CALIFORNIA STATE UNIVERSITY, FULLERTON

Master of Public Health

Final Accreditation Self-Study

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LIST OF ABBREVIATIONS

APA:	Association for Psychological Science
APHA:	American Public Health Association
ASC:	Auxiliary Services Corporation
ASC-X	Administrative Support Coordinator - X
AY:	Academic Year
CAB:	Community Advisory Board
CA-NV PHTC:	California-Nevada Public Health Training Center
CDC:	Centers for Disease Control and Prevention
CEU:	Continuing Education Units
CEPH:	Council on Education for Public Health
CFA:	California Faculty Association
CHES:	Certified Health Education Specialist
CHHD:	College of Health and Human Development
CICE:	Center for Internships and Community Engagement
CIH:	Certified Industrial Hygienist
CJHP:	Californian Journal of Health Promotion
CFA:	California Faculty Association
CMS:	Content Management System
COMM:	Department of Communications
CPEC:	California Post-Secondary Education Commission
CPH:	Certified in Public Health
CSPP:	California School of Professional Psychology
CSU:	California State University
CSUF:	California State University, Fullerton
CSULB:	California State University, Long Beach
CV:	Curriculum Vitae
DPS:	Department Personnel Standards
EC:	Education Classroom
ECC:	Electronic Core Collection
EOHS:	Environmental and Occupational Health and Safety
ESG:	Eta Sigma Gamma
FAQ:	Frequently Asked Questions
FAR:	Faculty Affairs and Records
FDC:	Faculty Development Center
FEMA:	Federal Emergency Management Agency
FTEF:	Full-time Equivalent Faculty
FTES:	Full-time Equivalent Students
FWAP:	Faculty Writing Assistance Program
FY:	Fiscal Year
GERO:	Gerontological Health
GPA:	Grade Point Average

LIST OF ABBREVIATIONS (continued)

GS:	Graduate Studies
HC:	Head Count
HESC:	Department of Health Science
HPDP:	Health Promotion and Disease Prevention
HPRI:	Health Promotion Research Institute
IDC:	Indirect Costs
IRB:	Institutional Review Board
IT:	Information Technology
KHS:	Kinesiology and Health Science
KNES:	Department of Kinesiology
LGBT:	Lesbian, Gay, Bisexual, Transgender
MCHES:	Master Certified Health Education Specialist
MGI:	Mission and Goals Initiative
MPH:	Master of Public Health
NA:	Not Applicable
NCI:	National Cancer Institute
NGO:	Non-governmental organization
NIH:	National Institutes of Health
NPO:	Non-profit organization
OCHCA:	Orange County Health Care Agency
OGC:	Office of Grants and Contracts
ORD:	Office of Research Development
PI:	Principal Investigator
POSC:	Department of Political Science
PRBC:	University Planning, Resource and Budget Committee
REHS:	Registered Environmental Health Specialist
RN:	Registered Nurse
RTP:	Retention, Tenure and Promotion
SAIC:	Science Applications International Corporation
SAS:	Statistical Analysis System
SDSU:	San Diego State University
SFRs:	Student/Faculty Ratios
SOQs:	Student Opinion Questionnaires
SPSS:	IBM Statistical Product and Service Solutions
SWOT:	Strengths, Weakness, Opportunities, Threats
TOEFL:	Test of English as a Foreign Language
UA:	University Advancement
UCI	University of California, Irvine
UCLA:	University of California, Los Angeles
UCSD:	University of California, San Diego
UIC:	University of Illinois, Chicago

LIST OF ABBREVIATIONS (continued)

ULC:	University Learning Center
UNC:	University of North Carolina
UPS:	University Policy Statements
USC:	University of Southern California
USDA:	United States Department of Agriculture
VP:	Vice President
VPAA:	Provost/Vice-President for Academic Affairs
WASC:	Western Association of Schools and Colleges

Executive Summary

The California State University, Fullerton Master of Public Health (MPH) Program, housed in the Department of Health Science, within the College of Health and Human Development (CHHD) was approved by the California State University Chancellor's office in 2003. The program admitted its first student cohort in Fall 2004, and was accredited by the Council on Education for Public Health (CEPH) in Fall 2008. Since our last review, there have been changes in administration throughout the university, including a new campus President, Provost/Vice President for Academic Affairs, CHHD Dean, and Associate Dean. In addition, the Department of Health Science has a new chair and a separate MPH Program Coordinator. Over the past five years, the Department of Health Science has increased its faculty from seven to 14, all of them serving as primary or secondary faculty for the MPH Program.

Since our last review, the MPH Program remains vibrant with a growing number of applications. We currently have three tracks: Health Promotion and Disease Prevention, Environmental and Occupational Health, and Gerontological Health. The Nursing Leadership Track was eliminated due to an insufficient number of primary faculty in this area. During the past three years, we have maintained our student admittance rates to an average of 32 students to keep our student-faculty ratio not greater than 9:1.

With regards to curriculum and structure, we have developed nine new courses and six specific committees for the Program. In addition, to address workforce needs, the Program leadership was instrumental in developing a Public Health Certificate Program with the Orange County Health Care Agency, and in working with three other universities to receive funding for the CA/NV Public Health Training Center. During Fall 2010, we offered our first Public Health Certificate Program with 23 students. In Fall 2011, 17 of the students were accepted into our MPH Program.

During our Self-Study, an extensive review of the MPH Program by all stakeholders has resulted in a need to revise our mission, goals, and objectives for our next annual CEPH Accreditation report. In addition, based on feedback, future plans include: (1) developing a more seamless assessment structure and feedback process for our new goals and objectives, (2) implementing strategies to increase student involvement on committees and participation on student surveys, (3) creating an MPH Alumni Association, and (4) developing more online courses.

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.

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

The mission of the Master in Public Health (MPH) Program at California State University, Fullerton (CSUF) is to develop knowledgeable, skillful health professionals who are proficient in disseminating and applying knowledge to prevent disease and promote health in the human population. Students of various academic and career backgrounds are brought together to receive advanced education in disease prevention and health promotion topics, with specialized emphasis on research and practice that improves the lives of diverse groups, organizations and communities.

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

At the beginning of the current Self-Study process (August 2011), the operational definitions of the MPH Program's values were reviewed with program stakeholders, including faculty, staff and the community. Consistent with its mission and goals, the MPH Program seeks to implement the following 5 core values:

Value 1: An Engaged Learning Environment. Provide present and future practitioners and researchers with the highest quality graduate education in public health theory and practice. Teach diverse skills that are needed by public health practitioners today. Provide a collegial and stimulating environment for didactic and practical learning experiences that foster individual student learning and professional development. Foster creative interdisciplinary research collaborations and partnerships to address emerging and continuing public health problems. Promote excellence in education and training by integrating academics with internship opportunities. Promote participatory community-based approaches for the prevention of acute and chronic illness across the life course. Train and empower public health leaders throughout the county to more effectively direct the work of public health practice.

Value 2: High Degree of Professionalism and Integrity. Constitute a community to help practitioners, faculty, and students act ethically by commitments to standards such as: personal integrity, collegiality, and excellence in teaching, scholarship, community service, and practice. Promote relationships based on mutual respect and personal trustworthiness strengthened by open communication. Promote the highest standards of accountability, transparency, honesty, fairness, respect, professionalism, and scholarly ethics based on the *Principles of the Ethical Practice of Public Health* found at: http://www.apha.org/NR/rdonlyres/1CED3CEA-287E-4185-9CBD-BD405FC60856/0/ethicsbrochure.pdf. Value teamwork and collaboration to achieve personal and shared goals.

Value 3: Compassion and Community Responsibility. Focus on community-centered collaborations to promote the health and well-being of all people, especially underserved populations. Reduce and/or eliminate health inequities and disparities to improve health and prevent morbidity and premature mortality in these communities. Work in partnership with communities through the development and expansion of innovative education, research, and center-based programs. Collaborate and engage community stakeholders to generate and disseminate knowledge, empower citizens, and mobilize communities, using an ecological and culturally-sensitive approach to community health promotion.

Value 4: Discovery. Train students to master research skills and methods to enable them to conduct sound and ethical research for new insights and innovative solutions to health problems. Critically evaluate research literature to determine future directions for research, theory, and practice that would make significant contributions to the body of public health knowledge. Foster student and faculty research collaborations for conducting timely and relevant research on ongoing scientific discoveries in public health.

Value 5: Respect for Diversity. Promote and respect diversity for all faculty, staff, and students. Respect for and inclusion of diverse values, beliefs, orientations, and cultures. Focus research on underserved and diverse populations. Appreciate the influence of bias, assumptions, and expectations in public health research and programs.

1.1c. 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.

The MPH Program strives to fulfill its mission by achieving excellence in instruction, research, community and service, and by fostering an environment (an institutional setting) that promotes creativity, collaboration, and interdisciplinary research. The specific goals for each major function support the mission of the MPH Program, as shown in Table 1.1.c.

Table 1.1.c. Goals Pertaining to Each Function of the MPH Program

Functions	Goals
Instructional	**Goal A**. Recruit graduate students with the highest academic capabilities and commitment to the public health field. **Goal B**. Recruit a culturally and ethnically diverse student body. **Goal C.** Offer high-quality educational programs with appropriate learning objectives. **Goal D.** Assure that students receive solid and appropriate field training in public health practice. **Goal E.** Become a leader in Public Health Workforce development and training. **Goal F.** Build an infrastructure to support strong academic advising and timely graduation.
Research	**Goal G.** Conduct and disseminate innovative research that spans the use of theory and application. **Goal H.** Maintain and continue to support sponsored research. **Goal I.** Recruit and retain outstanding faculty in advisory tracks consistent with the mission of the MPH Program.
Community Service	**Goal J.** Collaborate with community-based organizations and county health departments to create healthy communities and organizations. **Goal K.** Maintain quality service to the University. **Goal L.** Maintain leadership and service to the profession. **Goal M.** Increase programs and projects to improve public health practice.
Institutional	**Goal N.** Encourage open communication at all levels. **Goal O.** Develop leadership and management skills of faculty and staff. **Goal P.** Maintain or develop infrastructure to support state-of-the-art teaching, research, and service. **Goal Q.** Foster an environment that promotes creativity, collaboration, and interdisciplinary research.

1.1d. 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.

Table 1.1.d. Mission-Guided Goals and Measureable Objectives

	Measurable Objectives
Instructional Goals	
Goal A. Recruit graduate students with the highest academic capabilities and commitment to the Public Health Field.	**A-1.** At least 50-70 applications per admission cycle (cohort).
	A-2. No more than 50% of applicants accepted into the Program.
	A-3. At least a 3.0 cumulative grade point average on admission.
	A-4. At least 1 year of work experience in a health-related field.

Table 1.1.d. Mission-Guided Goals and Measureable Objectives

	Measurable Objectives
Goal B. Recruit a culturally and ethnically diverse student body.	**B-1.** At least 50% of students accepted into each cohort are minority students.
	B-2. At least 50% of students accepted into each cohort are women.
	B-3. At least 10% of students accepted into each cohort are from outside US
	B-4. At least 66% of students speak a second language.
Goal C. Offer high-quality educational programs with appropriate learning objectives.	**C-1.** Reassess learning objectives for all courses annually – make adjustments if needed.
	C-2. Reassess learning objectives for core curriculum annually – make adjustments if needed.
	C-3. At least 80% of all students leaving the program take an exit survey, and at least 60% of responses regarding quality of programs and learning objectives are favorable.
	C-4. At least 60% of all graduates take a survey one year after graduation, and at least 50% of responses regarding quality of programs and learning objectives are favorable.
	C-5. Ratio of students to faculty should be maintained at 9:1.
	C-6. 100% of all graduate level (numbered 500 or higher) courses should have fewer than 30 students.
	C-7. At least 75% of those graduates who take standardized tests pass
	C-8. At least 70% of students incorporate theory-based learning into their culminating experiences (e.g. thesis, project).
Goal D. Assure that students receive solid and appropriate field training in public health practice.	**D-1.** 100% of all students enrolled in the MPH Program must complete 6 units of internship fieldwork to graduate
	D-2. At least 90% of students positively assess their internship experience
	D-3. At least 90% of students receive positive feedback from their internship field supervisor.
	D-4. At least 5% of students are in competitively awarded internships and fellowships.
Goal E. Become a leader in Public Health Workforce development and training.	**E-1.** Reassess the recommendations from advisory board members annually – make needed adjustments to the Program based on these recommendations.
	E-2. Have advisory board members reassess their own recommendations every 3 years and make new recommendations based on changes in Public Health Workforce.
	E-3. Create an annual summary report of all exit surveys, alumni surveys, and community advisory board questionnaires. This report will analyze all data collected. All faculty will receive a copy of this annual report and will discuss ways to improve/update curriculum and course offerings at a minimum of 25% of the faculty meetings and/or other faculty events (e.g. faculty retreats).
	E-4. At least 80% of all graduates will be employed in their chosen field within 2 years.
	E-5. At least 35% of all graduates will experience advancement in their career or continuation of higher education within 5 years.
	E-6. At least 50% of those graduates who are employed in a public health-related setting are able to apply their projects at their place of employment.
	E-7. At least 20% of student projects/theses are presented at conferences.
	E-8. At least 5% of student projects/theses result in published journal articles.
Goal F. Build an infrastructure to support strong academic advising and timely graduation.	**F-1**. At least 25% of students take courses specific to advising tracks

Table 1.1.d. Mission-Guided Goals and Measureable Objectives	
	Measurable Objectives
	F-2. At least 75% of students positively assess their experiences with their faculty advisors in the exit survey.
	F-3. At least 90% of students appropriately follow the University's policies regarding leaves of absence, GS700, course loads, repetition of courses, etc.
	F-4. At least 75% of students graduate as planned on their study plans.
Research Goals	
Goal G. Conduct and disseminate innovative research that spans the use of theory and application.	**G-1.** At least 1 peer-reviewed journal article authored (or co-authored) by an MPH faculty member is published each year.
	G-2. Each faculty member presents his or her scholarly endeavors at a minimum of 1 meeting/conference each year.
	G-3. Each faculty member mentors at least 2 students each year by either acting as the student's thesis/project advisor or recruiting the student to become a research assistant in the faculty member's own research.
	G-4. At least 10 of the faculty are invited to speak at a minimum of 1 national or international conference each year.
Goal H. Maintain and continue to support sponsored research.	**H-1.** An average of at least 1 proposal per faculty member (some faculty members submit less than 1 each year, but other faculty members submit more than 1).
	H-2. At least 25% of the grant proposals submitted each year by the faculty result in an award.
Goal I. Recruit and retain outstanding faculty in advisory tracks consistent with the mission of the MPH Program.	**I-1.** At least 1 new faculty member is successfully recruited each year.
	I-2. All new faculty possess one or more standard credentials (e.g. CHES, REHS, CIH, RN) for the area of specialization in which they are hired.
	I-3. No more than 1 faculty member is lost to another institution in each 5-year period.
	I-4. At least 80% of untenured faculty receive tenure, and at least 50% of faculty promotions will go to women and minorities.
	I-5. At least 75% of all faculty research have applications that can directly benefit underserved communities and populations.
	I-6. At least 75% of all research projects involve direct input from community groups and/or other academic institutions.
Community Service Goals	
Goal J. Collaborate with community-based organizations and county health departments to create healthy communities and organizations.	**J-1.** At least 75% of faculty serve on community advisory boards.
	J-2. At least 1 continuing education workshop/seminar offered per year.
	J-3. At least 75% of faculty provide public presentations.
	J-4. At least 25% of faculty consult for community members and groups.
	J-5. At least 20% of projects involve county health departments.
Goal K. Maintain quality service to the University.	**K-1.** At least 75% of faculty serve on departmental committees.
	K-2. At least 50% of faculty serve on college committees.
	K-3. At least 25% of faculty serve on university committees.
	K-4. At least 75% of faculty contribute to classes other than their own.
Goal L. Maintain leadership and service to the profession.	**L-1.** At least 75% of faculty at any given time has editorial board memberships and/or serve as reviewer of publications.
	L-2. At least 50% of faculty at any given time serve on advisory boards and community agency panels.
	L-3. At least 25% of faculty during each 5-year period serve in leadership roles in professional associations.
	L-4. At least 10% of faculty annually receive awards from national or regional associations in recognition of their service and accomplishments.

Table 1.1.d. Mission-Guided Goals and Measureable Objectives	
	Measurable Objectives
Goal M. Increase programs and projects to improve public health practice.	**M-1.** At least 75% of funded projects promote public health practice.
	M-2. At least 60% of collaborations are with public health organizations, agencies, and programs in improving practice or practice outcomes.
	M-3. At least 75% of projects promote health equality.
	M-4. At least 50% of student theses/projects contribute directly to the health of the population.
Institutional Goals	
Goal N. Encourage open communication at all levels.	**N-1.** At least 2 faculty retreats each year.
	N-2. 1 faculty/staff meeting every other week.
	N-3. 3 to 4 other events each semester that include opportunities for dialogue.
	N-4. At least 1 article appearing in CSU Fullerton publications (e.g. *Inside*, *Titan Online*) that increases internal communication.
	N-5. At least 1 external (open to the public) conference (colloquia or symposium) sponsored by the College's research centers and/or faculty.
Goal O. Develop leadership and management skills of faculty and staff.	**O-1.** At least 75 % of faculty members enroll in Faculty Development Center classes/programs during each 2-year period.
	O-2. At least 25% of staff participate in employee development training or continuing education each year.
	O-3. At least 1 "in-house" training session per semester made available to staff/faculty (offered by College of Health and Human Development).
Goal P. Maintain or develop infrastructure to support state-of-the-art teaching, research, and service.	**P-1.** Program is housed within the 72,000 sq ft Kinesiology and Health Science complex.
	P-2. Maintain a designated classroom/computer lab containing 37 computer workstations all networked to 1 faculty workstation with administrative control over the other 37 using Link System 2 technology; 2 digital projectors; 2 laser printers.
	P-3. Designated IT staff to maintain all lab equipment.
	P-4. Evaluate computer equipment at least once/year and update as needed.
	P-5. Maintain "smart classroom technology" in all classrooms.
	P-6. Provide scientific technical assistance for faculty using high-capacity computing.
Goal Q. Foster an environment that promotes creativity, collaboration, and interdisciplinary research.	**Q-1.** At least 1-2 programs/projects co-sponsored annually by the Center for Cancer Disparities Research, Center for Successful Aging, and Center for Healthy Lifestyles and Obesity Prevention.
	Q-2. At least 20% of faculty from outside of Health Science Department participate, per event/activity, in the MPH Program via teaching courses/guest lecturing, serving on thesis/project advisement committees, taking MPH students as research assistants, attending faculty meetings, involvement with research centers, attending Health Science/ M.P.H. events/activities (e.g. workshops, colloquia, symposium, etc.).
	Q-3. At least 75% of faculty participate in interdisciplinary research teams and other projects spearheaded by centers and/or faculty.

