with new teaching and research techniques. The ACS offers classes for staff and faculty each semester on software innovations. CHHS' IT team is available to assist faculty with a wide range of issues, providing assistance for the college's computer labs as well as individual office computers, software and technology.

Internal grants, such as "Mini-Grants" for research and "Scholarly and Creative Activity Committee Grants" (SCAC), are available to support faculty in undertaking projects of special interest to them. Similarly, each year monies are designated for travel funds to enable faculty to attend professional meetings. The department also provides funding for faculty travel. CHHS approves up to two-thousand dollars from department funds to be used for travel for those presenting or playing a major role when no grant support is available.

## 4.2 Faculty Policies and Procedures

As mentioned previously, the CSULB Building Biomedical Research Program provides for faculty development in a number of areas. Faculty learning communities will provide interactive training to support improved pedagogy, mentoring, and integration of diversity issues. Diversity workshops will provide additional training and best practices for working with diverse students and colleagues. Faculty will also receive research mentoring from faculty working at research-intensive institutions. The program will also provide colloquia for faculty interaction and development in the aforementioned areas. Small start-up grant funding mechanisms are also available.

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

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The formal procedures for evaluating faculty competence and performance include the RTP process and post-tenure reviews for tenured faculty. RTP reviews are conducted annually for probationary faculty members and every five years for tenured faculty members. The college and department maintain RTP documents that specify the procedures for retention and tenure of faculty as well as those for promotion. The department recently revised its RTP procedures, which are compatible with college RTP policies, and were approved by the Academic Senate in 2010 (see **RF Promotion & Tenure**). By operationalizing enhancing criteria, the department is able to feature aspects of its discipline that may differ from those of other colleges. An elected peer review committee, the RTP Committee, assesses whether candidates have met the criteria for retention, tenure, and promotion as specified in the RTP document. In order to assist in the review, the faculty member submits a brief narrative that lists accomplishments in teaching, research, and service. With respect to teaching, the narrative shows courses taught, pedagogic approach, and teaching evaluations received. The section on research lists ongoing research topics, publications, and grants received. Finally, the report concludes with a compilation of service activities for the university, community, and profession. In order to allow RTP Committees flexibility, standardized weighting of teaching, research, and service is not utilized, as the review may vary depending on the faculty member and department; in general, teaching is viewed as most important, followed by research, then service. An appendix is included to provide evidence of supporting information provided in the narrative. The departmental committee develops a report that summarizes its impressions of the faculty member's accomplishments and makes recommendations for the next five years. Other aspects of the procedure include the chair's review, a second-level review by the College RTP Committee (also an elected body), and the dean's review, and the provost's review (which can override the decisions made at the previous levels).. Post-tenure review occurs every five years and is a function of the department committee and the dean. No other review occurs at the post-tenure level. A summary of the most recent faculty survey results (which includes faculty activity in the three areas of review) can be found in **RF Surveys**.

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

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#### **Retention Tenure Promotion (RTP) Reviews of Faculty**

RTP reviews include performance of faculty members with respect to quality of teaching. University and RTP procedures require that all faculty members have their courses evaluated by the students at the end of the semester. Students complete a standardized evaluation form, Student Perceptions of Teaching (SPOT), developed by the Academic Senate. Full-time faculty members choose two out of four courses to for evaluation or only one course if this assignment is their total load. This confidential class evaluation is forwarded to the university's Office of Institutional Research and Assessment for analysis. The results of course evaluations become part of each faculty member's permanent

## 4.2 Faculty Policies and Procedures

personnel file (course evaluation examples can be found in **RF Course Evaluations**). The chair reviews course evaluations in order to address any problematic reviews with faculty and to develop a plan for improvement. The department and program take pride in the fact that students award high teaching evaluations to faculty members. In addition, although not required, some faculty members implement mid-semester evaluations to allow for course improvement within the same semester.