1.1e. 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.

We developed the MPH mission, values, goals and objectives over a 2-year time period (2006-2007), commencing with the development of an MPH Campus Advisory Committee, submission of the MPH Program proposal, and discussion in Health Science faculty meetings. The mission, values, goals and

objectives were described and discussed with the MPH Community Advisory Board, then finalized at a Health Science faculty retreat kicking off the previous accreditation Self-Study process. Our stakeholders reviewed the mission, values, goals and objectives during our preparation for the Self-Study. Based on their feedback, we refined the program values and will submit further changes to the goals and objectives during the December 2012 annual CEPH report.

1.1f. 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.

Since the Program's inception, its mission, values, goals, and objectives have been and continue to be available to the general public on the website for the Health Science Department at: http://hhd.fullerton.edu/hesc/mph/selfstudy.html. Also, these materials are provided in the MPH Student Handbook: http://hhd.fullerton.edu/hesc/mph/Handbook/handbook.html

Each year during the Fall and Spring Faculty Retreats (that include MPH student representatives), and twice per year by the MPH Campus Advisory Committee and the Community Advisory Board, the MPH Program Committee reviews and revises the mission, values, goals, and objectives, as necessary, to stay current within the field of public health. We obtain further input on the Program through yearly student and alumni surveys including: the MPH Current Study Survey Instrument (Appendix 1A), the MPH Graduate Exit Survey Instrument (Appendix 1B), and the MPH Alumni Survey Instrument (Appendix 1C).

During the 2011-2012 academic year, a newly formed MPH Accreditation Committee spearheaded the review of all annual accreditation updates as well as the CEPH Accreditation report of 2007. Regarding the commentary associated with the Program's objectives, the Committee made minor revisions to ensure all objectives for each goal were measureable and aligned with quantifiable indicators (targets) as seen in Table 1.1c and Table 1.1d. The Program's mission, values, goals, and objectives were shared with key stakeholders (via the Campus Advisory Committee and Community Advisory Board). In addition, we conducted an MPH Alumni Focus Group during Spring 2012 to provide the MPH Program Committee with input (e.g., strengths, weaknesses, and suggested changes) about the Program's mission, values, goals, objectives, curriculum, advising, internships, and culminating experiences.

1.1g. 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 has a clearly formulated and publicly-disseminated mission with supporting goals and measurable objectives. The Program is guided by a set of public health core values and fosters ethical practices. Over the past 2 years as the Department of Health Science has grown in faculty, we have formed new MPH committees that work closely with the MPH Program Coordinator to monitor and evaluate the mission, values, goals and objectives. The Program's ongoing evaluation process includes the assessment of data culminating in the Department's Annual Summary Report.

Weaknesses: Although key structures and processes are firmly established, we believe that improvements are needed to focus our Program goals and objectives for the future. Based on feedback from our constituencies, the MPH Accreditation Committee will be updating the Program's goals and measurable objectives (with feedback and approval from the MPH Program Committee) for the CEPH Annual Report in December 2012. In addition, the MPH Assessment Committee is charged with reviewing and updating the Program's assessment plan, including measurement tools and procedures. Starting in the 2012-2013 academic year, the MPH Assessment Committee is also charged with providing a formal written MPH Annual Summary Report to all stakeholders on all objective targets. We will use this report each year to make any necessary changes to improve the quality of the Program.

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.

1.2a. 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.

The MPH Program has a dynamic process for monitoring and evaluating its overall efforts in the context of its mission, goals and objectives; for assessing the Program's effectiveness in serving its various constituencies; and for using evaluation results for ongoing planning and decision making to achieve our mission. Evaluation takes place through a continuous review each year.

The continuous program review involves the collection of data throughout the year. Evaluation data are then complied in a Health Science (HESC) Department Annual Report by the Department Chair, with input from the MPH Coordinator. The Department Annual Report is reviewed by the MPH Program Committee, department faculty, MPH Campus Advisory Committee (Appendix 1D), MPH student representatives, and the Community Advisory Board (Appendix 1E). Recommendations can be made by any of the constituencies; then the MPH Graduate Committee, in consultation with the MPH Accreditation Committee, makes the decision to develop an action plan, if needed, to implement any recommended changes, or to address any unmet objective targets.

At the beginning of the Fall 2011 semester, an MPH Assessment Committee and an MPH Accreditation Committee were formed to provide a more structured mechanism to assess objectives related to program effectiveness each year. In addition, on an annual basis, these Committees are charged with reporting results and making recommendations to the MPH Program Committee for revisions to program policies, curriculum, core and track-specific competencies, as well as to the mission, goals, and objectives of the Program.

Data are systematically collected from the following constituent groups:

1. CSUF Stakeholders

Faculty – MPH faculty have many opportunities for designing and participating in a variety of critical planning and evaluation processes for the Program. These opportunities include:

- Committee participation (MPH Accreditation Committee, MPH Admissions Committee, MPH Program Committee, MPH Campus Advisory Committee, and Community Advisory Board). The MPH Program Committee holds faculty meetings at least once/month.
- Review of the alignment of course syllabi with Core Discipline and Track Competencies.
- Participation in bimonthly faculty meetings and 2 half-day retreats (1 each semester), where faculty discuss teaching, research, and professional activities. Also, the MPH Program Committee discusses advising and mentoring MPH students issues and Accreditation Self-Study progress. At each of the retreats, time is devoted to the Department's educational mission and goals, including a consideration of the MPH Program's mission, goals, objectives, and curriculum. In Fall 2012, the MPH Program Committee and Undergraduate Program Committee had time during the faculty retreat to meet separately and then come together to share major items. These break-out meetings will continue in subsequent retreats.
- Updates to the College database, which is used to capture information associated with Program objectives (e.g., faculty and student publications, presentations, grants, student admissions, graduation rate) and for developing our Department Annual Report.

- Feedback through the annual Department of Health Science Faculty Satisfaction Survey Instrument (Appendix 1F). For instance in the past year, most faculty "*agreed"* or "*strongly agreed"* that faculty members work collaboratively, the campus offers adequate opportunities to enhance one's teaching, they would recommend the Department to others seeking a faculty position, and they are satisfied with their position in the Department.
- Faculty outside of the Department are also involved in the campus-level review, evaluation, and approval process for new courses and programs. The hierarchical process for proposed courses involves: 1) review and support for new courses from the originating department's faculty and Chair; 2) review and approval by faculty on the College's Curriculum Committee; 3) review and approval by the College's Associate Dean and Dean; 4) review and approval by the University Graduate Education Committee; 5) review and approval by the University Planning, Resource and Budget Committee (PRBC) when there are fiscal considerations; 6) review and approval by the appropriate Associate Vice President for Academic Programs and the Provost/Vice President for Academic Affairs; 7) review and approval by the Academic Senate; and 8) review and final approval by the campus President. In the case of proposing new degree programs, the review process is further extended by including formal review and approval by the system's CSU Chancellor's Office, the CSU Board of Trustees, and the California Post-Secondary Education Commission (CPEC). The MPH Program underwent this rigorous process when it was developed.

MPH Campus Advisory Committee – This broad, interdisciplinary, 25-member committee includes primarily full-time faculty members representing 9 different academic departments (refer to Appendix 1D). Fifteen of the members teach at least 1 course within the MPH Program. The MPH Campus Advisory Committee meets approximately once per academic year, and individual members also engage in ongoing planning and evaluation of the Program. Members submit ideas for new courses and/or curriculum changes, make recommendations for new faculty positions, brainstorm ideas for research projects, assist with symposia, colloquia, and workshops for faculty and students, and promote partnerships with community contacts and grant-funding agencies. In addition, this committee provides feedback on major sections of the Self-Study—especially those sections related to program mission, values, goals, objectives, and targets.

Support Staff – There are a total of 6 staff (1 Administrative Analyst who serves as the MPH Admissions Coordinator, 2 Administrative Support Coordinators, 1 Administrative Assistant, 1 Equipment Systems Specialist, and 1 Instructional Support Technician) that support the MPH Program. The support staff provides ongoing feedback directly to the Department Chair and MPH Graduate Coordinator, and their work in supporting the Program is reviewed each year as part of the annual Human Resources performance evaluation process. We held a Self-Study staff meeting to solicit feedback and assistance from the staff. In addition, the MPH Admissions Coordinator attends each general faculty meeting and MPH Graduate Committee meeting.

Administrators – The MPH Program is housed in the College of Health and Human Development (CHHD), and is supported by Dean Shari McMahan, who reports to the Provost/Vice President for Academic Affairs (VPAA). Funds for all requests for new faculty, staff, space or equipment to support the MPH Program are approved by the Dean. In addition, the Program is reviewed and evaluated each year as part of the annual review process for all academic programs. Administrators are kept apprised of the progress of the MPH Program and are very supportive of its success.

2. **MPH Students (current and former)** – Current and former MPH students can provide feedback about the Program through the following mechanisms:

- Engage in ongoing conversations and meetings with the MPH Coordinator and MPH faculty.
- MPH student representatives (2) provide input and share concerns of fellow students during the MPH Program Committee meetings.

- Participate in 1 of 3 surveys that the MPH Program has created specifically to gather student feedback regarding program effectiveness. The 3 survey instruments are: MPH Current Student Survey, MPH Exit Survey and MPH Alumni Survey, These surveys are discussed in greater detail in criterion 2.7.b. Each year, the MPH Coordinator summarizes the results of the student surveys and discusses them with the MPH Program Committee. Recommendations for any changes in the MPH Program are made to the MPH Coordinator, in consultation with both the MPH Accreditation Committee and the MPH Assessment Committee.
- Current students evaluate quality of instruction by completing the University Student Opinion Questionnaires (SOQs) for each course at the end of each semester.
- Participation in the MPH Alumni Focus Group, which was recently instituted to obtain input on the Program's mission, goals, objectives, curriculum, advisement, and faculty. Refer to Appendix 1G for the minutes from the Spring 2012 meeting.

3. **Community Organizations** – The MPH Program obtains feedback from 2 important community sources –feedback from members of our Community Advisory Board and the Internship Site Supervisor Evaluations (see Appendix 1H). Data indicate that we are positively contributing to our community's public health workforce. On a more informal basis, feedback and information sharing also occurs as a result of MPH faculty members sitting on various community boards and committees throughout Southern California. Because of the applied and collaborative nature of MPH faculty research, invited faculty members often serve as members of community coalitions and advisory boards, and partner with community groups on their research and other funded projects.

Lastly, a 6-step process is used for monitoring and evaluating student competencies and objective targets:

- **Step 1: New MPH Student Program Orientation.** At the beginning of each fall semester in their first course, Issues in Public Health (HESC 500), new MPH students are provided an MPH Program orientation, including a hard copy of the MPH Graduate Handbook which can also be found at: http://hhd.fullerton.edu/hesc/mph/Handbook/handbook.html. By the end of the first semester, each student also meets with the MPH Coordinator and his or her Track Advisor to discuss professional goals and develop a Study Plan. A copy of the Study Plan is given to the student and one is placed in a student file for future advisor reference.

- **Step 2: Coursework Assessment.** Each MPH course contains selected specific competencies, along with student learning objectives in the syllabus. Coursework assignments (e.g., final papers, projects, exams, presentations) are used to assess competencies and student learning objectives.

- **Step 3: MPH Current Student Evaluation:** At the end of their first year, MPH students complete a Current Student Survey to provide feedback on their progress in the Program and program suggestions.

- **Step 4: Internship Experience/Site Supervisor Evaluations.** Site supervisors complete an evaluation of their MPH student interns regarding leadership, interpersonal skills, and professional character, after which they share their assessments with the students, as indicated by the supervisors' and students' signatures at the end of the evaluations.

- **Step 5: Culminating Experience.** With input from the Track Advisor and MPH Coordinator, MPH students decide whether to complete a thesis, project, or comprehensive examination as their culminating experience. The thesis/project chair or comprehensive examination committee supervises and assesses the student's completion of this experience.

- **Step 6: MPH Exit and Alumni Surveys.** Following completion of the Program, MPH graduates are sent the MPH Exit Survey; one year after graduation, they are sent the Alumni Survey.

1.2b. 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.

Prior to 2011, all evaluation data were reviewed by the MPH Graduate Coordinator and shared in the Department Annual Report, with subsequent discussions regarding program changes held with various Program stakeholders. Starting in 2011, evaluation data were reviewed by the MPH Assessment Committee, with recommendations made to the MPH Accreditation Committee and MPH Graduate Committee. A Department Annual Report was then shared with all program stakeholders. Table 1.2b presents curricular and other changes to the MPH Program made over the last 5 academic years through these processes. For example, as a result of feedback from our Community Advisory Board, and from our last Accreditation Review in 2007, we eliminated the MPH Nursing Leadership Track, developed 5 strategies to improve workforce development, and organized specific committees for the MPH Program. Faculty stakeholders have also enhanced the quality of our program through the development of several new courses that provide students with more elective options. In response to discussions during the MPH Alumni Focus Group in Spring 2012, our research methods course, HESC 510, was moved from the 5-week summer session to the 16-week Fall semester. Additionally, at the request of our current MPH student representatives, we developed an MPH LinkedIn Account for current and alumni students, and a special campus (Titanium) website for current MPH students with the following information: MPH Handbook, CSUF Writing and Tutoring Resources, CSUF Scholarship and Award Opportunities, MPH Internship Guidelines and Opportunities, MPH Project and Thesis Guidelines and Examples, Comprehensive Exam Guidelines, MPH Faculty Bios, Job Opportunities, MPH Student Discussion and Forum, and information about the CA-NV Public Health Training Center. Further, at the recommendation of our second year MPH student representatives, we initiated workshops for second year students (with the kickoff topic of planning for your thesis or project), with future topics to focus on honing their skills regarding technical writing, mixed methods (qualitative/quantitative), and statistical packages (e.g., SAS and SPSS).

Table 1.2.b. Curricular and Other Changes to the MPH Program over the Last 5 Years

Program Changes	Semester/Yr Initiated
News Courses for Health Promotion and Disease Prevention Track	
HESC 413 Health Policy	Spring 2012
HESC 425 Alternative Health Therapies	Spring 2012
HESC 421 Infectious Disease Epidemiology	Fall 2009
HESC 465 Introduction to International Health	Fall 2010
HESC 480 Transdisciplinary Perspectives on HIV/AIDS	Fall 2011
HESC 481 Health in a Global Society	Fall 2011
New Courses for Environmental and Occupational Health Track	
HESC 421 Infectious Disease Epidemiology	Fall 2009
HESC 462 Environmental Toxicology and Health	Fall 2011
HESC 463 Air Pollution and Health	Fall 2011
Faculty and Staff	
100% increase in Core MPH tenure-track faculty (from 7 to 14)	Fall 2007-2012
MPH Program Coordinator separate from Department Chair	Fall 2011
MPH Committees (Appendix 1I)	
Admissions Committee	Fall 2010
Program Committee	Fall 2011
Accreditation Committee	Fall 2011
Assessment Committee	Fall 2011
Comprehensive Exam Committee (ad hoc)	Fall 2011
Colloquia/Workshop Committee (ad hoc)	Fall 2011
Workforce Development	
National Commission for Health Education Credentialing: designated as a multiple event provider for CHES and MCHES CEUs.	Fall 2008

Table 1.2.b. Curricular and Other Changes to the MPH Program over the Last 5 Years

Program Changes	Semester/Yr Initiated
Workforce Development (cont.)	
Californian Journal of Health Promotion: assumed leadership for the Journal, which maintains a section on continuing education units for Certified Health Education Specialists (CHES); http://www.cjhp.org.	Fall 2008
Health Promotion Research Institute (HPRI): provides training workshops for the Public Health workforce; http://hpri.fullerton.edu/aboutUs.htm.	Spring 2009
Public Health Certificate Program (12 units): developed with the Orange County Health Care Agency.	Fall 2010
CA/NV Public Health Training Center: we are 1 of 4 universities in the partnership; http://www.ca-nvpublichealthtraining.org/	Fall 2010

1.2c. 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.