### **Program Surveys**

Course evaluation and instructor effectiveness are assessed on the Exit Survey. This survey is administered to all students at the completion of the program. The survey facilitates continuous quality improvement by examining the advising process, the relevance of specific courses, and other aspects of the program. As student involvement in program processes has been initiated, student feedback is elicited to address deficient areas and to develop methods to improve outcomes.

### **Peer Evaluations**

Faculty members who are to be reviewed via RTP processes are required to include peer evaluations as part of their retention and promotion. Instructors not going through RTP review may also request that a peer evaluation of a class be conducted. Peer evaluation of instruction is highly valued by the university and college. This evaluation provides professional information regarding the content and instructional methods used in a course. All of this information is used to assess objectives related to teaching effectiveness and the nature of public health concepts provided in the graduate courses (see **RF Course Evaluations** for an example of a peer evaluation form).

### **Results of MPH Comprehensive and CHES Examinations**

The comprehensive examination covers core public health and health education competencies. It provides an indicator to the program regarding how well teaching objectives are being met. For graduate students who take the exam, the CHES exam provides information regarding mastery of public health competencies from a national perspective, with performance providing an estimate of program instruction.

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#### **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.**

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This criterion is **met**.

### **Strengths**

The program's policies and procedures for retention and promotion of qualified faculty are consistent with university policies. The vice president of Academic Affairs is responsible for clarifying and monitoring implementation of system wide and university policies. The college dean coordinates with the department chair, and the RTP Committees to ensure impartiality, objectivity, and completeness in evaluation of competence and performance. Standard policies and protocols ensure faculty performance is of high-quality and provides for assessments to determine need for further development. Resources are available for faculty to continually improve their teaching, research, and service activities, underscoring their ability to meet the program goals and mission.

### **Weaknesses**

No weaknesses identified.

### **Plans to Improve**

No plans needed at this time.

### 4.3 Student Recruitment and Admissions

<b>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.</b>
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**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.**

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The recruitment process relies on a multi-faceted effort to attract a qualified applicant pool. This process includes mailings to programs in health education, advertisements, distribution of program brochures, and networking activities. The department's program is especially appealing due to the availability of the accredited MPH degree, availability of part-time study, reputation of the CSULB campus and department, and convenience of access for commuter students. The program benefits from its location in one of the nation's largest population centers, as well as its established networks within the Los Angeles metropolitan area. Its low tuition fee structure is also a substantial benefit. Consequently, the program receives more applicants than can be admitted.

Faculty and alumni maintain extensive networks that facilitate recruitment of applicants. These networks extend to agencies and professional organizations, such as: Southern California Society for Public Health Education, California Association of School Health Educators, City of Long Beach Department of Health and Human Services, Los Angeles County Department of Health Services, Kaiser Permanente, Family Health Planning, American Cancer Society, American Lung Association, Arthritis Foundation, Orange County Health Care Agency, American Heart Association. Recruiting is also supported by placing undergraduate and graduate student interns in these and other locations.

Mailings and Advertisements: An extensive informational brochure (see **RF Student Recruitment & Admissions**) is used as a recruiting tool to send to agencies and individuals who inquire about the program. It provides a basic description of the program, a sample course schedule, a complete description of the admission requirements for the program, and application materials. The brochure is sent to any individual or groups that ask for it, and copies are also taken to professional conferences for dissemination (e.g., APHA), and also distributed at local public health, health education, and community health events. The departmental website provides information about the faculty and program (<http://web.csulb.edu/colleges/chhs/departments/health-science/>), and the program section includes a link to the brochure. The website allows the program to receive applications from all over the world.

University and College Recruitment Programs: The university actively recruits applicants on behalf of the program. The Office of Public Affairs and the College of Health and Human Services have also developed a one-page description of the program for dissemination through mailings and publicity campaigns. The university's Division of Graduate Studies also has similar materials at its disposal for student recruitment. Campus representatives visit schools and community organizations in order to recruit students.