Table 1.2.c. Outcome Measures for Program Performance between Fall 2009 and Spring 2012

	Outcome Measure	Target	2009-2010	2010-2011	2011-2012
INSTRUCTIONAL (see also Tables 2.6.f, 2.7.b, 3.1.d, & 4.3.f)					
Goal A. Recruit graduate students with the highest academic capabilities and commitment to the Public Health Field. *Source: Student files*	**A-1.** At least 50-70 applications per admission cycle (cohort)	50-70 applications per year	174 Met	202 Met	216 Met
	A-2. No more than 50% of applicants accepted into the Program	50% acceptance or less	25.3% Met	22.3% Met	28.2% Met
	A-3. At least a 3.0 cumulative grade point average on admission	3.0 average GPA	3.27 Met	3.39 Met	3.22 Met
	A-4. At least one year of work experience in a health-related field	1 year work experience	100% Met	100% Met	100% Met
Goal B. Recruit a culturally and ethnically diverse student body *Source: Student files*	**B-1.** At least 50% of students accepted into each cohort are minority students[a]	50% of accepted students	66% Met	59% Met	57% Met
	B-2. At least 50% of students accepted into each cohort are women[a]	50% of accepted students	75% Met	69% Met	65% Met
	B-3. At least 10% of students accepted into each cohort are from outside U.S.[a]	10% of accepted students	13% Met	7% Unmet	2% Unmet
	B-4. At least 66% of students speak a second language[a]	66% of accepted students	47% Unmet	52% Unmet	37% Unmet
Goal C. Offer high-quality educational programs with appropriate learning	**C-1.** Reassess learning objectives for all courses annually – make adjustments if needed	Annual assessment	Met	Met	Met
	C-2. Reassess learning objectives for core curriculum annually –	Annual assessment	Met	Met	Met

objectives.	make adjustments if needed				

Table 1.2.c. Outcome Measures for Program Performance between Fall 2009 and Spring 2012

	Outcome Measure	Target	2009-2010	2010-2011	2011-2012
Goal C. (continued)	**C-3.** At least 80% of all students leaving the Program take an exit survey, and at least 60% of responses regarding quality of programs and learning objectives are favorable [b] *Source: Exit survey*	80% of graduating students	Approx. 60% completed survey (Unmet); 96.3% of responses were favorable across 25 different questions (Met)	Approx. 40% completed survey (Unmet); 89.6% of responses were favorable across 25 different questions (Met)	Approx. 60% completed the survey (Unmet); 88.3% of responses were favorable across 25 different questions (Met)
	C-4. At least 60% of all graduates take a survey one year after graduation, and at least 50% of responses regarding quality of programs and learning objectives are favorable[b] *Source: Alumni survey*	60% of graduates	Approx. 55% completed survey one year after graduation (Unmet); 63% favorable responses (Met)	Approx. 45% completed survey one year after graduation (Unmet); 75% favorable responses (Met)	Approx. 43% completed survey one year after graduation (Unmet); 50% favorable responses (Met)
	C-5. Ratio of students to faculty should be maintained at 9:1 [a] *Source: FTES and FTEF based upon headcounts and % in program*	At least 9:1 ratio	6.8:1 Met	6.1:1 Met	5.5:1 Met
	C-6. 100% of all graduate level (numbered 500 or higher) courses should have fewer than 30 students *Source: HC of students*	100% of classes	80% Unmet	100% Met	90% Unmet
	C-7. At least 75% of those graduates who take standardized tests pass[b] *Source: Exit and Alumni surveys, and LinkedIn*	75% of graduates	100% Met	50% Unmet	0% Unmet
	C-8. At least 70% of students incorporate theory-based learning into their culminating experiences (e.g. thesis, project)[b] *Source: HESC 540 final student papers*	At least 70% of students	100% Met	100% Met	100% Met

Table 1.2.c. Outcome Measures for Program Performance between Fall 2009 and Spring 2012

	Outcome Measure	Target	2009-2010	2010-2011	2011-2012
Goal D. Assure that students receive solid and appropriate field training in public health practice. *Source: Student internship database and evaluations*	**D-1.** 100% of all students enrolled in the MPH Program must complete 6 units of internship fieldwork to graduate[a]	100% of students	100% Met	100% Met	100% Met
	D-2. At least 90% of students positively assess their internship experience[a]	90% of students	100% Met	100% Met	100% Met
	D-3. At least 90% of students receive positive feedback from their internship field supervisor	90% of students	100% Met	100% Met	100% Met
	D-4. At least 5% of students are in competitively awarded internships and fellowships[a]	5% of students	13% Met	7% Met	2% Unmet
Goal E. Become a leader in Public Health Workforce development and training.	**E-1.** Reassess the recommendations from advisory board members annually – make needed adjustments to the Program based on these recommendations *Source: CAB Minutes*	Annual CAB meeting	1 meeting (8/18/2009) Met	1 meeting (8/17/2010) Met	1 meeting (8/1/2011) Met
	E-2. Have advisory board members reassess their own recommendations every 3 years and make new recommendations based on changes in Public Health Workforce *Source: CAB Minutes*	Annual CAB meeting	1 meeting (8/18/2009) Met	1 meeting (8/17/2010) Met	1 meeting (8/1/2011) Met
	E-3. Create an annual summary report of all exit surveys, alumni surveys, and community advisory board questionnaires to analyze all data collected. All faculty will receive a copy of this annual report and will discuss ways to improve/update curriculum and course offerings at a minimum of 25% of the faculty	Discuss at annual retreat and faculty meetings	Discussed at 1 retreat Unmet	Discussed at1 retreat Unmet	Discussed at 1 retreat Unmet

	meetings and/or other faculty events (e.g. faculty retreats) *Source: Annual Report*				

Table 1.2.c. Outcome Measures for Program Performance between Fall 2009 and Spring 2012

	Outcome Measure	Target	2009-2010	2010-2011	2011-2012
Goal E. (continued)	**E-4.** At least 80% of all graduates will be employed in their chosen field within 2 years[b] *Source: Alumni survey and LinkedIn*	80% of graduates	11/19 (57.9%) Unmet	20/28 (71.3%) Unmet	22/32 (68.7%) Unmet
	E-5. At least 35% of all graduates will experience advancement in their career or continuation of higher education within 5 years[b] *Source: Alumni survey and LinkedIn*	35% of graduates	12/19 (63.1%) Met	20/28 (71.3%) Met	22/32 (68.7%) Met
	E-6. At least 50% of those graduates who are employed in a public health-related setting are able to apply their projects at their place of employment[b] *Source: HESC 540 paper topics relating to student employment*	50% of students	4/19 (21.1%) Unmet	8/28 (28.6%) Unmet	7/32 (21.9%) Unmet
	E-7. At least 20% of student projects/theses are presented at conferences[b] *Source: CHHD annual reports*	20% of student project/theses	2/19 (10.5%) Unmet	1/28 (2.6%) Unmet	0/32 (0%) Unmet
	E-8. At least 5% of student projects/theses result in published journal articles[b] *Source: CHHD annual reports*	5% of student project/theses	7/19 (36.8%) Met	4/28 (14.3%) Met	2/32 (6.3%) Met
Goal F. Build an infrastructure to support strong academic advising and timely graduation.	**F-1**. At least 25% of students take courses specific to advising tracks[a] *Source: Student study plans*	25% of students	100% Met	100% Met	100% Met

Table 1.2.c. Outcome Measures for Program Performance between Fall 2009 and Spring 2012

	Outcome Measure	Target	2009-2010	2010-2011	2011-2012
Goal F. (continued)	**F-2.** At least 75% of students positively assess their experiences with their faculty advisors in the exit survey[b] *Source: Exit survey*	75% of students	87% Met	73% Unmet	84% Met
	F-3. At least 90% of students appropriately follow the University's policies regarding leaves of absence, GS700, course loads, repetition of courses, etc.[a] *Source: GS700 enrollments*	90% of students	100% Met	100% Met	100% Met
	F-4. At least 75% of students graduate as planned on their study plan[a] *Source: Student study plans*	75% of students	10/19 (52.6%) Unmet	9/28 (67.9%) Unmet	7/32 (78.1%) Met
RESEARCH (see also Tables 3.1.d & 4.1.d)					
Goal G. Conduct and disseminate innovative research that spans the use of theory and application.	**G-1.** Average of one peer-reviewed journal article authored (or co-authored) by an MPH faculty member is published each year[c] *Source: CHHD annual reports*	1 publication per year	24/10 (2.4) Met	32/10 (3.2) Met	18/11 (1.6) Met
	G-2. Average of one meeting/conference presentation each year[c] *Source: CHHD annual reports*	1 presentation per year	22/10 (2.2) Met	15/10 (1.5) Met	24/11 (2.2) Met
	G-3. Faculty on average mentor at least 2 students each year by either acting as the student's thesis/project advisor or recruiting the student to become a research assistant in the faculty member's own research[c] *Source: HESC 597, 598 and 599 forms*	2 students per year	23/10 (2.3) Met	39/10 (3.9) Met	57/11 (5.2) Met
	G-4. At least 10 of the faculty are invited to speak at a minimum of one national or international conference	1 national/ international conference per year	22/10 (2.2) Met	15/10 (1.5) Met	24/11 (2.2) Met

	each year[c] *Source: Faculty CVs*				

Table 1.2.c. Outcome Measures for Program Performance between Fall 2009 and Spring 2012

	Outcome Measure	Target	2009-2010	2010-2011	2011-2012
Goal H. Maintain and continue to support the sponsored research.	**H-1.** An average of at least one proposal per faculty member (some faculty members submit less than one each year, but other faculty members submit more than one)[c] *Source: CHHD grants proposal database*	1 proposal per year	11/10 (1.1) Met	12/10 (1.2) Met	12/11 (1.1) Met
	H-2. At least 25% of the grant proposals submitted each year by the faculty result in an award[c] *Source: CHHD annual reports*	25% funded grants per year	11/14 (78.6%) Met	12/19 (63.2%) Met	12/15 (80%) Met
Goal I. Recruit and retain outstanding faculty in advisory tracks consistent with the mission of the MPH Program. *Source: Faculty CVs and department records*	**I-1.** At least one new faculty member is successfully recruited each year[c]	1 faculty per year	NA[e]	1 new faculty Met	2 new faculty Met
	I-2. All new faculty possess one or more standard credentials (e.g. CHES, REHS, CIH, RN) for the area of specialization in which they are hired[c]	Appropriate credentials	NA	Met	Met
	I-3. No more than one faculty member is lost to another institution in each 5-year period[c]	0 faculty lost per year	NA	Met	Met
	I-4. At least 80% of untenured faculty receive tenure, and at least 50% of faculty promotions will go to women and minorities[c]	80% untenured faculty; 50% women/ minorities	NA	Met	Met
	I-5. At least 75% of all faculty research have applications that can directly benefit underserved communities and populations[d] *Source: Faculty CVs and CHHD grants database*	75% faculty research	100% Met	100% Met	100% Met
	I-6. At least 75% of all research projects involve direct input from community groups	75% faculty research	10/11 (90.9%) Met	9/12 (75%) Met	11/12 (91.7%) Met

	and/or other academic institutions[d] *Source: Faculty CVs and CHHD grants database*				

Table 1.2.c. Outcome Measures for Program Performance between Fall 2009 and Spring 2012

	Outcome Measure	Target	2009-2010	2010-2011	2011-2012
COMMUNITY SERVICE (see also Tables 1.7.i & 3.2.d)					
Goal J. Collaborate with community-based organizations and county health departments to create healthy communities and organizations. *Source: Faculty CVs*	**J-1.** At least 75% of faculty serve on community advisory boards[d]	75% of faculty	3/10 (30%) Unmet	3/10 (30%) Unmet	3/11 (27.3%) Unmet
	J-2. At least 1 continuing education workshop/seminar offered per year[d]	1 continuing education per year	4 Met	4 Met	4 Met
	J-3. At least 75% of faculty provide public presentations[d]	75% of faculty	10/10 (100%) Met	10/10 (100%) Met	11/11 (100%) Met
	J-4. At least 25% of faculty consult for community members and groups (see Table 4.1.d)[d]	25% of faculty	3/10 (30%) Met	4/10 (40%) Met	4/11 (36.3%) Met
	J-5. At least 20% of projects involve county health department[b] *Source: Internship database*	20% of student projects	2/9 (22.2%) Met	4/24 (16.7%) Unmet	8/30 (26.7%) Met
Goal K. Maintain quality service to the University. *Source: Faculty CVs*	**K-1.** At least 75% of faculty serve on departmental committees[c]	75% of faculty	10/10 (100%) Met	10/10 (100%) Met	11/11 (100%) Met
	K-2. At least 50% of faculty serve on college/university committees[c]	50% of faculty	6/10 (60%) Met	6/10 (60%) Met	6/11 (54.5%) Met
	K-3. At least 25% of faculty serve on university committees[c]	25% of faculty	5/10 (50%) Met	6/10 (60%) Met	9/11 (81.8%) Met
	K-4. At least 75% of faculty contribute to classes other than their own[c] *Source: HESC 500 syllabi*	75% of faculty	10/10 (100%) Met	10/10 (100%) Met	11/11 (100%) Met
Goal L. Maintain leadership and service to the profession *Source: Faculty CVs*	**L-1.** At least 75% of faculty at any given time has editorial board memberships and/or serve as reviewer of publications[d]	75% of faculty	10/10 (100%) Met	10/10 (100%) Met	11/11 (100%) Met

Table 1.2.c. Outcome Measures for Program Performance between Fall 2009 and Spring 2012

	Outcome Measure	Target	2009-2010	2010-2011	2011-2012
Goal L. (continued)	**L-2.** At least 50% of faculty at any given time serve on advisory boards and community agency panels[d]	50% of faculty	5/10 (50%) Met	6/10 (60%) Met	7/11 (63.6%) Met
	L-3. At least 25% of faculty during each 5-year period serve in leadership roles in professional associations[d]	25% of faculty	1/10 (10%) Unmet	4/10 (40%) Met	6/11 (54.5%) Met
	L-4. At least 10% of faculty annually receive awards from national or regional associations in recognition of their service and accomplishments[d]	10% of faculty	1/10 (10%) Met	0/10 (0%) Unmet	1/11 (9%) Met
Goal M. Increase programs and projects to improve public health practice. *Source: Faculty CVs and CHHD grants database*	**M-1.** At least 75% of funded projects promote public health practice[d]	75% of service projects	1/1 (100%) Met	3/3 (100%) Met	2/2 (100%) Met
	M-2. At least 60% of collaborations are with public health organizations, agencies, and programs in improving practice or practice outcomes[d]	60% of service projects	1/1 (100%) Met	2/3 (66.7%) Met	2/2 (100%) Met
	M-3. At least 75% of projects promote health equality[d]	75% of service projects	1/1 (100%) Met	3/3 (100%) Met	2/2 (100%) Met
	M-4. At least 50% of student theses/projects contribute directly to the health of the population[a] *Source: HESC 540 thesis/project topics forms*	50% of student theses/ projects	9/9 (100%) Met	24/24 (100%) Met	30/30 (100%) Met
INSTITUTIONAL (see also Table 1.7.i & 1.8.e)					
Goal N. Encourage open communication at all levels. *Source: Meeting minutes, CSUF Inside and Titan Online search*	**N-1.** At least 2 faculty retreats each year[c]	2 retreats	Met	Met	Met
	N-2. 1 faculty/staff meeting every other week[c]	Biweekly faculty meetings	Met	Met	Met

Table 1.2.c. Outcome Measures for Program Performance between Fall 2009 and Spring 2012

	Outcome Measure	Target	2009-2010	2010-2011	2011-2012
Goal N. (continued)	**N-3.** 3 to 4 other events each semester that include opportunity for dialogue[c]	3-4 events	Met	Met	Met
	N-4. At least 1 article appearing in CSU Fullerton publications (e.g. *Inside*, *Titan Online*) that increases internal communication[c]	1 article per year	2 Met	2 Met	3 Met
	N-5. At least 1 external (open to the public) conference (colloquia or symposium) sponsored by the College's research centers and/or faculty[c]	1 conference per year	2 Met	5 Met	2 Met
Goal O. Develop leadership and management skills of faculty and staff.	**O-1.** At least 75% of faculty members enroll in Faculty Development Center classes/programs[c] *Source: FDC records*	75% of faculty	4/10 (40%) Unmet	2/10 (20%) Unmet	2/11 (18.1%) Unmet
	O-2. At least 25% of staff participate in employee development training or continuing education each year[c] *Source: Department mandatory trainings*	25% of staff	Met	Met	Met
	O-3. At least 1 "in-house" training sessions per semester made available to staff/faculty (offered by College of Health and Human Development)[c] *Source: CHHD annual retreats*	1 training	Met	Met	Met
Goal P. Maintain and/or develop infrastructure to support state-of-the-art teaching, research, and service. *Source: Department and CHHD infrastructure*	**P-1.** Program is housed within the 72,000 sq ft Kinesiology and Health Science complex	1 building	Met	Met	Met

Table 1.2.c. Outcome Measures for Program Performance between Fall 2009 and Spring 2012

	Outcome Measure	Target	2009-2010	2010-2011	2011-2012
Goal P. (continued)	**P-2.** Maintain a designated classroom/ computer lab containing 37 computer workstations all networked to 1 faculty workstation with administrative control over the other 37 using Link System 2 technology; 2 digital projectors; 2 laser printers	1 computer lab	Met	Met	Met
	P-3. Designated IT staff to maintain all lab equipment.	1 IT staff	Met	Met	Met
	P-4. Evaluate computer equipment at least once/year and update as needed	Yearly evaluation	Met	Met	Met
	P-5. Maintain "smart classroom technology" in all classrooms	Smart technology	Met	Met	Met
	P-6. Provide scientific technical assistance for faculty using high-capacity computing	CHHD tech center	Met	Met	Met
Goal Q. Foster an environment that promotes creativity, collaboration, and interdisciplinary research.	**Q-1.** At least 1-2 programs/projects co-sponsored annually by the Center for Cancer Disparities Research, Center for Successful Aging, and Center for Healthy Lifestyles and Obesity Prevention *Source: CHHD annual reports*	1-2 programs per year	2 programs Met	5 programs Met	2 programs Met
	Q-2. At least 20% of faculty from outside of Health Science Department participate, per event/activity, in the MPH program *Source: Secondary faculty feedback*	20% of secondary faculty	10/24 (41.7%) Met	10/20 (50%) Met	12/23 (52.2%) Met
	Q-3. At least 75% of faculty participate in interdisciplinary research teams and other projects spearheaded by centers and/or faculty [c] *Source: HPRI website*	# HPRI members	10/10 (100%) Met	10/10 (100%) Met	10/11 (90.1%) Met

Table 1.2.c. Outcome Measures for Program Performance between Fall 2009 and Spring 2012

[a] Target applies to incoming cohort in that year
[b] Target applies to graduating cohort in that year
[c] Target applies to Health Science primary faculty only
[d] Target applies to all MPH Program primary faculty
[e] Recruitment of new faculty is governed by the need as defined in C-5. (maintaining a favorable student/faculty ratio) and therefore was not needed in 2009-2010.

1.2d. 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.