### 4.3 Student Recruitment and Admissions

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**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.**

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#### **Admissions Policies**

As noted previously, the program director/coordinator organizes and heads student admissions. Admissions are conducted twice each year. Students are required to meet one of two established dates to submit their completed materials: October 1 for the following spring semester and March 1 for the following fall semester.

The University Catalog and recruitment brochures document the program's admission policies and procedures. Students are asked to complete two applications, one for the university and one for the department. The university application requires prospective students to submit their application materials, such as transcripts and GRE, directly to the university. The department application requires a personal statement, resume and three letters of recommendation. The university computer system allows the program director/coordinator to review test scores and all transcripts so that duplicate copies are not needed. The current program brochure explains the admission process and contains links to the forms required by the program. The university requires a similar form that is forwarded to the program after review by the university's admissions office. Because the program receives more applications for admission than can be accommodated, admissions criteria are more rigorous than those of the university's graduate division. The program requires a higher minimum GPA than the university as well as acceptable GRE scores, and professional experience in health education (see **RF, Student Recruitment & Admissions** for Applicant Evaluation Form). The final step in the admission process is graduate program approval of all applicants before they are formally admitted by the university. This review is verified by having the program enter the Student Identification Numbers of approved applicants into the Evaluation section of the PeopleSoft database system, the master database for all students in the university.

#### **Admission Requirements** (<http://web.csulb.edu/colleges/chhs/departments/health-science/contact/HealthScienceGraduateApplicationRequirements.htm>)

1. Each applicant must request that a copy of official transcript(s) of all work be sent to the Office of Enrollment Services.
2. A bachelor's degree with a major in health education which articulates the course requirements for the same degree at California State University, Long Beach; or a bachelor's degree in a related discipline with a minimum of 21 units of upper division coursework comparable to that required of the health science major at CSULB; or a bachelor's degree in a related discipline and willingness to make up any deficiencies in prerequisite Community Health Education courses. Prerequisites for all courses carrying graduate credit must have been completed before enrolling in graduate courses.
3. An overall undergraduate GPA of at least 3.0. Students with less than a 3.0 GPA on the last 60 units of undergraduate units attempted, but who show promise in all other aspects, may be given special consideration after petitioning for conditional admission into the graduate program through the Director of Graduate Studies. Typically, students with deficient grade point averages are encouraged to raise their grade averages elsewhere and to reapply.
4. Acceptance by the university as a student with graduate standing.
5. A maximum of nine units of approved graduate work at the post-baccalaureate level will be credited to a student's program requirements upon departmental acceptance to the program.

### **4.3 Student Recruitment and Admissions**

6. Submission to the department of the CSU graduate application and quantitative and verbal scores from the Graduate Record Examination (GRE).
7. Three letters of recommendation from persons with whom the candidate has worked and who have direct knowledge of the applicant's qualifications and potential as a community health educator.
8. A separate personal statement describing the reason for pursuing this field of study and comments about professional interests and experience that are germane to their career objectives. In addition, the applicant must submit a resume that reflects their education and relevant experience.
9. Additional admission requirement for the MPH degree only:  
At least one year's full-time (or equivalent) paid or volunteer experience in health education or a closely related health role. Preference will be given to those with greater experience and ability.

#### **Admissions Procedures**

The admissions procedure consists of establishing an applicant file, review of file for completeness, faculty's review of applications, and notification of applicants.

#### **Establishing an Applicant's File**

A file is established when the program either receives application materials directly from the applicant or when an application is forwarded by the university. As the admission deadline nears, files are reviewed by the program director/coordinator to identify any additional supporting materials that may be needed. Accordingly, a form letter is sent to applicants, acknowledging status as applicants and indicating what additional materials are needed should the file be incomplete.

#### **Faculty Reviews of Applicants**

Once files are completed, they are divided up and placed in the faculty members' mailbox. This review usually occurs about two to three weeks after admissions deadlines close. A memo is sent notifying faculty that the files are available for review. A request is made for their completed review by a specific date. In some circumstances, applicants may be reviewed after the deadline when exigencies beyond applicants' control have delayed receipt of supporting materials.

The Applicant Evaluation Form is used to assist faculty with the review process. The form presents relevant information needed to enable faculty to make a recommendation about admission to the program. Grade point average carries extra weight because of its significance to success in graduate study. Applicants with a related major from an accredited institution are given extra weight. Personal statements, GRE scores, letters of recommendation, and a resume reflecting prior experience are evaluated on a scale of unacceptable (a score of zero) to outstanding (a score of five). Collected results and comments from faculty evaluations are compiled to assist in the final decision to admit or deny students. In no case is it possible for the program director/coordinator to be the only person who reviews a candidate's file and to make an admissions decision. At least one other faculty member must review each file. In addition, if the program currently has one, the assistant graduate advisor reviews files. Then the program director/coordinator processes input from reviewers and reaches a decision about applicants for admission. Once the program has made admission decisions, the decisions are entered into PeopleSoft and a letter of acceptance, acceptance with conditions, or denial is sent to the applicant via email directly from the university. After the email is sent, the program director/coordinator sends an email inviting students to attend the orientation, as well as to provide suggestions for classes in which to enroll.

### 4.3 Student Recruitment and Admissions

#### Admissions Exceptions

The program usually does not deviate from established admissions policies. Sometimes a promising applicant may have a deficient GPA, which precludes admission. In rare instances, such applicants are counseled to complete a series of undergraduate community health education courses to demonstrate their academic abilities. Deficiencies such as an inadequate formal record of completed prerequisite health education courses cause some students to be admitted conditionally. The other notable exception is for potentially qualified applicants who miss application deadlines. An applicant may enroll in a limited number of courses (a maximum of three) without official admission to the program if the application and supporting materials indicate academic promise. This enrollment occurs through Open University, a part of the College of Continuing and Professional Education (CCPE). Enrollment in Open University enables students to earn university credit without matriculation. Such enrollment does not guarantee subsequent formal admission to the program.

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- 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.**
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The academic offerings of the program can be found on the program website: <http://www.csulb.edu/colleges/chhs/departments/health-science/graduate-program/about.htm>. Examples of recruitment materials and other publications and advertising that describe academic calendars, grading, and academic offerings of the program are available via the Department of Health Science's website or from the program director/coordinator.

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- 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. See CEPH Data Template 4.3.1.**
- 

Table 4.3.1 Quantitative Information on Applicants, Acceptances, and Enrollments, 2012 to 2014				
	2011-2012	2012-2013	2013-2014	2014-15
Applied	106	78	108	119
Accepted	41	23	48	45
Enrolled	21	14	25	32

- 
- 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. See CEPH Data Template 4.3.2.**
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To distinguish between full-time and part-time enrollment, the university uses a course load of nine or more units as the definition of full-time study. Increasingly, in recent years, students have pursued their education on a full-time basis. Headcounts and FTEs are

### 4.3 Student Recruitment and Admissions

presented in **Table 4.3.2**. FTE for 2014-15 is based on Fall 2014 data only as data for Spring 2015 are not yet available.

<b>Table 4.3.2 Student Enrollment Data from 2012 to 2014</b>							
<b>2011-2012</b>		<b>2012-2013</b>		<b>2013-2014</b>		<b>2014-2015</b>	
<b>HC</b>	<b>FTE</b>	<b>HC</b>	<b>FTE</b>	<b>HC</b>	<b>FTE</b>	<b>HC</b>	<b>FTE</b>
51	47.2	41	34.7	45	35.5	57	48.0

- 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. See CEPH Outcome Measures Template.**