The MPH Accreditation Committee (that includes representatives from the MPH faculty, staff, and students) held primary responsibility for preparing the Self-Study over the past 18 months. This Committee met monthly to gather all student, faculty, staff, and infrastructure information and to obtain input from the MPH Program Committee. Dr. Shari McMahan, Dean of the College of Health and Human Development (CHHD), provided guidance for sections pertaining to budget and finance. Information regarding student admission applications and student records was compiled by Mary Aboud, MPH Admissions Coordinator and Administrative Analyst for the Department. Sections of the Self-Study were discussed at faculty retreats and meetings with the MPH Campus Advisory Committee, Community Advisory Board, current MPH students and alumni (via the Alumni Focus Group).

1.2e. 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 MPH Program utilizes a number of dynamic and responsive mechanisms for monitoring and assessing targeted outcomes for evaluating program effectiveness. The MPH committees and leadership use the results of the evaluation and planning process each year to address unmet objective targets and to improve on the goals associated with the 4 main functions of the Program: instruction, research, service and institution. Major constituent groups actively participated in ongoing program evaluation and development of this Self-Study.

Program strengths include a substantial increase in the number of Full-Time Tenure-Track Faculty (from 7-13), a designated MPH Graduate Coordinator (separate from the Department Chair), and development of specific MPH committees for monitoring and assessing program objectives and recommending any necessary changes. As noted in section 1.2b, we have used results from evaluation processes in numerous ways to enhance the quality of the MPH Program. Most notable has been the implementation workforce development strategies, addition of new courses, and improvement of student advisement.

Weaknesses: One of the major challenges to our evaluation process has been the tracking of an extensive number of goals (n = 17) and objectives (n = 76), including some that are no longer applicable to the goals and objectives of the MPH Program. Unfortunately we did not make changes during the past 4 years, partly due to major changes in leadership at the department and college levels. However, with new program leadership and committees in place, plans are underway to request changes to goals and targeted objectives in our December 2012 Annual CEPH Report. In addition, the MPH Assessment Committee is charged with more effectively aligning assessment tools with goals, targeted objectives, and other indicators associated with program evaluation. Although we met most objective targets each year, there are a few unmet targets that need to be addressed:

- Target B-3 & B-4: Less than 10% of students accepted are from outside U.S. and less than 66% of students speak a second language. Although we have not met these targets, our Program is very ethnically diverse. California has a high number of people who move here from foreign countries. We believe the current targets are now too high and will be adjusted during our next annual CEPH report.
- Target C-3 & C-4: Low response rate on student exit and alumni surveys (between 40-60%). The new MPH Assessment Committee has been charged with developing strategies to increase student response rates. Efforts currently underway to increase alumni responses to surveys include: more alumni functions, a CSUF-MPH LinkedIn site (current and alumni students), and an Alumni Focus Group. Next year, we plan to organize an MPH Alumni Student Association for our Department. To increase the student exit survey, we also intend to administer it before Spring semester ends.
- Target C-6: More than 30 students in core courses. This was a temporary problem for two reasons: in 2009-2010 we were surprised when 32 approved applicants accepted to become MPH students (we usually have a smaller student acceptance rate); and in 2011-2012 in addition to our usual incoming student cohort we also had an additional 17 students from the Orange County Health Care Agency (OCHCA) who completed their Public Health Certificate. In the future, we plan to reduce class sizes by better estimating the number of students who accept our offers, and maintaining separate core classes for students who matriculate after completion of the certificate program.
- Target E-3: Lack of formal MPH Annual Summary Report. Although the Department has an Annual Report (that becomes part of the CHHD annual report), it currently does not have a separate MPH Annual Summary Report. Only raw data has been shared at annual faculty retreats concerning MPH student exit and alumni surveys, and at annual Community Advisory Board meetings. This year, the new MPH Assessment Committee, in coordination with the MPH Coordinator, is charged with providing a formal annual summary report to be provided to all Program stakeholders.
- Target E-4: Less than 80% of all graduates employed in chosen field within 2 years. Unfortunately, we suspect that California's poor economy and unemployment rate have made it difficult for our students to find employment. In response to the heightened need to promote job opportunities to MPH alumni, we have created a LinkedIn group (that currently has 78 members) where we post new job announcements, CHES training activities, and other workforce development opportunities.
- Target E-6: Less than 50% of those graduates who are employed in public health-related settings are able to apply their projects at their place of employment. We believe we have too narrowly worded this question on our alumni survey, to relate to only students' HESC 597 culminating projects. In the future, we will capture class projects and assignments that are often on topics chosen by the students to relate to their workplaces (e.g., HESC 540's literature review assignments). In addition, faculty and advisors will encourage students to conduct a project that is related to their career goal, or that will help them advance in their current public health position.
- Target L-3: Less than 25% of faculty serve in leadership roles in professional associations. While all of our faculty are members in professional associations (e.g., American Public Health Association), given the relatively younger age and careers of the majority (e.g., untenured), it is difficult to expect them to assume leadership roles while they are concentrating on achieving tenure through instruction and research. The few faculty who serve in professional associations are at the associate and full professorship levels. We are certain the proportion of these activities will increase in the future.
- Target L-4: Less than 10% of faculty annually receive awards from associations for their service and accomplishments. Similar to L-3, we believe that our faculty are extremely successful, but not yet at a stage in their careers where they have received notice outside of the CSUF campus. The few faculty who have received awards are at the full professorship level (Weiss, Tanjasiri), and we are confident that such awards will increase for other faculty as they gain tenure and influence outside of CSUF for their scholarly activities and service to the community.

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

1.3a. 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.

California State University, Fullerton (CSUF) was founded in 1957 as a comprehensive state university. As part of the 23-campus California State University (CSU) system, CSUF is subject to policies established by the California Legislature and the CSU Board of Trustees. Governance at the campus level is the responsibility of the President (Dr. Mildred Garcia). CSUF is fully accredited by the Western Association of Schools and Colleges (WASC). In the *US News & World Report* (2012) "Top 100 Degree Producers", CSUF remains the highest ranked among CSU campuses in the annual number of undergraduate degrees awarded to minorities (8th in nation). CSUF is also 4th in the nation and 1st in California for awarding undergraduate degrees to Hispanics, and 11th for undergraduate degrees awarded to Asian Americans. As of January 2012, more than 201,000 students have graduated from CSUF in 55 undergraduate degrees and 52 graduate degrees, including a Doctorate in Education and Doctor of Nursing Practice.

In Fall 2012, there were 37,677 students enrolled at CSUF (30,387 FTES) including 1,894 international students from 80 countries. CSUF has been designated as a Hispanic Serving Institution since 2004 by the US Department of Education. The student body is quite diverse (Fall 2011 census): 33% Hispanic, 29% White, 21% Asian/Pacific Islander, 2% Black, 0.1% American Indian, 5% Unknown, 4% Multiracial, and 5% International Students. The majority of students are female (56.7%). (*Analytic Studies*: http://www.fullerton.edu/analyticalstudies). CSUF is the CSU located in Orange County, and most students live in Orange County and were educated at California schools and junior colleges.

CSUF is accredited by the WASC, with individual programs maintaining separate accreditations from the following: Accreditation Board for Engineering and Technology; Accrediting Council on Education in Journalism and Mass Communications; Association to Advance Collegiate Schools of Business; American Association of Nurse Anesthetists; American Association of State Colleges and Universities; American Chemical Society; American College of Nurse Midwives; American Council on Education; Council on Academic Accreditation of the American Speech-Language-Hearing Association; Council of Accreditation for Counseling and Related Educational Programs; California Commission on Teacher Credentialing; Commission on Accreditation of Allied Health Education Programs; Commission on Collegiate Nursing Education; Council for Advancement and Support of Education; Council of Graduate Schools; Hispanic Association of Colleges and Universities; National Association of Schools of Art and Design; National Association of Schools of Dance; National Association of Schools of Music; National Association of Schools of Public Affairs and Administration; National Association of Schools of Theatre; National Association of State Universities and Land Grant Colleges; National Council for Accreditation of Teacher Education; National League for Nursing Accreditation Commission; National Organization for Human Services Education; Orange County Business Council; Southern California Consortium on International Studies; and the Western Association of Graduate Schools.

College of Health and Human Development (CHHD) is among the most popular and fastest growing colleges in the University, led by Dr. Shari McMahan who was appointed Dean in January 2011. CHHD includes 7 academic units: Nursing; Kinesiology; Health Science; Child and Adolescent Studies; Human Services; Counseling; Social Work; and one program, Military Services. The College has 10 Centers and Institutes: Center for Advancement of Responsible Youth Sports; Center for Boys and Men, Center for Cancer Disparities Research; Center for Community Collaboration; Center for Promotion of Healthy Lifestyles and Obesity Prevention; Center for Successful Aging; Center for Sport Performance; Fibromyalgia and Chronic Pain Center; Health Promotion Research Institute; and Sport and Movement Institute (see the CHHD website at: http://hdcs.fullerton.edu/).

1.3b. 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.

CSUF's administrative organization. The figures below displays CSUF's administrative organization, including key administrative positions. As indicated in Figure 1.3.1, the University is administered by the President and by the heads of 5 divisions: Academic Affairs, Administration and Finance, Information Technology, Student Affairs, and University Advancement. We are excited that our university has a new President, Dr. Mildred Garcia. Figure 1.3.2 illustrates the Associate/Assistant Vice Presidents and Council of Deans. The Provost/Vice President for Academic Affairs (VPAA) is Dr. Jose Cruz. The academic programs are housed within 8 colleges: Arts; Business and Economics; Communications; Education; Engineering and Computer Science; Health and Human Development; Humanities and Social Sciences; Natural Sciences and Mathematics. Figure 1.3.3 indicates the administrative organization of the College of Health and Human Development.

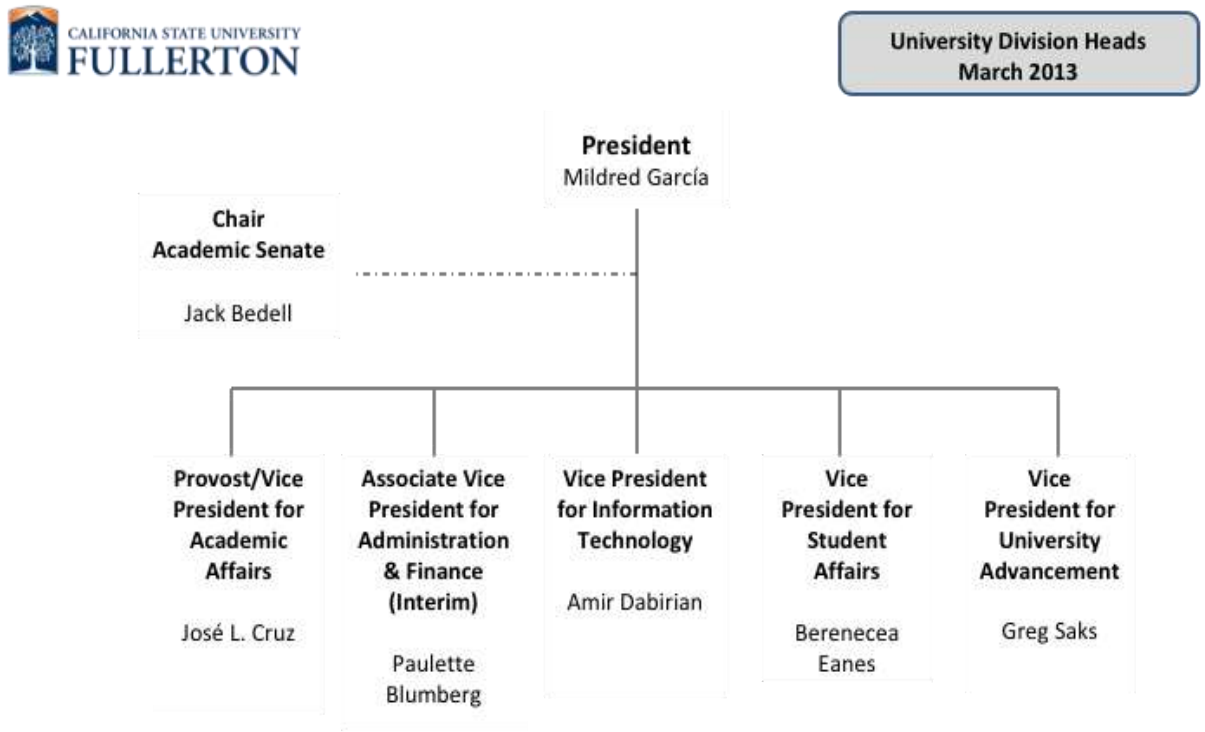

Figure 1.3.1: University Administration Organizational Chart AY 2012 – 2013

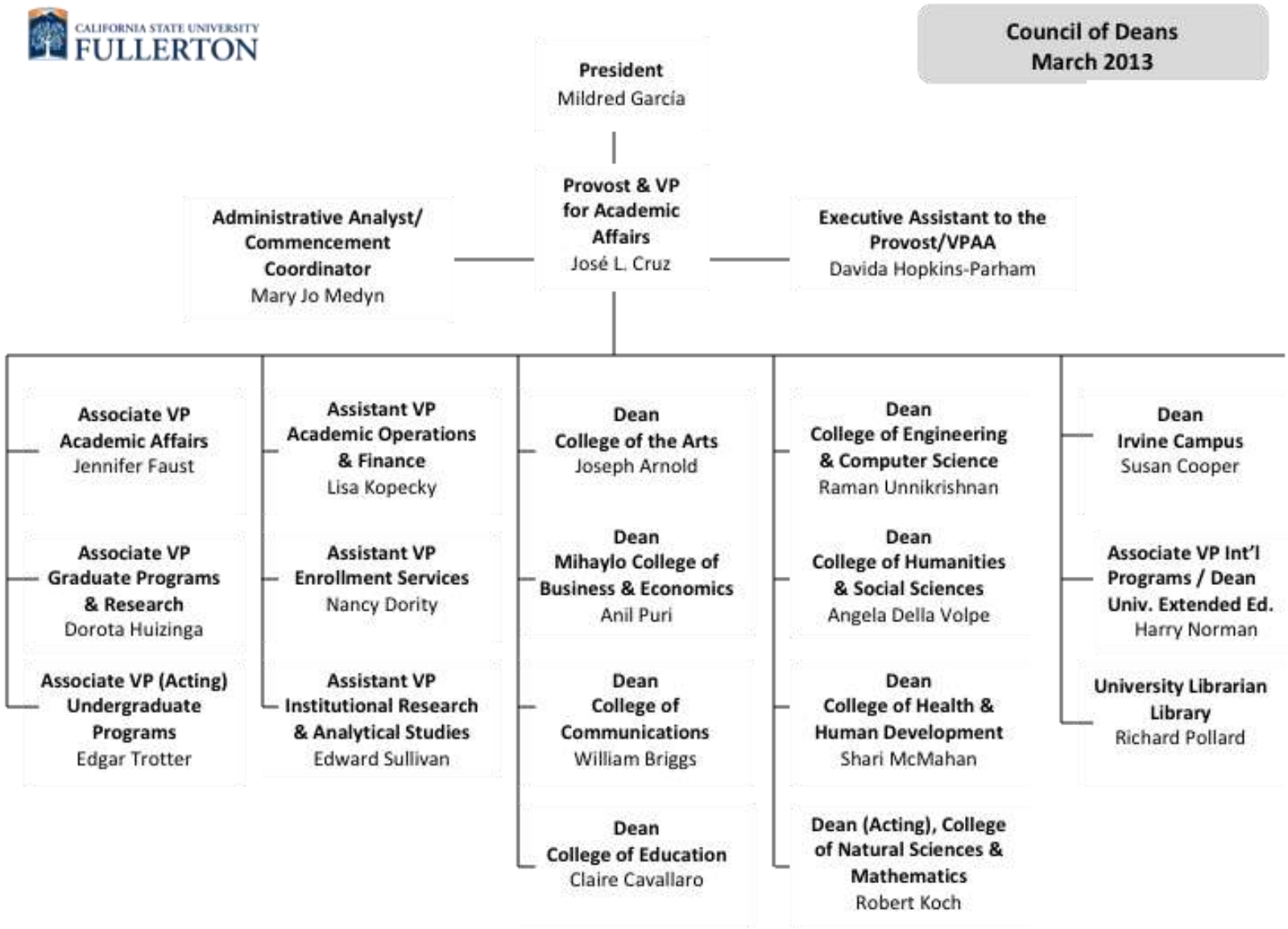

Figure 1.3.2: Associate/Assistant Vice Presidents and Deans Organizational Chart AY 2012 – 2013