<b>Table 4.3.f. Outcome Measures for Enrollment of Qualified Students</b>				
<b>Outcome Measure</b>	<b>Target</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>
1. Above average GPA	On average, students' GPA will be $\geq 3.0$	Lowest: 3.4 Met	Lowest: 3.0 Met	Lowest: 3.0 Met
2. Above average GRE scores (includes old & new scoring)	On average, combined math and verbal scores are $\geq 1000$ or $\geq 308$	Lowest: 286 Unmet	Lowest: 296 Unmet	Lowest: 278 Unmet
3. Willingness to hire	Preceptors willing to hire 80% of interns	27/27 (100%) Met	17/17 (100%) Met	12/12 (100%) Met
4. Satisfactory performance on culminating experience	100% pass comprehensive exam by 2 <sup>nd</sup> attempt or 100% pass thesis oral exam	25/25 (100%) Met	20/20 (100%) Met	TBD
5. Public health employment, post-graduation	100% work in public health or health-related field	6/10 (60%) Unmet	6/7 (86%) Unmet	7/8 (88%) Unmet

1. Targets are met for student GPAs, indicating high quality students are admitted. For students admitted to the program in Fall 2014, the average GPA was 3.30, with the lowest being 2.6 and highest being 3.7.
2. Two criterion values are used as some students report the old versus new GRE scores, which are on different scales. Targets are unmet for GRE scores. However, it should be noted that average scores for each year are as follows: 1002 (old scoring)/300 (new scoring), 1015 (old scoring)/301 (new scoring), and 294 (new scoring). Since student admission is based on a variety of criteria, those students with lower GRE scores likely had impressive GPAs, personal statements, and/or letters of recommendation to support their qualifications to be admitted. For students admitted to the program in Fall 2014, the lowest GRE was 275 and highest was 312, with an average of 298.
3. Target is met for all reporting periods; all students' performance resulted in preceptor willingness to hire them.
4. Targets for culminating experience have been met. In 2013-14, there was one student who did not pass the exam on the first attempt. That student has not retaken the exam yet, therefore outcomes for that year are To Be Determined (TBD).
5. The targets were unmet for all reporting periods. Due to the poor economy in recent years, job placement has been difficult for the general workforce. Graduates may be forced to work in any field in order to meet financial needs.

### 4.3 Student Recruitment and Admissions

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**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.**

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This criterion is **met**.

#### **Strengths**

Explicit criteria expressed in the University Catalog are reflected in the informational brochure sent to prospective applicants. A systematic process reviews applicant files using the Applicant Evaluation Form and making the files available to all faculty members for review. The program has expanded its recruitment efforts by using the World Wide Web and other publicity efforts. The program will continue to exert every possible effort to ensure that a qualified student body is enrolled.

#### **Weaknesses**

No weaknesses identified.

#### **Plans to Improve**

No plans needed at this time.

#### 4.4 Advising and Career Counseling

**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.**

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- 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.**
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Organization of graduate level applications, admission, course scheduling, advancement to candidacy, and comprehensive examination, among others, are the responsibility of the graduate advisor. Within the program, the program director/coordinator has the dual role of also being the graduate advisor. Thus, the program director/coordinator also handles advising for academics, internship, and initial guidance for thesis. Because of the nature of graduate education, it is beneficial for graduate students to routinely consult with the graduate advisor, even when pressing matters are not imminent. This helps in developing internship and research opportunities. To fulfill this role, the graduate advisor is assigned 20% release time (equivalent of three weighted units) from teaching in fall and spring semesters. Previously, the program director/coordinator had six units (40%) release time to serve in the role of program director/coordinator and graduate advisor; however, as of 2014-2015 this has been cut to only three units (20%). The program director/coordinator holds scheduled office hours two nights per week for advising. Office hours are held during times that are most convenient to the graduate students, many of whom work during the day. Graduate advising in the summer and winter sessions is the responsibility of the department chair.

To facilitate advising of incoming students, a new student orientation occurs each semester. The agenda for the orientation includes information available in the Graduate Student Handbook (see **RF Handbooks**). The handbook was developed to give students sufficient information to help select classes, take care of advancement to candidacy, and to plan for internships as well as the thesis or comprehensive examination. In order to obtain information about the specific requirements of the university, college, and department students may consult the University Catalog. Each semester the department provides a listing of courses and important deadline dates for the next semester to bring student attention to important information. This information is posted on a bulletin board outside the department office and is emailed by the program director/coordinator to students each semester. Each semester students also access a class schedule, which presents details beyond the summary information provided by the department.

The program director/coordinator also requests that students seek specific information and advice from department faculty teaching in the program. Generally, department faculty members have contact with graduate students in class, at general department functions, and with specific faculty projects in which graduate students may participate. These and their own office hours provide opportunities for students to obtain advising from faculty members. All graduate faculty members are also available to advise graduate students. The full-time and part-time faculty have extensive academic and professional experiences in many facets of public health and health education. Students are encouraged to seek out program faculty members for advice about courses, but also for career, research, and community service opportunities. They also are alerted to resources such as scholarships, forgivable loan programs and conference participation. The program director/coordinator and graduate faculty members are deemed the most appropriate persons to provide advising, due to their active teaching, research, and service efforts, as well as their public health and community connections.

#### 4.4 Advising and Career Counseling

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**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.**

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At orientation for incoming students, the program director/coordinator encourages students to discuss their academic and career goals. During the orientation, new students are encouraged to familiarize themselves with current and past positions. As of the 2014-15 academic year, the department chair speaks with the incoming students at orientation, also inviting them to meet with her for career counseling. A statement on the program website also directs the students to the department chair for career counseling. The department maintains an updated job binder for students to review, with electronic versions posted on BeachBoard. Electronic versions are often initially emailed to students by various persons and groups, then to the department, when they are placed in the binder and on BeachBoard. Once each fall semester, a career and professional forum has been available for students to attend. Alumni and key individuals (usually about 6-12 people) from employing organizations are invited to campus to discuss current developments in the field, their careers, and opportunities for employment, professional advancement, and other opportunities. In addition, the university provides career planning and placement services through the Career Development Center, for undergraduate and graduate students alike. Some examples include offering career counseling and career workshops as well as providing assistance with resumes and cover letters (for a complete list of student services, visit <http://careers.csulb.edu/students.htm>).

Students are also encouraged to join the local chapter of the Society for Public Health Education (SOPHE). Southern California SOPHE sponsors annual professional conferences and webinars and maintains an active job bank. SOPHE also provides students with an opportunity to network, which may lead to job opportunities. For the past several years, the president of Southern California SOPHE has been an alumnus of the program, with alumni also serving on the board. For those with an interest in school health, the program has been consistently involved with the California Association of School Health Educators (CASHE) whose founder is an alumnus of the program. Several past presidents of CASHE have either been alumni of the program or are current part-time faculty.

The Center for Latino Community Health, Evaluation & Leadership Training also provides career counseling for the MPH students that participate in its training programs (**RF Advising & Career Counseling**). This Center has procured several training grants to offer unique training and leadership opportunities for health science students including: Experiential learning internships; assistance with travel stipends to attend local and out-of-state professional development conferences; monthly competence-based trainings; involvement in community health education program development, implementation, and evaluation; assistance with preparation of abstracts, posters, and oral presentations on various health topics; and mentorship and guidance by experienced Center staff, including doctoral and masters level health professionals. One training session focuses on development of a curriculum vitae and obtaining public health fellowships. Another is a full-day annual workshop providing for students interested in pursuing a doctoral degree which includes sessions on identifying programs, application preparation, GRE preparation, successfully navigating and completing the program, as well as a panel sharing experiences while in doctoral programs. Further, in the internship course for the Certificate in Latino Health and Nutrition, a panel of speakers from community organizations provides information about their services and internship opportunities, which can provide for career opportunities.