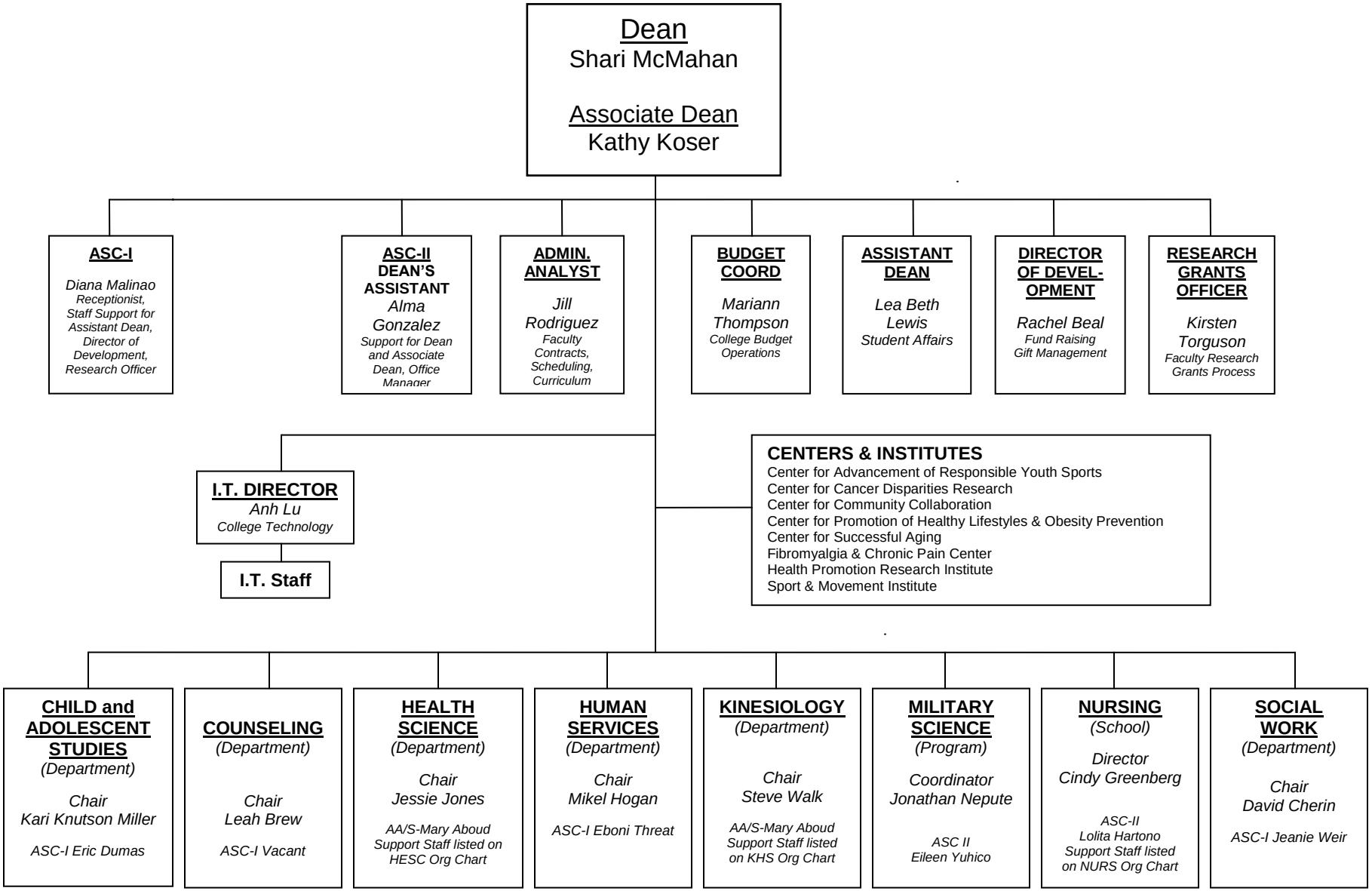

Figure 1.3.3: College of Health and Human Development Organizational Chart AY 2012 – 2013

1.3c. 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

Budgeting and resource allocation. CSUF is funded by state general fund allocations originating from the Chancellor's Office to each of the 23 universities in the CSU system. Within the CSU, funding is tied to enrollments (full-time equivalent students, FTES), with annual budget allocations based on the previous year's baseline budget plus new enrollment targets. This process calls for each campus to set FTES enrollment targets, with targets based on past performance and on anticipated enrollment figures for the upcoming year. Based on total requests from all campuses, the CSU Chancellor's Office then negotiates with the Governor and State Legislature to receive approval for this target and for the system-wide budget allocation.

Once CSUF receives its approved target and budget, the President, with input from the President's Advisory Board and from the Academic Senate's Planning, Resource, and Budget Committee, determines final budgetary allocations to major campus units including Academic Affairs. The Vice President for Academic Affairs works with Deans to allocate funds to Colleges based primarily on FTES targets and assigned Student/Faculty Ratios (SFRs). Deans, in turn, are responsible for establishing and managing college budgets, with department allocations also based primarily on FTES targets and SFRs. Throughout the year, the College Dean and Department Chairs regularly meet and consult regarding budgetary and other college-related matters. The College Council of Chairs also meets twice a month to address college and department issues, including budget and other needs and concerns.

The College of Health and Human Development's SFR target for departments is 20, and in the most recent year the Department of Health Science's FTES was 683 (which includes both undergraduate and MPH students, and which is based upon the history of resource needs and new program development). Thus, the Department was allowed to support up to 34.15 FTEF positions for the current year, with additional resources for operating expenses (see Table 1.6.1). The MPH Program budget is calculated at 20% of the Department's resources, based in part upon MPH FTES (which account for approximately 10% of department FTES) and taking into consideration the higher resources needed to maintain smaller MPH Program class sizes (less than 30 students per class) compared to undergraduate class sizes (which usually range from 40-60 students per class).

The MPH Program maintains a healthy general fund allocation to meet its needs. CSUF has experienced steady enrollment growth over recent years, especially within the College where enrollment growth has more than doubled compared to the rest of the University. Thus, the College and Department continue to receive budget allocations that allow for the support of expanding MPH program needs. For instance, since the last MPH Program review in 2007, the Department's tenure-track faculty positions have almost doubled (7 to 13), and we have one additional full-time instructor position. As shown in Table 1.6.1., in addition to allocations from state funding, funds also come to colleges and departments from other sources including:

- **Gifts.** The College maintains one fundraising staff member that assists with all solicitations for gifts.
- **Intramural grants**. CSUF supports several intramural grant opportunities to support instruction, research and professional growth. Each year there is a call for proposals to apply for funds from sources that offer funding for research, travel, new course development, interdisciplinary collaboration, student-faculty research, and various other types of professional development. These sources include the Faculty Development Center (FDC), the Center for Internships and Community Engagement (CICE), the Associate Vice President for Research, and the Health Promotion Research Institute (HPRI),

- **External grants and contracts**. MPH Program faculty actively pursue extramural funding opportunities that provide support to the Program in the form of direct and indirect costs. Formulas for indirect cost (IDC) recovery to the Department are determined by CSUF. Presently, CSUF's IDC rate is 35.1% of grant/contract total costs, of which 15% is distributed back to the College and 7% to the Department. The MPH Program uses this IDC recovery to support additional faculty and student research activities.
- **Student fees** from Open Enrollment (for non-matriculated students in MPH courses).

Personnel recruitment, selection and advancement. All recruitment is conducted within the Department, subject to University regulations and guidelines. Faculty may be hired at CSUF as part-time lecturers, full-time lecturers, or tenure-track faculty, and the Department follows the University's policies and procedures for recruitment and selection of faculty as outlined the following documents:

- Recruitment of Faculty: UPS 210.001 (http://www.fullerton.edu/senate/documents/PDF/200/UPS210-001.pdf), and
- Faculty personnel policy and procedures: UPS 210.000 (http://www.fullerton.edu/senate/documents/PDF/200/UPS210-000.pdf)
- Diversity and Equity's procedures for faculty recruitment: (http://diversity.fullerton.edu/recruitment/)

The University Director of Diversity and Equity Programs reviews all recruitment processes undertaken by the MPH Program (which supports faculty recruitment through the Department of Health Science search processes). Yearly reviews of faculty for advancement follows university policy regarding Retention, Tenure and Promotion (RTP; as specified in UPS 210.000), which is adhered to by the Department Personal Committee. Student evaluations comprise an important part of the faculty review process. To better serve the University's human resources needs, a search for a Vice President – Human Resources, Equity, and Inclusion is scheduled to take place Spring 2013.

Staff recruitment follows existing federal, state and university policies regarding non-discrimination and equal opportunity, such as Title IX policies regarding non-discrimination based upon sex, gender, or sexual orientation and the Americans with Disabilities Act of 1990 that ensures access to employment for disabled people.

Academic standards and policies. The Mission and Goal statements of the University, College and MPH program speak to the excellence and the demand for quality educational experiences for our highly diverse student population. The expected outcomes of the MPH Program are based on achieving this level of educational quality so that graduates can be successful in the public health field. The University maintains extensive University Policy Statements (UPS) regarding administrative and support structures, faculty personnel, students, curriculum, library and research (http://www.fullerton.edu/senate/documents/ups.asp). The Academic Senate oversees the review and monitoring of university policies to ensure they are fair, equitable, and congruent with the mission, goals and expected outcomes of the University. The review calendar is published and circulated to all CSUF faculty, with input regularly solicited and new policies circulated. All policies developed by the MPH Program meet university policy standards. Furthermore, the College and University Curriculum Committees are responsible for monitoring, reviewing and revising policies regarding instruction.

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

This is not applicable to the MPH Program.

1.3e. 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.

This is not applicable to the MPH Program.

1.3f. 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 MPH Program possesses a high reputation and is considered an integral part of the University, college and department, which allows faculty and staff to maintain excellent working relationships with decision-makers throughout all areas of the University. Budget and resource allocations for the Department and the MPH Program has allowed several faculty to be hired and enough resources to hire some graduate research assistants, and to provide most faculty with a reduced teaching load to conduct student/faculty research.

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.

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

Please see Figure 1.4.1 on the next page for the Department of Health Science Organizational Chart.

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

The MPH Program was developed with an emphasis on interdisciplinary collaboration. Our 25-member Campus Advisory Committee includes faculty members from 8 departments, including: Communications, Environmental Studies, Geography, Gerontology, Human Services, Kinesiology, Nursing, and Psychology. Committee members are actively involved with curriculum development, guest speaking in classes, teaching elective courses for the Program, and serving as advisors/mentors for student research projects.

To enhance interdisciplinary research, the MPH Program and Health Science department jointly house the following:

- **Health Promotion Research Institute (HPRI)** was developed by an interdisciplinary Steering Committee to serve as an umbrella to the 5 department-affiliated health-related centers (http://hpri.fullerton.edu). The HPRI "serves as a catalyst and focal point for research, training, and community interchange to develop and disseminate evidence-based information and health promotion programs." HPRI has over 50 faculty members from 18 different departments on campus, and the Director is a Professor in Health Science (Tanjasiri).

- **California-Nevada Public Health Training Center (CA-NV PHTC)** is a partnership with our Department of Health Science, San Diego State University, Loma Linda University, and the University of Nevada (http://ca-nvpublichealthtraining.org/). It is an interdisciplinary consortium of public health schools and programs in California and Nevada that engages in training activities designed to strengthen the core competencies and capabilities of the public health workforce, and the Director is an Assistant Professor in Health Science (Wood).

- **The Partnership to Reduce Cancer Health Disparities** is a new partnership between the CSUF Health Science and the UCI Chao Family Comprehensive Cancer Center. Funded by the National Cancer Institute, it aims to increase collaborative interdisciplinary research by creating and funding studies jointly planned and conducted by faculty at both institutions (http://today.uci.edu/news/2012/11/nr_hubbell_121101.php).

- **Hispanic-serving Institutions Education Grant Increasing Workforce Diversity Training Hispanic Students to Address Childhood Obesity and Nutrition** (PI=McEligot) is a collaboration between Health Science and Chicano/Chicana Studies at CSUF, with input from Latino Health Access, the Orange County Asian Pacific Islander Community Alliance, and the Pacific Islander Health Partnership in Orange County.

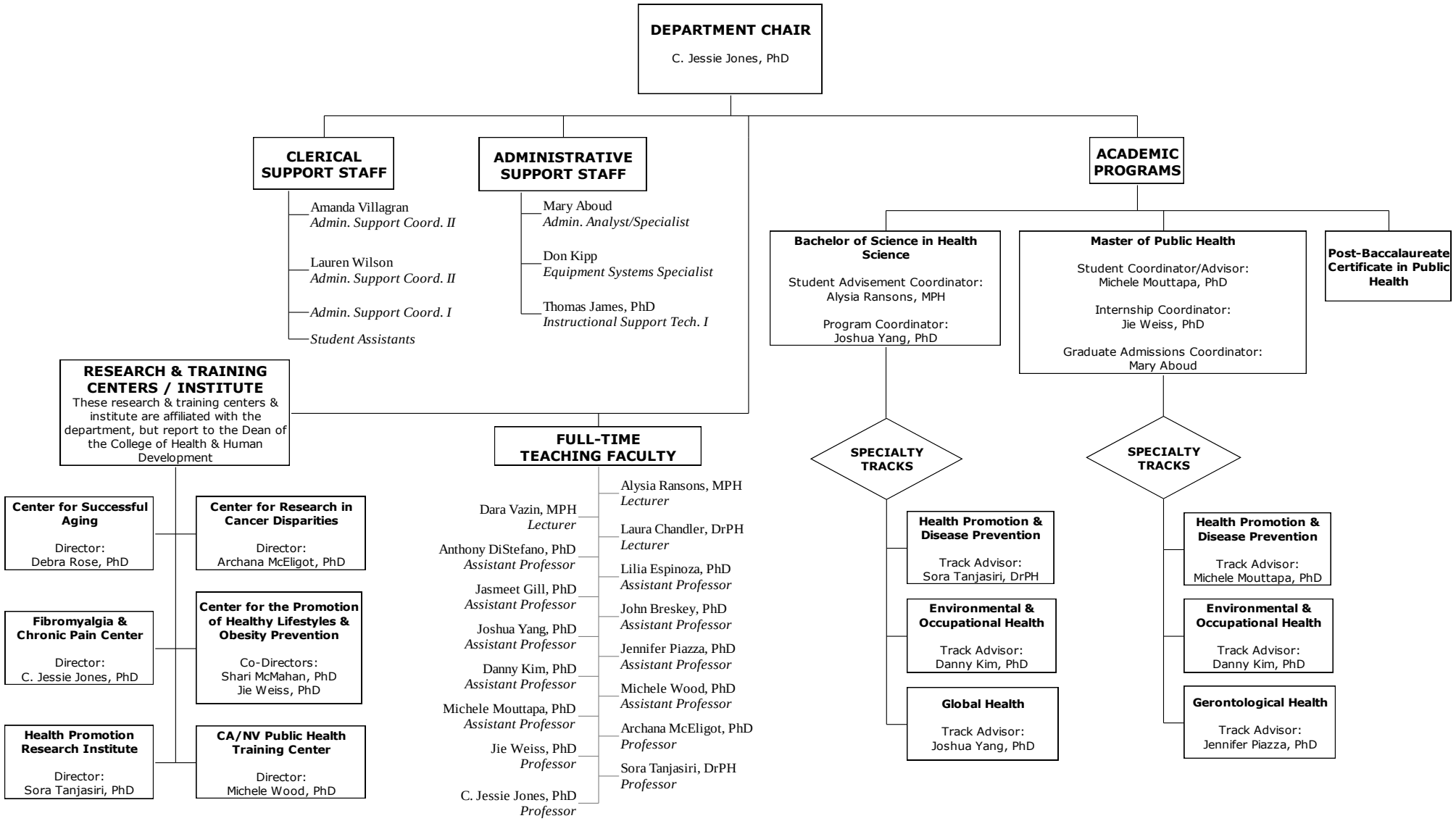

Figure 1.4.1: Department of Health Science Organizational Chart

1.4c. 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: Since our last review, we have made much progress in developing our MPH Program to be even more conducive to public health learning, research and service. We strive to facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the Program's public health mission. In addition, we have doubled the number of tenure-track faculty for the Program, appointed a MPH Coordinator that is separate from the Department Chair, developed important MPH committee structures, and continue to have an active interdisciplinary Campus Advisory Committee that supports public health learning and research, with members also serving on faculty/student research teams, providing guest lecturers in the MPH courses, and assisting in planning new courses and evaluating course content. We are proud of the many community and campus partnerships we have initiated, as they further the core competencies of our MPH students and faculty.

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

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

The MPH Program committees (Appendix 1I) consist of the following:

1. **MPH Program Committee:** This standing committee meets approximately once per month and is charged to initiate, review, and recommend all educational policies and curricula for the MPH Program; evaluate, recommend, and revise policies and procedures for admission to, progression and retention in, and graduation from the MPH Program; provide for a systematic review of the MPH Program, considering course and program evaluation outcomes, revision of the mission, philosophy and/or objectives of the MPH Program; foster, evaluate and maintain accreditation standards; review creative opportunities to work with other schools and departments in the University to enrich public health research and teaching in the MPH Program; recommend workshops and seminars for CHES/MCHES CEUs; review MPH websites annually and make necessary changes; review the catalog copy annually; make necessary changes to the MPH Student Handbook; work with staff to prepare hard copies for each MPH student. Committee Chair: Michele Mouttapa (Graduate Coordinator); Committee Members: Jasmeet Gill, Danny Kim, Jessie Jones (Department Chair), Sora Tanjasiri (past Internship Coordinator), Jie Weiss (current Internship Coordinator), Mary Aboud (Admissions Coordinator and Administrative Analyst), Michele Wood; MPH Student Representatives: Jordan Aquino, Joseph Domingo, Georgia Halkia, Tiffany Miller, and William Lester.

2. **MPH Admissions Committee:** This ad-hoc committee meets approximately twice per semester to understand admission and enrollment policies for graduate programs at CSUF; develop strategies for use in the recruitment of MPH students; work with Admission Coordinator (Mary Aboud), and Department Chair to develop and update admission criteria, processes and procedures; make admission recommendations to the Department Chair; update MPH view sheet. Committee Chair: Jasmeet Gill; Committee Members: Michele Mouttapa (Graduate Coordinator), and Danny Kim.

3. **MPH Accreditation Committee:** This standing committee reviews long-range plans for student enrollment, faculty recruitment, and financial planning in accordance with (1) CEPH accreditation criteria, (2) CSUF regulations and (3) Program's mission, values, and goals. The committee meets approximately once per month and is charged to evaluate all general academic and program policies, including student public health competencies, class sizes, and field placement sites and culminating experience project; monitor, assess, evaluate, and submit an annual report on Program's measureable objectives and targeted outcomes; at least once/year ask MPH primary faculty and other constituents to make recommendations for revisions to MPH policies and curriculum, core and track-specific competencies, as well as to the mission, goals, and objectives of the Program; at least once/year meet with MPH Program Committee to discuss any recommended necessary changes in curriculum, core and track-specific competencies, as well as to the mission, goals, and objectives of the Program; write and submit annual accreditation reports to CEPH; plan, organize, and submit Preliminary Self-Study; meet with MPH graduates, MPH Program Committee, MPH Program Campus Advisory Committee, and Community Advisory Board for input and review of Self-Study; Submit Final Self-Study and other materials outlined in the preliminary review report by the CEPH office. Committee Co-Chairs: Michele Mouttapa, (Graduate Coordinator); Jessie Jones, Department Chair; Committee Members: Mary Aboud, (Admissions Coordinator and Administrative Analyst); Sora Tanjasiri; MPH Student Representative: Jordan Aquino.