#### 4.4 Advising and Career Counseling

Most often students rely upon graduate faculty for tailored career planning and counseling. The department chair engages students in an exploration of career options when meeting with them. Dr. Gunatilake provides special counseling for those interested in applying to medical school, often referring them to medical school affiliates. Dr. Friis has helped students attending the annual APHA conference learn to network with professionals at the meeting. Other faculty activities may include assisting students with looking and preparing for internship placements, discussing research, methodology, reviewing cover letters and personal statements (and other application materials), and learning about doctoral programs. Faculty also practice "mock interviews" or related activities with students in preparation for job interviews. All activities aim to help the students become competitive applicants.

Employment related topics are covered in several classes and in various forms. For example, the latter part of the HSC 626 seminar class is devoted primarily to portfolio development and job preparation. In HSC 624 and 625 students conduct key informant interviews that place them in a close proximity with potential preceptors in public health. Key potential employment and internship opportunities are circulated among the students who are enrolled in HSC 624 and HSC 625 on a weekly basis. In HSC 585 the internship class instruction is carried out on topics such as how to dress or prepare for job interviews, and employment in places such as CDC, federal government, Los Angeles County Public Health Department, and global health. For example, students receive a talk on interacting with professionals. They also engage in resume writing, completing practice applications, and learning interviewing techniques. (See **RF Advising & Career Counseling**.)

The program director/coordinator and other Department of Health Science faculty members maintain active relationships with the campus, greater Long Beach, and professional communities. These faculty resources are communicated to students through personal interactions, providing students with opportunities to plan for their immediate futures and to take advantage of the abundance of resources for health educators in Southern California. Because of the nature of the student body, which is comprised primarily of those already working in the health field, many are interested either in earning a graduate degree for career advancement with their current employer or for employment mobility.

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

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In recent years, a common issue raised by students is the need for improving the career counseling services of the program. According to the spring 2014 Exit Survey, when students were asked if career advising was helpful: 30% stated they "strongly agree/agree," 40% were "neutral," and 30% stated they "strongly disagree/disagree." To address this issue, the HSGA is planning to put together a career and professional forum every spring semester (in addition to the usual fall event) in which the HSGA will focus on bringing in professionals specifically relevant to graduate student needs and requests. For example, a joint Health Science Student Association (undergraduate association), Eta Sigma Gamma (Health Science Honor Society), and HSGA-hosted Career Fair will be held in April 2015. The program will continue to work with students via the Program Improvement Panels and student Open Forum sessions to identify ways to improve advising and counseling. For example, at the Fall 2014 Program Improvement Panel session, students requested a year two orientation to serve as a refresher on information more relevant for the end of program (e.g., applying for graduation) that was provided at the initial orientation.

Regarding academic advising, the students were asked if "Academic advising was helpful." Of the thirteen graduate students that responded to the spring 2014 Exit Survey, 77%



#### 4.4 Advising and Career Counseling

strongly agreed/agreed (n=10), 7% were neutral (n=1), and 15% strongly disagreed/disagreed (n=2). Recent budget cuts have reduced academic advising time. Twenty percent of the graduate advisor's time is covered by the department budget and the director position is no longer funded. As a result, the current graduate advisor also serves as the program director/coordinator without additional assigned time allocated to cover all responsibilities. In an effort to improve satisfaction with academic advising, open advising by appointment was added on Wednesdays to accommodate students' busy work schedules. Graduate faculty are contributing to the program advising and coordination. Dr. Nguyen-Rodriguez will begin to oversee advising related to the Comprehensive Exam and Dr. Bavarian will provide initial thesis advising.