4. **MPH Assessment Committee:** This standing committee meets approximately 1-2 times per year and is charged with reviewing and revising MPH surveys as needed; gathering and summarizing

information into an Annual Summary Report from our online MPH surveys: (1) Faculty Satisfaction Survey, (2) MPH Current Student Survey, (3) MPH Student Exit Survey, (4) MPH Alumni Survey, and (5) Community Advisory Board questions. Based upon the findings, the committee makes recommendations for changes for the MPH Program to the Department Chair, MPH Program Committee, MPH Accreditation Committee, and faculty members of the Department. The Committee also makes revisions to surveys as needed. Committee Chair: Michele Mouttapa (Graduate Coordinator); Committee Members: Jie Weiss (current Internship Coordinator), and Sora Tanjasiri (past Internship Coordinator).

5. **MPH Comprehensive Exam Committee:** This ad hoc committee meets approximately twice per year to plan for the implementation of the comprehensive exam, which occurs during week 13 of each semester. This committee is charged with: developing new exam questions, proctoring portions of the exam, and scoring the exams. The committee is comprised of Michele Mouttapa (Committee Chair, Facilitator of the Comprehensive Exam, and writer of the Statistics and Research Methods questions), Jasmeet Gill (Epidemiology questions), Sora Tanjasiri (Health Behavior Theory questions), Jennifer Piazza (Gerontological Health questions), and Danny Kim (Environmental and Occupational Health and Safety questions).

6. **MPH Colloquia/Workshop Committee:** This ad hoc committee meets approximately once per semester and to plan the MPH "Meet and Greet" event (generally 5th week of the Fall semester). This committee solicits recommendations, plans, and advertises one MPH colloquia per semester; plans at least one workshop each semester; works with staff to reserve facilities; and provides food and set-up. Lead planners for spring semesters are the instructors for HESC 501 and 540; lead planners for Fall semesters are the instructors for HESC 500 and 510. Committee Chair: Sora Tanjasiri; Committee Members: Jasmeet Gill, Jessie Jones, Michele Mouttapa, Danny Kim, Michele Wood, MPH Student Representatives: Jordan Aquino, Joseph Domingo, and Georgia Halkia.

7. **MPH Campus Advisory Committee:** This broad, interdisciplinary, 25-member standing committee (Appendix 1D) is composed of full-time faculty members representing 9 different academic departments; one MPH student representative also attends the committee meetings. Fifteen of the members teach at least 1 course within the MPH Program. The MPH Campus Advisory Committee meets approximately 1-2 times per academic year and members engage in ongoing planning and evaluation of the Program. Members submit ideas for new courses and curriculum changes, make recommendations for candidates for new faculty positions, brainstorm ideas for research projects, assist with symposia, colloquia, and workshops for faculty and students, and promote partnerships with community contacts and grant-funding agencies.

8. **MPH Community Advisory Board:** The standing Community Advisory Board (Appendix 1E) consists of members for non-profit and healthcare organizations, schools, and county agencies in the Orange County region who provide significant guidance to the MPH Program to help strengthen the Program in ways that benefit the community. This committee meets approximately once per year and is charged to review the overall program in terms of community needs and future directions in public health. Members also help plan workshops, recommend curriculum and programs for continuing education, provide internships and career advisement. One MPH student representative also attends the Advisory Board meetings.

1.5b. 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

1. **General Program Policy Development**. The MPH Program is fully integrated within CSUF's governance structure and therefore has ultimate accountability to the College Dean, Provost/Vice President for Academic Affairs, and the President of the University. The MPH Program's leadership ensures compliance with all academic standards and policies, including those governing student recruitment, enrollment, registration, grading, and awarding of degrees.

2. **Planning and Evaluation**. The previous section 1.5a describes the MPH committees responsible for program planning and evaluation, including specific functions. The MPH Accreditation Committee, under the direction of the MPH Graduate Coordinator with support from the Department Chair, has general oversight responsibility for the other committees. This organizational structure supports gathering and communicating of information from all key stakeholders required for regular planning and evaluation activities.

   At the College level, program plans and related issues are also discussed at the bi-weekly Council of Chairs meetings, where the Dean, Associate Dean, Assistant Dean, and Department Chairs meet to address a variety of issues including program planning. The Chairs and Associate/Assistant Deans are assigned both programmatic and operational responsibilities, and work closely with the Dean in the administration of their units.

   The organizational structure of the University and of the CHHD, which permits wide faculty representation, provides for a systematic means of addressing program development needs. This work is carried out by standing committees of the Senate and CHHD such as the respective Curriculum Committees, as well as program-related ad hoc committees that are established to address special needs. For example, an ad hoc committee has addressed such issues as campus year round operations, space needs, student evaluation of instruction, on-line course procedures, and collaborative course development across campus.

3. **Budget and Resource Allocations.** The source of funds and budgeting process, including resource allocations is described in detail in section 1.6a.

4. **Student Recruitment, Admission, and Award of Degrees**

   a. Student Recruitment. Student recruitment efforts focus on advertising for underrepresented students and attracting individuals from our local health care agency personnel, community health educators and health practitioners, and recently graduated CSUF Health Science students exhibiting strong experience in Public Health. A number of materials and services have been produced and implemented for recruitment purposes including:

   - The MPH Program **brochure** that is available in the main office and on the Department website: http://hhd.fullerton.edu/hesc/mph/viewsheet.pdf
   - The MPH **course catalog** that is publicly available online at: http://www.fullerton.edu/catalog/pdf/Depts_Finance-History.pdf#HEALTH_SCIENCE
   - The MPH **website** (http://hhd.fullerton.edu/hesc/mph/mph_overview.html) is under the Health Science Department's website and is linked with CSUF website.
   - The **MPH Handbook** includes a general overview of the MPH Program, courses required in each track, detailed information regarding the MPH internship requirements and the culminating experience requirements (project, thesis, and comprehensive exam), forms that MPH students commonly use (e.g., the study plan form), graduate policies and procedures, and scholarship information. The handbook is updated annually and uploaded on the following website: http://hhd.fullerton.edu/hesc/mph/Handbook/handbook.html.
   - Descriptions of faculty affiliated with the MPH program and their contact information are available on line at: http://hhd.fullerton.edu/hesc/faculty/index.html.
   - **CA/NV Public Health Training Center** provides several workshops and webinars throughout the year to potential graduate students. Our faculty are often presenters and our Department logo is included.

- **Campus community forums and trainings** by our department Centers and Health Promotion Research Institute are instrumental in recruiting students to apply for the Program.
- **MPH program banners and booth displays** for campus job/and or degree fairs, welcome to CSUF events, department scholarship award events, and at local and national conferences attended by students or faculty.
- **Promotional materials** (e.g., award pens and bags) that are distributed to increase MPH visibility throughout the campus and community.
- **MPH announcement boards, student theses/project frames, and a proposal/defense workroom** that were developed to support active students, but also used as recruitment tools for undergraduate students at CSUF. The Kinesiology and Health Science building houses many undergraduate courses, public events, sporting events, and community events. Traffic is heavy throughout the years even when administrative offices are closed.

b. Student Admission. The MPH Admissions Committee is charged with reviewing all MPH applications and making recommendations to the Graduate Coordinator and Department Chair for admission into the MPH Program. The Department Chair and the Graduate Coordinator approves all admission decisions. The committee will consider applicants who satisfy all requirements for admission to the Graduate School including:

- The University requirement: A baccalaureate degree from an accredited institution with at least a 2.5 overall Grade Point Average (GPA) or in the last 60 units attempted.
- The MPH Program requirement: A Cumulative GPA of 3.0 or higher.
- Completion of 6 units of statistics and research methods courses.
- Appropriate educational and career, volunteer, or internship experience in the applicant's preferred advisement track (Health Promotion/Disease Prevention, Environmental and Occupational Health and Safety, or Gerontological Health).
- English language skills: Applicants whose native language is not English are required to submit a score on the Test of English as a Foreign Language (TOEFL). In addition, the MPH Admissions Committee meets in person with MPH applicants from the American Language Program (ALP) to determine whether their career interests, oral communication, and writing skills are appropriate for admission into the MPH Program.

We have several prospective MPH applicants who have excellent work experience in the field of public health. However some of them do not meet the 3.0 GPA requirement for admission, or have not taken academic courses in several years. In such cases, the MPH Coordinator meets with the applicants and provides suggestions for CSUF MPH elective courses that applicants could take to demonstrate their current academic capabilities. If prospective applicants express interest in taking these courses, they will receive a special permit to add these courses. The MPH Committee will consider grades earned in these courses when reviewing their applications. Students who are accepted into the program can transfer in up to 9 units of 400-level courses or higher, either from CSUF or another institution, to fulfill MPH elective requirements. Units must be approved by the MPH Coordinator.

c. Student Award of Degrees. During the semester that all MPH coursework, internship experience, and culminating experience are to be completed, a student files a graduation check. A graduation check verifies that all requirements of the study plan have been completed, pending successful completion of the last semester of units. The MPH Graduate Coordinator reviews and approves the completed study plan (in consultation with track advisors), and the Office of Graduate Studies completes an evaluation. If all objectives have been met by the end of that semester, the student will be awarded the MPH degree.

5. **Faculty Recruitment, Retention, Promotion, and Tenure**.

a. Faculty Recruitment: As previously mentioned, new faculty positions come to colleges and to departments based on enrollment growth. Each spring semester, the Dean, in consultation with

Department Chairs, develops a list of faculty position requests to be submitted to the Provost/Vice President for Academic Affairs (VPAA). Once a new position is approved, departments begin the search process which first involves the election of a Search Committee and a Search Committee Chair. Subsequent processes involve developing a position description, designing a recruitment plan, posting the position announcement, reviewing applicant files, conducting phone and on-campus interviews, contacting references, and ultimately, if the search is successful, making a recommendation to the Department Chair and to the Dean.

b. Faculty Retention, Promotion, and Tenure (RTP): Performance expectations and RTP processes are clearly articulated in the Health Science Department Personnel Standards (Appendix 1J). The Health Science Department Personnel Standards (DPC), together with UPS 210.000 (http://www.fullerton.edu/senate/documents/PDF/200/UPS210-000.pdf), clearly describes all policies and procedures related to the personnel evaluation process. These processes include election of DPC and its role, as well as the roles of the Department Chair, the Dean, the Faculty Personnel Committee, the VPAA, and the President. Department and university personnel standards also describe the purpose and required contents of the Portfolio and the general timelines for submission.

6. **Academic Standards and Policies.** CSUF educational and professional policy standards address, among other things: curricula; academic standards; criteria and standards for the selection, retention, and promotion of faculty members; academic and administrative policies concerning students; and allocation of resources. All policies developed by the Department of Health Science are congruent with CSUF policies and procedures. For details, refer to: http://www.fullerton.edu/far/polpro/process.htm. See CSUF University Catalog sections on University Regulations and Graduate Regulations for additional details at: http://www.fullerton.edu/catalog/pdf/Graduate_Regulations.pdf.

7. **Research and Service Expectations and Policies.** All faculty members are expected to establish a focused and ongoing research agenda that leads to high quality, peer-reviewed publications. In addition, all faculty are expected to contribute to their profession, to the University, and to the community through appropriate service activities. Detailed research and service expectations and policies are outlined in the Department Personnel Standards (Appendix 1J).

1.5c. 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.

The MPH Program follows all policies and procedures of CSUF regarding the rights, obligations and compliance of faculty, administrators and students in the governance of the Program described in 4 major sources: (1) the Collective Bargaining Agreement, which can be viewed at: http://www.calstate.edu/LaborRel/Contracts_HTML/contracts.shtml; (2) the University Policy Statements (including bylaws) at: http://www.fullerton.edu/senate/documents/ups.asp; (3) the 2011-2013 University Catalog: http://www.fullerton.edu/catalog/; and (4) the Student Government Policies and Bylaws at: http://asi.fullerton.edu/government/policiesAndBylaws.asp. In addition, the Program's core values provide the guiding principles framing the rights and obligations of administrators, faculty and students.

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

As seen in Tables 1.5.1 and 1.5.2, MPH Program faculty are highly involved in University, College, and Department governance.

Table 1.5.1 University Wide Committees/Appointments in Last 3 Academic Years*

Committee Name	2009-2010 Faculty	2010-2011 Faculty	2011-2012 Faculty
Academic Senate	McMahan	McMahan	Jones, Yang
Student Life-Senate		Chandler, Mouttapa, Weiss,	
Asian American and Pacific Islander Faculty and Student Association	Weiss, Tanjasiri		
Alcohol & Other Drugs Advisory Committee	Chandler, Mouttapa, Weiss	Chandler, Mouttapa, Weiss	Kim, Mouttapa
Center for Internships and Community Engagement	Tanjasiri	Tanjasiri	
Disaster Preparedness		Wood	Wood
E-learning Consortium		McEligot	McEligot
Emergency Operations Center (EOC) Team			Wood
Faculty Sabbatical Leaves		McMahan	Jones
Food Advisory Board			Gill
Great Shake Out			Wood
Gerontology Program Council		Jones, McMahan	Jones
General Education Committee-Senate	Kim, McMahan	Kim	
Health Promotion Research Institute		Jones, McMahan, Tanjasiri, Weiss	
Health Professions Committee	Chandler, Tanjasiri	Chandler, Tanjasiri	Chandler, Tanjasiri
International Programs	Weiss	Weiss	Weiss
Library Committee- Senate	DiStefano	DiStefano	Kim
Professional Leaves Committee-Senate		McMahan	
Student Health Advisory Committee	Chandler, McEligot	Chandler, McEligot	Chandler, McEligot
Student Life-Senate	Mouttapa		
University Board on Writing Proficiency- Senate		Mouttapa	Mouttapa
UEE Healthcare Information Technology			Kim, Jones
WASC Sub-Committees	Chandler, McMahan	Chandler, McMahan	Chandler

*Includes all Department faculty.

Table 1.5.2 College and Department Committees*

Committee Name	2009-2010 Faculty	2010-2011 Faculty	2011-2012 Faculty
CHHD-Curriculum Committee	Mouttapa	Chandler	Chandler
CHHD- Deans Advisory Board	McEligot	Yang	Yang
CHHD-Technology Committee:	Kim	Kim	McEligot
HESC-Academic Advisement Center Coordinator	Chandler	Chandler	Just
HESC- Undergraduate Coordinator	Chandler	Chandler	Yang
HESC-Eta Sigma Gamma Faculty Advisor	Mouttapa	Mouttapa, Gill	Gill
HESC-Personnel Committee	Jones, Tanjasiri	Jones, Weiss	Tanjasiri

Table 1.5.2 College and Department Committees*

Committee Name	2009-2010 Faculty	2010-2011 Faculty	2011-2012 Faculty
HESC-Personnel Standards Committee			Gill, McEligot, Wood
HESC-Search Committee (Environmental Health)		Kim, DiStefano, Wood	
HESC-Search Committee (Gerontological Health)			Mouttapa, Rose, Wood
HESC-Search Committee (Health Promotion/Disease Prevention)			Gill, Tanjasiri, Yang
HESC-Space & Equipment Committee			Breskey, DiStefano, Kim, McEligot, Tanjasiri,
HESC-Undergraduate Committee			Breskey, Chandler, DiStefano, Gill, McEligot, Vazin, Yang,
HESC-Undergraduate Assessment Committee			DiStefano, Kim, Yang
HESC-Curriculum Committee			Chandler, Breskey, DiStefano, Just, McEligot, Vazin, Yang
MPH Graduate Coordinator	McMahan	McMahan, Jones	Jones, Mouttapa
MPH Internship Coordinator	Tanjasiri, McMahan	Tanjasiri, McMahan	Tanjasiri
MPH Program Committee			Gill, Jones, Kim, Mouttapa, Tanjasiri, Wood,
MPH Accreditation Committee			Aboud, Jones, Mouttapa, Tanjasiri
MPH Admissions Committee	Mouttapa, Gill, Weiss,	Mouttapa, Gill, Weiss	Gill, Mouttapa, Kim
MPH Awards and Scholarship Committee			Gill, Kim, Mouttapa
MPH Colloquia Coordinator	McEligot	McEligot	
MPH Colloquia Committee			Gill, Jones, Mouttapa, Tanjasiri
Center Names			
Center for Cancer Disparities Research Director	Tanjasiri	McEligot	McEligot
Center for Healthy Lifestyles and Obesity Prevention, Director:	McMahan	McMahan	McMahan, Weiss
Fibromyalgia and Chronic Pain Center Director	Jones	Jones	Jones
Health Promotion Research Institute Director(s)	Jones, Tanjasiri	Tanjasiri	Tanjasiri

*Includes all Department faculty.

1.5e. Description of student roles in governance, including any formal student organizations.

Students participate in the governance of the MPH Program and on-campus committees. Opportunities for student involvement on University-level committees include: (1) the Institutional Review Board, (2) the Graduate Education Committee, (3) Committees of the Academic Senate, and (4) Associated Students, Inc. (ASI). MPH students also play central roles in governance through the following activities:

- Participating in an annual **MPH student "Meet and Greet,"** an event in which the incoming MPH cohort is introduced and interacts with the 2nd year MPH cohort. This event facilitates cross-cohort networking and mentoring. At the most recent "Meet and Greet," we had 2nd year cohort and alumni serve on a panel to discuss "Tips to be Successful in the MPH Program." All MPH faculty were introduced at the event, and then were available to answer student questions.
- Becoming a member of **Eta Sigma Gamma (ESG)**, the student honorary society for the Department of Health Science. This student organization is open to Health Science and MPH students. ESG provides students with opportunities for leadership, research experience, community service, networking with faculty, classmates, and other public health-related organizations. ESG plans and fundraises for the annual MPH Meet and Greet event and the MPH Spring Symposium.
- Becoming an **MPH Program Committee Representative**. Every year, 2-3 MPH students (1 student from each of the current cohorts) are elected by their classmates to serve as representatives for the MPH Program Committee. Representatives attend all MPH Program Committee Meetings. They serve as a line of communication between the faculty and MPH students, so that students can provide feedback regarding their experience in the MPH Program.
- Serving as a member of the **Accreditation Committee**. One MPH student is hired part-time to serve on this labor intensive committee. All students are encouraged to provide feedback on the Self-Study, which is posted on the Department website.
- Serving as a member on **MPH Colloquia/Workshop Committee**. This past year, the Committee members met with the entire 2nd year MPH cohort to receive feedback from them.
- Joining the **MPH Admissions Committee**. Every year, this committee appoints 1-2 MPH students to assist with preparing MPH applications for review and to provide feedback regarding some applicants.
- Serving as a student representative and attending the **MPH Community Advisory Board** and **Campus Advisory Committee** meetings and providing input.
- Completing the online **MPH Current Student Survey, the MPH Exit Survey, and the MPH Program Alumni Survey**. These surveys provide current and former students an opportunity to provide feedback regarding course content, course offerings, quality of advisement, their internship and culminating experiences, and experiences with administration.
- Participating as a member of our annual **MPH Alumni Focus Group** (initiated in Spring 2012). Participation in this focus group provides alumni with the opportunity to provide feedback in greater detail relative to the MPH Program Alumni Survey.
- **Meeting Faculty Search Candidates**. MPH students are invited to talk to faculty search candidates at assigned times during the interview process. They are also invited to attend candidates' teaching and research demonstrations, and provide written feedback regarding candidates' performance. The Faculty Search Committee takes this feedback into consideration when making hiring recommendations.
- Joining the **MPH Social Network Communities** through Titanium (MOODLE), Facebook, and LinkedIn. Current and former MPH students are invited to join these online social networks. They may also use these networks to communicate with faculty and other students.
- Evaluating the quality of faculty teaching via **Student Opinion Questionnaires** (SOQs) at the end of every class every semester.

1.5f. 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 administration, faculty, and students have clearly defined rights and responsibilities concerning program governance and academic policies. Program faculty are highly involved in campus-wide committees. With the increase in the number of faculty since our last review, we have been able to develop additional committee structure for the MPH Program, thereby increasing faculty and student involvement in program governance. The governance and organizational and committee structure have well-defined tasks and clear lines of accountability for planning, achieving objectives and complying with policies. The University and the College have strongly supported the growth of our program by providing funds for new faculty hires and by supporting research through intramural grants. Furthermore, Dr. Shari McMahan, the current CHHD Dean is the former Chair of the Health Science Department. She understands and strongly supports the MPH Program, as she was the key faculty member who developed the MPH Program. University Policy Statement documents and MPH materials (e.g., MPH handbook, online resources) clearly outline expectations of faculty, students, and staff.

Weaknesses: Because most of our MPH students work, we face on-going challenges in increasing and strengthening student involvement in committees and governance beyond what is currently conducted. Thus, current student representatives are heavily relied upon to provide feedback from their fellow students to faculty, and to report back to students regarding planned efforts and activities. Every year key MPH faculty (Graduate Coordinator and Internship Coordinator) visit the 1st and 2nd year cohorts during core classes to share important information and guidance, and facilitate discussion regarding student concerns and questions. Future plans to increase alumni involvement in governance include the establishment of an MPH Alumni Association.

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

1.6a. 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.

The MPH Program is administered and supported by the Department, which provides financial support for faculty teaching and mentoring, research, program administration, office and classroom space, computers, telephone and postage, office supplies and incidental expenses related to the MPH Program. As shown in Table 1.6.1 (next page) the major sources of funding for the Department come from the following sources:

1. **General Fund Allocation**. General fund allocation comes from the University, and is comprised of funds collected from student tuition and fees ($4,962 in 2009, $5,472 in 2010, and $6,738 in 2011) along with state appropriations. The general fund allocation provides funds to the College (and in turn to the Department, which covers the MPH Program) based upon past and projected enrollment statistics (e.g., full time equivalent students, FTES). Within the College, baseline resource allocations to departments are also distributed based on enrollment (FTES) and on the Department's assigned student-faculty ratio (SFR). In the most recent year, the Health Science department had 683 FTES, and an SFR of 20, which was equivalent to 34.15 full-time faculty**.** After full-time faculty positions in each department are subtracted from the FTEF allocation, the remainder of position allocations can be used to fund part-time faculty, graduate assistants, and assigned time for major department service.
2. **External Grants/Contracts.** Direct funding from external contracts, grants, and gifts. Indirect cost (IDC) recovery funds from contracts and grants (calculated as 15% of the total IDC to the University) are given back to the colleges, which distributes a portion back to departments.
3. **Intramural Grants.** CSUF provides funding opportunities to faculty to support pilot research and special initiatives, including the President's Mission and Goals Initiatives (MGI) and the Center and Institute Planning and Expansion Program (CIPE). For instance, the Department has received the following funding to support faculty and student research activities:
   - MGI: $15,994 in 2009 for the Fibromyalgia and Chronic Pain Center (Jones)
   - CIPE: $15,000 in 2010 for the Health Promotion Research Institute (Jones and Tanjasiri)
4. **Gifts.** Through University Advancement the Department receives gifts made from individual charitable contributions. The largest gift thus far has been $50,329 from Kathryn McCarty in 2008 that funded the naming and renovation of the MPH student lounge along with an annual scholarship provided to an outstanding MPH student.
5. **Open University Fees** from non-matriculated students are obtained from fees collected by Extended Education.

Requests for new funding are made each Spring by the Department to the Dean regarding budgetary needs for the upcoming year. Based on department growth projections, new position requests are forwarded to the Provost/Vice President for Academic Affairs (VPAA), with notice of approval generally received prior to the end of the Spring term. Simultaneously, requests for additional support staff and other large items (such as major equipment purchases, space renovation, etc.) are submitted by the Dean via the VPAA to the University Planning, Resource, and Budget Committee (PRBC). The PRBC then reviews requests from throughout the campus and makes recommendations to the President. The President, in consultation with her President's Advisory Board, announces her baseline and one-time budget decisions by June 15 of each year, contingent on expected funding from the Governor.

1.6b. 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.

The MPH Program is financially embedded in the Department of Health Science, which has the responsibility and accountability to support the Program's faculty, student support, and administrative infrastructure. The table below shows the budget for the Department by major funding source, as well as the expenditures, for the last 5 fiscal years (from July 1-June 30 of each year). It should be noted that the General Budget allocation for the MPH Program and for faculty and staff salary expenditures are 'estimated' values, based on the assumption that the resources for the MPH Program account for approximately 25% of the Department's FTES.

Table 1.6.1 Sources of Funds and Expenditures by Major Category, Fiscal Years 07-08 to 11-12

	FY07-08	FY08-09	FY09-10	FY10-11	FY11-12
Source of Funds					
General Fund Allocation*	$324,807	$336,955	$317,342	$370,188	$374,969
External Grants/Contracts**	2,283,577	2,930,802	1,968,370	1,749,861	2,037,405
Intramural Grants**	10,000	10,747	15,994	20,999	60,328
Indirect Cost Recovery	22,401	28,968	17,176	18,939	34,233
Gifts	25	54,029	1,798	7,405	11,594
Open University Fees to MPH Program	9,032	7,613	5,198	8,311	7,301
Total	$2,649,842	$3,369,114	$2,325,878	$2,175,703	$2,525,830
Expenditures					
Faculty Salaries & Benefits	$380,183	$400,363	$396,192	$430,027	$458,595
Staff Salaries & Benefits	23,866	23,635	24,961	31,672	22,907
Student Support***	13,691	12,800	10,311	9,202	15,466
Operating Expenses*	31,181	18,261	19,244	21,991	8,036
Travel	12,624	8,683	1,851	3,238	3,165
Other: Consultants, stipends, proposal development, advisory board expenses, etc.*	6,257	20,875	13,619	9,666	13,150
Total	$467,802	$484,617	$466,178	$505,796	$521,319

* MPH program allocation calculated at 25% of overall funds to or expenditures by the Department.
**Health Science primary faculty only
***Does not include student support on research grants and contracts, which is managed separately by the CSUF Auxiliary Services Corporation (see http://csufasc.org).

Most of the funds listed under "External Grants/Contracts" are not under the control of the Program, but rather used to pay for direct costs (e.g., subcontracts, supplies, travel) and indirect costs (approximately 35% for post-award support, facilities, etc.) related to implementation of the funded studies. Only approximately 5% of grant incomes are used for the program; namely, to pay for faculty salaries. For instance, in FY07-08 only approximately $106,000 of the $2,283,577 were used to support salaries of MPH faculty, which means that the total Program income for that year was $472,265 (and the total expenditures were $467,802). This is the explanation for why it appears that grant and contract income is hardly spent.

1.6c. 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.

This is not applicable to the MPH Program.

1.6d. 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.

Table 1.6.d – Outcome Measures for Fiscal Resources Between Fall 2009 and Spring 2012

Outcome Measure	Target	2009-2010	2010-2011	2011-2012
Budget: At least $6,000 program expenditures per full time equivalent student (FTES)*	At least $6,000 per FTES	$6,660 per FTES Met	$7,493 per FTES Met	$7,501 per FTES Met
C-5. Ratio of students to faculty should be maintained at 9:1**	9:1	6.8:1 Met	6.1:1 Met	5.5:1 Met
C-6. 100% of graduate level courses have fewer than 30 students	100% of courses	80% Unmet	100% Met	90% Unmet
Research dollars per full-time equivalent faculty***	NA	$258,996 Met	$186,155 Met	$190,411 Met

*Calculated by dividing the total program expenditures (Table 1.6.1) by FTE students in each year.
**Calculated by dividing FTE students by FTE total faculty in each year.
***Calculated by dividing external grants/contracts by FTE primary faculty in each year.

1.6e. 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 MPH Program continues to have the financial, student and faculty resources needed to fulfill its mission and goals, particularly in the areas of faculty hires, extramural and intramural research, and infrastructure for teaching. In addition to a steady general fund allocation to the Department, faculty's success in external grants and contracts enables the Program to devote resources to research that support considerable community-based efforts and student activities.

Weaknesses: While we strive to maintain smaller student to faculty ratios to enhance student learning, we faced 2 unexpected challenges. First, in Fall 2009 a higher proportion of MPH students than anticipated were admitted into our program, leading to 31 students (after 1 student withdrew) in 6 of the core classes. Second, in Fall 2011, in addition to our new MPH cohort, we also accepted 17 students who completed their Public Health Certificate (from the Orange County Health Care Agency) into the MPH Program and blended them with the first and second year students in the core classes to promote student collaboration and bonding. In the latter case, however, this blending became problematic since the different cohorts had varying academic coursework prior to enrolling in these blended classes. In the future, when we accept certificate students into the MPH Program, they will have their own core courses in order to not have courses larger than 30, and to maintain the unique and close identities of each cohort.

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

1.7a 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 concentrations/tracks.

Table 1.7.1 Headcount of Primary Faculty

	2009-2010	2010-2011	2011-2012
Health Promotion/Disease Prevention (HPDP)	6	5	7
Environmental & Occupational Health and Safety (EOHS)	3	2	4
Gerontological Health (GERO)	3	5	4

1.7b A table delineating the number of faculty, students and SFRs, organized by tracks for each of the last three years.

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

	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
Academic Year 2009 – 2010 (Aug-May)										
HPDP	6	3.6	2	.40	8	4.0	48	40.1	11.1	10.0
EOHS	3	2.0	6	1.40	9	3.4	12	10.0	5.0	2.9
GERO	3	2.0	4	.90	7	2.9	13	10.9	5.5	3.8
Academic Year 2010 – 2011 (Aug-May)										
HPDP	5	5.0	3	.90	8	5.9	50	41.8	8.4	7.1
EOHS	2	1.6	2	.40	4	2.0	15	12.5	7.8	6.3
GERO	5	2.8	2	.40	7	3.2	16	13.2	4.7	4.1
Academic Year 2011 – 2012 (Aug-May)										
HPDP	7	5.5	3	.90	10	6.4	66	48.5	8.8	7.6
EOHS	4	3.2	2	.40	6	3.6	20	14.3	4.5	4.0
GERO	4	2.0	3	.60	7	2.6	8	6.7	3.4	2.6

* FTE Faculty (FTEF) is calculated by multiplying the head count (HC) for faculty by the proportion of time each faculty member teaches in the MPH Program.
** FTE Student (FTES) is calculated by multiplying the head count (HC) for students by the proportion of time each student is in the MPH Program. A full-time student is defined as taking 9 or more units each semester, while a part-time student is defined as taking less than 9 units each semester.

1.7c. 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 has a total of 6 staff who support various needs of MPH primary faculty regarding instruction (e.g., course and classroom scheduling, processing add/drop paperwork, processing change of grade forms, etc.), service (e.g., support for new faculty hires, retention/ tenure/ promotion documents, etc.), and research (e.g., hiring graduate research assistants, processing travel authorizations and reimbursement requests, etc.).

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

The MPH Program is housed in the 72,000 sq. ft. Kinesiology and Health Science (KHS) building. The building includes 42 faculty offices, a large lecture hall (KHS 199), 13 additional classrooms (7 that are university-owned and 6 that are department-owned, all equipped with "smart classroom" technologies), a Wellness Center, a media lab, and other research/teaching labs (see section 1.7e). The building also includes a suite of research offices for student research assistants working on faculty research projects. There is an MPH student lounge (KHS 002) containing 3 computers, 1 printer, and a long conference table for students to study and work on group projects. In addition, the College of Health and Human Development maintains 4 instructional labs (EC 13, 25, 55, and 125) that contain computers, printers and software.

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

The MPH Program maintains the following laboratory space for the conduct of faculty and student research activities:

- **Public Health Research Suite (KHS 106A-F)** contains 6 smaller offices and 1 large storage area, and houses the Fibromyalgia and Chronic Pain Center, Center for Healthy Lifestyles and Obesity Prevention, Center for Cancer Disparities Research, and the CA-NV Public Health Training Center.

- **Health Promotion Research Institute Suite (KHS 115A-I)** contains 9 smaller offices and 1 large common area (that seats 20 in conference or classroom style) that houses HPRI and affiliated research project staff.

In addition, the MPH Program shares the following laboratory space with the Department of Kinesiology:

- **Exercise Physiology Lab (KHS 014)** is used primarily for neuromuscular testing, submaximal and maximal aerobic fitness testing, and anaerobic fitness testing (e.g., Wingate Testing). It also has the capability for blood analyses (blood lactate, cholesterol, glucose, and other blood chemistry). Equipment includes isokinetic and isometric strength equipment (Cybex II+ and HUMAC NORM), cycle ergometers, a treadmill, metabolic measurement system (ParvoMedics), and blood chemistry instruments.
- **Fitness Assessment Laboratory (KHS 004)** is used to assess fitness (aerobic fitness, body composition, blood pressure, strength, flexibility and lung function) in CSF students, athletes and employees, and members of the community. Equipment includes hydrostatic weighing tank, treadmill, cycle ergometers, Keiser bench press and leg press, lung function equipment, skinfold calipers, grip strength dynamometers, and blood pressure equipment.
- **Blood Laboratory (KHS 014)** is designed to collect blood samples from human subjects to monitor physiological adaptations to intervention studies. Equipment and supplies include centrifuge refrigerator with rotor and adaptor baskets, deep freezer, distilled water, plate reader and plate washer, nutator, shaker, stethoscopes, Bayer DCA 2000 HbA1C analyzer, multiple volume and multichannel pippetters, blood drawing syringes, gauze, bandaids, tape, needles, tubes, racks, microcentrifuge tubes, distilled water, plastic buckets for ice to keep samples, blood pressure cuffs, safety guards, lab coats, sharps containers.
- **Media Room (KHS 230)** provides audio-visual support for student and faculty needs (e.g., projects and presentations). Equipment includes VHS to VHS capability, VHS to digital capability, computer video-audio editing including Pinnacle Studio 9 and Nero editing software, video conversion – VHS to Digital format for student projects, Dell GX270 2.8 GHz workstation with Sony DVD burner, Pinnacle Movie Box with Pinnacle 9 software, Sony VHS to DVD burner, 2 Sony 36 inch Televisions for VHS\DVD duplication, 2 Sony VCR's for VHS dubbing.

The Center for Successful Aging (KHS 011, 121, 123) promotes health and vitality, and the reduction of frailty and disability, in later years. The Center offers various classes: Fit 4 Life, Yoga, Balanced Fitness, and FallProof™ Balance and Mobility. Programming is based on a whole-person wellness model that integrates six essential dimensions of wellness. Equipment includes: treadmills, free weights, machine equipment, balance and mobility equipment, and small therapeutic pool.

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

All MPH Program faculty and staff offices are equipped with desktop printers and computer workstations that are all connected to the University's network server and portals. Computers for faculty and staff members, with clearance to see students' records, have access to the University's Admissions and Records department database. Faculty and staff also have access to the following resources:

- **Shared resources (KHS 121 and 124)** including 1 fax machine, 1 networked laser printer, and 2 networked copier machines for instructional and research needs.
- **Instruction Support (KHS 185)** provides teaching resources additional to current classroom technology. Equipment includes 3 mobile carts with each having a Dell Latitude D600 and Epson 821 projector, videos, VHS/DVD players, and software.
- **Technology Support Center (EC 50)** provides faculty with 24/7 access to high-capacity scantron scanning, document scanning, multimedia production (Mac OSX 10.6 Snow Leopard with Adobe Creative Suite, Final Cut Express, Aperture, iLife '09, and MS Office 2008), audio and video equipment, VHS/DVD recorder, flat screen TV, and color laserjet printer.