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**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.**

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##### **Communications Between Students and Program Officials**

In order for students to communicate their concerns to program officials, the program director/coordinator encourages students to maintain continuous contact throughout their academic career at CSULB. The program director/coordinator confers with the students about particular courses and course sequencing, attempting to solve problems associated with the course scheduling conflicts, and to help graduate students continue to frame their academic and career goals. Students are advised to seek information and assistance in addressing concerns from other faculty in the department, as well as from knowledgeable persons on and off campus. The program director/coordinator conducts an orientation group meeting with new incoming graduate students at the beginning of each semester. At this meeting, students are informed of procedures for communicating their concerns to the program. The University Catalog provides information to submit grievances: [http://web.csulb.edu/divisions/aa/catalog/current/general\\_policies/student\\_grievance\\_policy.html](http://web.csulb.edu/divisions/aa/catalog/current/general_policies/student_grievance_policy.html).

The department chair also maintains an open-door policy to support student communication and freedom to raise concerns and complaints. The new student forums, to be implemented this year, will also provide a platform for students to voice their concerns, and develop an action plan to help the program effectively work to improve the problem. This student-led process to solution finding is important as it provides students the ability to take part in program improvement and feel that their concerns are validated. Flyers will be posted and announcements sent via email and BeachBoard in order to inform students of the open forums.

##### **Concerns or Complaints**

Concerns or complaints from graduate students regarding courses can be discussed with the specific instructor involved and, if this intervention does not help, the student can meet with the department chair. The next step would be for the student to file a formal complaint with the departmental grade appeals committee. If students have other types of complaints about the program, they can first meet with the program director/coordinator. If after meeting with this advisor, the student has not resolved the complaint, he or she can meet with the chair. The next step in resolving the complaint is to meet with the associate dean of the college. At the university level, students may refer their complaints to the university ombudsperson. As described below, two formal student complaints/grievances were submitted over the last three years.

#### 4.4 Advising and Career Counseling

In spring 2013, a group of students sought advice from a program faculty member on how to address issues they believed needed attention for program improvement. They were encouraged to meet with the department chair to voice their concerns. The chair met with them and welcomed their comments. They expressed appreciation of the chair's concern for them. The lead student advised the original faculty member that: "She was very receptive and suggested we create a formal survey that she agreed to send out to all MPH students, past and present. The idea is that she would send out the survey and request completely confidential responses." However, students did not follow-up after these discussions (this student graduated that semester). In response to this meeting, the chair addressed some of these concerns at the fall 2013 faculty retreat.

In spring 2014, the program director/coordinator received complaints regarding a part-time lecturer from several students. The primary issue was lateness and short classes (e.g., 45 minutes for a three-hour course). Students were referred to the department chair, who would have the power to address these issues with the lecturer. By the end of the semester students reported to the program director/coordinator that there was no improvement. There was also an extended delay in this instructor submitting final grades. The department coordinator formally reported this to the associate dean of the college, and it was determined that the department would not hire him again.

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#### **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.**

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This criterion is **met with commentary**.

##### **Strengths**

The program has a clearly articulated and accessible advising system. All incoming students participate in an orientation meeting. This system is explained early in the students' academic career by means of program literature and meetings.

##### **Weaknesses**

- A weakness in this area is the lack of adequate advising resources provided by the university and college for students who are enrolled in the program. Because the department has to draw from external funding sources, such as return of grant overhead, for an advisor, the program currently does not have a student advisor beyond the program director/coordinator.
- Career advising requires improvement.

##### **Plans to Improve**

- The department chair is working with the college to be able to fund an assistant graduate advisor at 20% time to advise students during the academic year. This will allow the assistant graduate advisor to schedule office hours on alternate evenings as those offered by the program director/coordinator, allowing graduate students to consult with an advisor Monday through Thursday during the semester.
- As described above, a plan has been developed to increase the career advising available to students. Student feedback mechanisms will also assist in improving career counseling. Additionally, the department has committed to holding an annual recognition event for internship preceptors. This event will provide the opportunity for students to network with one another and faculty, as well as to meet and initiate relationships with possible future employers.