MPH students have access to the following computer resources:

- **Kinesiology and Health Science Computer Lab (KHS 272)** provides students hands-on experience in utilizing computer software for data analyses. Equipment includes 37 Dell Optiplex 790 workstations and 2 Hewlett Packard 4350 B/W printers. Software available on these computers include MS Office 2010, SPSS, SAS, Atlas.ti, Survey Monkey and Zoomerang. At their computer workstation, instructors have total control of every student computer in the classroom via video, audio, keyboard and mouse with LINK System 2
- **MPH Student Lounge/Study Area (KHS 002)** was renovated in Spring 2012 to provide a quiet and private space exclusively for students enrolled in the MPH Program to study, meet for group projects, and conduct research. Equipment includes 3 computer workstations, 3 desktop printers, 1 large networked printer, and 1 large table to facilitate group interaction and teamwork. Software includes MS Office, SPSS and Atlas.ti.
- **Titan Computer Lab (Pollak Library North 30)** is a university run computer lab that is available to all students enrolled in the University. This open access lab enables students to use computers for research and/or homework throughout the day, including times when other computer labs on campus are either closed or being utilized by classes. Equipment includes 213 PCs (with software such as Adobe, MS Office 2010, SAS 9.3, SPSS 20, Endnote Web, and MS Visual Studio) and 5 Macs (with Adobe, MS Office 2011, SPSS 20, iLife 2011 and iWork 2009), 6 scanner stations, 12 workstations, and printers.

1.7g. 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.

CSU libraries acquire materials in a variety of print and electronic formats that meet the instructional and research needs of faculty and students. In order to keep pace with the consistent demand for materials in electronic formats, the CSU libraries utilize a consortia purchasing model resulting in the Electronic Core Collection (ECC), a collection of digital information resources, accessed by all 23 campuses. The ECC contains over 45 resources and over 25,000 full text titles supporting core curricula in the Colleges of Arts

and Humanities, Life and Physical Sciences, Social Sciences, and Professional Programs (including Engineering, Computer Sciences, Nursing, Education, Business Administration and Public Administration).

CSUF's Pollak Library is located in the center of the CSUF main campus. The library's holdings include more than 1.2 million volumes of print items, 60,000 eBooks, and over 50,000 journals accessible through subscriptions and database aggregators. The library has a strong reference services program. The reference team answers approximately 12,000 questions per semester at the reference desk. In-person reference service is open from 10:00 to 7:00 Monday through Thursday and 9:00 to 5:00 on Friday, and virtual reference services are available 24/7. Health Science students are able to contact the designated Health Science Librarian directly via email, telephone, or instant messaging. Research consultants are also available to assist students and faculty. The consultants can also develop course-specific research guides for instructional purposes. Librarians at the Pollak Library also teach between 250 and 350 instructional sessions per semester. These sessions serve to orientate students to the library's physical and virtual branches as well as to provide the information literacy skills that they will need to become efficient and knowledgeable researchers. The Department of Health Science Librarian typically teaches instructional sessions for the HESC 500 course, which is offered to MPH students in the first semester of the Program.

Through the Interlibrary Loan/Reciprocal Borrowing, students and faculty have access to virtually any material that is needed if it is not available locally. For those ambitious students who cannot wait a couple of days for material to arrive via interlibrary loan or who want to browse collections at other local institutions, we have reciprocal borrowing with a number of universities. The most generous reciprocal privileges are granted from other CSUs; however, students have access to a number of other local universities as well. There are no fees for students to use either interlibrary loan or reciprocal borrowing services. Students and faculty have online access to a variety of resources including a state of the art library catalog and a large group of electronic index databases. Please see the Health Science Collection Section below for a description of selected resources related to Health Science. The Pollak Library has over 500 computers available for student use. All of them have the Microsoft Office suite. Approximately 235 of them have access to more advanced software applications such as SPSS. In addition, there are 3 "high tech" rooms where students can create multimedia presentations using the latest software applications and equipment. Two additional podcasting studios are also available. Technical support staff are available at the library during all open hours. Technical assistance (24/7) is available over the telephone. CSUF students have remote and on-campus access to approximately 200 databases through the Pollak Library. Health Science and related databases include but are not limited to: CINAHL Plus with Full Text, PubMed, Cochrane Library, Academic Search Premier, PsycINFO, PsycArticles, SportDiscus, Social Services Abstracts, and Sociological Abstracts. These databases provide access to the bibliographic information from countless academic journals. Items that are not immediately available can be acquired via interlibrary loan. The library has full-text access (the large majority of which is electronic) to over 7,700 health science journals.

Lastly, the library holds thousands of books and over 3,500 ebooks related to health. Among the 1.2 million plus books the library offers, the exact number of those books related to Health Science is difficult to determine but, it probably ranges between 30,000 and 40,000. Examples of title words include Health Science, Nursing, Pediatrics, Obstetrics, Mental Health, General Medicine, and Public Health. Growth of the health science collection is through a carefully designed approval plan where works from the top health science publishers in relevant call number ranges are collected. This process is augmented by faculty and librarian requests for items relevant to health science. Currently, most faculty requests for print items are honored. Major purchase requests go through the collection development team and approval depends on a variety of factors. Requests are made through a form on the website but may also be made through the health science librarian. Newly-acquired items may be discovered through our online catalog. Expenditures on print titles vary according to the fluctuating library budget.

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

Additional resources available to MPH faculty, staff and students include the following:

- A dedicated **Information Technology (IT) staff member** maintains and upgrades all computers and other lab equipment on an annual basis. The campus IT member also maintains all technology in "smart classrooms" on campus, including those in the KHS building. The University's IT administration also upgrades faculty and staff computers on a regular basis; current computer standards include 4GB RAM, Windows 7 and Office 2010. In addition, faculty, staff and students can obtain IT help by phone (657-278-7777) or email (helpdesk@fullerton.edu) to address any IT concerns.
- The **CHHD Information Technology** team offers web hosting facilities and website design to support its departments and special programs.
- The Departments of Kinesiology and Health Science and the University maintain "**smart classrooms**" containing LCD projectors, computers, VHS/DVD players and wireless internet connections to facilitate the use of technologies in instruction. The departments maintain KHS 017, 102, 110, 119, 289 and 272, while the University is responsible for maintaining KHS 104, 108, 160, 164, 172, 174, 199 and 270.
- The **Faculty Development Center (FDC)** offers a wide variety of support for faculty teaching, research and service. The FDC promotes incorporation of technology into instruction, offers classes and individual consultation to assist faculty with their endeavors, and provides intramural grants to fund new efforts. The FDC also promotes research stimulation in the form of trainings on quantitative and qualitative methods, writing and publication, and intramural faculty-student travel grants. Programs and opportunities are available to full-time and part-time faculty.
- The **Center for Internships and Community Engagement (CICE)** maintains formal agreements between the University and hundreds of community sites that provide meaningful opportunities for internships and other collaborations for MPH students. All MPH internship field placements are conducted through the CICE, which ensures that students have learning objectives, appropriate preceptors (who possess at least an MPH or equivalent), and liability coverage for all internship activities. Currently through the CICE the MPH Program maintains affiliations with nearly 75 public health-related community agencies throughout southern California.

1.7i. 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.

Table 1.7.i – Outcome Measures for Resources

Outcome Measure	Target	2009-2010	2010-2011	2011-2012
N-1. At least 2 faculty retreats per year.	2 retreats/year	Met	Met	Met
N-2. 1 faculty/staff meeting every other week	Biweekly faculty/staff meetings	Met	Met	Met
N-3. 3-4 other events each semester that include opportunity for dialogue	3-4 events/semester	Met	Met	Met
N-4. At least 1 article appearing in CSUF publications	1 article per year	2 Met	2 Met	3 Met
N-5. At least 1 external conference sponsored by the centers or faculty	1 conference sponsored per year	2 Met	5 Met	2 Met
O-1. At least 75% of faculty members enroll in Faculty Development Center	75% of faculty	4/10 (40%) Unmet	2/10 (20%) Unmet	2/11 (18.1%) Unmet

classes each 2-year period.				

Table 1.7.i – Outcome Measures for Resources

Outcome Measure	Target	2009-2010	2010-2011	2011-2012
O-2. At least 25% of staff participate in employee development trainings each year	1 staff training per year	Met	Met	Met
O-3. At least 1 in-house training session per semester for staff/faculty	1 staff/faculty training per year	Met	Met	Met
P-1. Maintain adequate space and facilities to support instructions, research and service activities of MPH faculty and students	Program is housed within the 72,000 square foot Kinesiology and Health Science complex	Met	Met	Met
P-2. Maintain a designated classroom/computer lab	1 lab with computer workstations all networked to 1 faculty workstation with administrative control; 2 digital projectors; 2 laser printers	Met	Met	Met
P-3. Maintain all computer and lab equipment.	Designated IT staff	Met	Met	Met
P-4. Evaluate computer equipment	Evaluate at least once/year and update as needed	Met	Met	Met
P-5. Maintain "smart classroom technology" in all classrooms	8 university and 6 department-owned smart classrooms	Met	Met	Met
P-6. Provide scientific technical assistance for faculty using high-capacity computing	Research computer availability	Met	Met	Met
Q-1. Annual cosponsored programs by the research centers affiliated with the MPH Program	At least 1-2 programs/projects per year	2 programs Met	5 programs Met	2 programs Met
Q-2. Involvement of outside faculty in the MPH program	At least 20% of faculty from outside of Health Science Department	10/24 (41.7%) Met	10/20 (50%) Met	12/23 (52.2%) Met
Q-3. Faculty participate in interdisciplinary research teams and other projects spearheaded by centers and/or faculty.*	At least 75% of faculty are HPRI members	10/10 (100%) Met	10/10 (100%) Met	10/11 (90.1%) Met

*Includes Health Science MPH primary faculty only.

Outcome measures met targets as follows:

1. Faculty communication and dialogue (N-1 through N-5). The Department actively promotes dialogue and communication among faculty by holding 2 retreats every year (August and January), biweekly faculty meetings, ongoing other events (e.g., MPH colloquia, symposia, workshops, etc.), and features in CSUF publications each year.

2. Leadership and management (O-1 through O-3). The MPH Program also promotes faculty and staff learning by faculty classes and workshops offered through the Faculty Development Center. A few of the classes and workshops topics include: online teaching pedagogy, using qualitative and quantitative software, and maximizing the use of MOODLE technology. The MPH Program also offers MOODLE employee training and in-house retreats every year (in August) sponsored by the College.
3. Space/Facilities: The MPH Program maintains appropriate faculty, staff and student space within the 72,000 square foot KHS building, including 2 dedicated public health research suites and 1 MPH student lounge.
4. Computer resources include 1 classroom/computer lab with 37 student workstations and one faculty workstation.
5. All computer and lab equipment are maintained by a dedicated IT staff member who conducts evaluations and upgrades equipment and software on a yearly basis.
6. All smart classroom technologies are maintained and upgraded by the Department and campus IT staff.
7. High capacity computer resources are available to faculty in the College's Technology Support Center.
8. Faculty and student collaborations (cross-campus collaborations as well as university-community collaborations) were facilitated by at least 2 programs per year that were sponsored by one of the affiliated research centers (Center for Cancer Disparities Research, Health Promotion Research Institute, Center for Successful Aging, Center for Healthy Lifestyles and Obesity Prevention, Fall Prevention Center of Excellence, and the Fibromyalgia and Chronic Pain Center):
    - 2009-2010: HPRI Townhall Forum (2/5/200); Alternative Choices for Healthy Life (3/13/2010)
    - 2010-2011: Healthy Aging With and Without Fibromyalgia (2/26/2011); Farmer's Market (4/5/2011); Fibromyalgia Awareness Day (5/7/2011); Making Connections: Move More, Eat Healthy (5/26/2011); Understanding the Cultural Context of Nutrition and Physical Activity for Pacific Islanders (6/3/2011)
    - 2011-2012: HPRI Townhall Forum (3/16/2012); Fibromyalgia Awareness Day (5/6/2012); Obesity Prevention Through the Lifespan (5/24/2012).
9. All programs and activities sponsored by the Centers also included faculty from outside the Department, who are designated as "secondary" faculty to the MPH Program. The faculty come from various departments including Nursing (Rutledge, Vaughn, Weismuller), Geography (Bock, Voeks), Psychology (Horn-Mallers, Cherry), Communications (Love), and Kinesiology (Rubin, Rose). These faculty provided guest lectures in MPH classes, project/thesis advisement, research opportunities, and involvement in MPH workshops and symposia.
10. Nearly all MPH faculty participate in interdisciplinary research teams via their membership in the Health Promotion Research Institute, which is a university-wide collaboration between more than 50 faculty from 8 colleges to promote interdisciplinary health-related research that addresses pressing community needs.

1.7j. 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: All MPH Program primary faculty have access to a wide array of department, college and campus resources to assist them with instruction and research endeavors. Teaching and research is supported by a broad range of services from the FDC and CICE, which offer a wealth of technical expertise and intramural funding to promote the highest standards in faculty teaching and collaborative, community-engaged research.

Weaknesses. Only a minority of faculty attended workshops offered by the Faculty Development Center every year. Although these percentages are lower than expected, discussion among faculty indicate that they are satisfied with their use of available training resources, reflecting their high current capacities for instructional and research related activities. In the future, we will probably lower this target to reflect the decreasing need of faculty for campus-based technical assistance and training.

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

1.8a. A written plan and/or policies demonstrating systematic incorporation of diversity within the program. Required elements include the following:
i. Description of the program's under-represented populations, including a rationale for the designation.
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.
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.
iv. Policies that support a climate for working and learning in a diverse setting.
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.
vi. Policies and plans to recruit, develop, promote and retain a diverse faculty.
vii. Policies and plans to recruit, develop, promote and retain a diverse staff.
viii. Policies and plans to recruit, admit, retain and graduate a diverse student body.
ix. Regular evaluation of the effectiveness of the above-listed measures.

CSUF has the highest commitment to the values of diversity and cultural competence throughout the campus. We strive to create and maintain an environment that values diversity, respects human dignity, is hospitable, equitable, and tolerant, and in which all people are free from all forms of invidious discrimination or discriminatory harassment. A few of the University's Missions and Goals are the following below (see a complete list at http://www.fullerton.edu/aboutcsuf/mission.asp):

- To provide high quality programs that meet the evolving needs of our students, community and region, we will: provide experiences in and out of the classroom that attend to issues of culture, ethnicity and gender and promote a global perspective; and capitalize on the uniqueness of our region, with its economic and cultural strengths, its rich ethnic diversity, and its proximity to Latin America and the Pacific Rim.
- To create an environment where all students have the opportunity to succeed, we will: ensure that students of varying age, ethnicity, culture, academic experience and economic circumstances are well served.
- To expand connections and partnerships with our region, we will: serve as a regional center for intellectual, cultural, athletic and life-long learning activities.

Mindful of its high calling to promote diversity in thought, and to ensure all students, faculty, staff, and administrators an appropriate learning and working environment at CSUF, the Department and the MPH Program ask its students, faculty, staff, and administration to promote a hospitable and equitable learning environment for all persons; promote tolerance as the norm for diversity on the part of all who are present on the campus; and discourage the use of derogatory or disparaging language and other forms of expression and, particularly, condemns those who insult persons on the basis of race, ethnicity, national origin, ancestry, citizenship, religion, creed, gender, sexual orientation, marital status, age, disability, or veterans status.

CSUF is also an equal opportunity employer committed to an affirmative action policy that involves positive action in the hiring of ethnic minorities, women, disabled persons, and Vietnam-era veterans. The MPH Program and Department of Health Science adhere to all Human Resource policies at CSUF. CSUF is one of Orange County's largest employers. The University offers the opportunity to work in a stimulating and diverse environment. The overall mission of the University is to recruit and retain highly qualified, diverse candidates for positions that meet current and future workforce needs.

1.8b. 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.

Diversity plans and policies exist at multiple levels at CSUF. At the University level, Goal V. of the University's Mission and Goals states that CSUF will "create an environment where all students have the opportunity to succeed" by ensuring "that students of varying age, ethnicity, culture, academic experience and economic circumstances are well served." Furthermore, as stated in section 1.1b, the MPH Program has as one of its core values the respect for student, faculty and staff diversity. The core competency of diversity/culture is addressed by 2 MPH core courses: HESC 500 (Issues in Public Health) and HESC 540 (Advanced Health Promotion/Disease Prevention) as well as numerous elective courses in the Health Promotion/Disease Prevention and Gerontological Health tracks. Lastly, as shown in Table 1.8.1, the MPH Program faculty and staff represent a wide diversity of ethnicities, languages and countries of international training.

Table 1.8.1. Diversity Data for Students, Faculty, and Staff

Category/Definition	Method of Collection	Data Source	Target	2009 – 2010	2010 – 2011	2011-2012
STUDENTS						
Female	Self-Report	Admissions Form	50%	75% (24/32)	69% (20/29)	65% (30/46)
African American Hispanic/Latino Asian American Internationally trained*	Self-Report	Admissions Forms	50%	13% (4) 19% (6) 34% (11) 13% (4)	0% (0) 28% (8) 31% (9) 7% (2)	4% (2) 23% (10) 30% (14) 2% (1)
Speak a foreign language	Self-Report	Admissions Forms	NA	47% (15)	52% (15)	37% (17)
FACULTY						
Speak a foreign language	Self-Report	Department Data	NA	60% (6)	60% (6)	55% (6)
Asian American Hispanic/Latino	Self-Report	Department Data	NA	60% (6) 0% (0)	60% (6) 0% (0)	55% (6) 0% (0)
STAFF						
African American Hispanic/Latino	Self-Report	Department Data	NA	16% (1) 16% (1)	16% (1) 16% (1)	16% (1) 16% (1)

NA means not available; the CSUF MPH Program does not have a target for these categories
*Student attended undergraduate university in a foreign country

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

CSUF's mission and goals were revised in 2005 with significant input from faculty, staff and students across the campus. Through planning meetings, town hall forums, and online comment opportunities, the mission and goals were finalized and used to guide the development of new programs, research initiatives and resources.

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

With regards to student recruitment, learning and success, The MPH Program regularly monitors the diversity of applicants and accepted students (e.g., race/ethnicity, speak foreign language, and trained in foreign country), and monitors the progress of all MPH courses regarding our Core Competencies in Diversity and Culture on an annual basis.

With regards to faculty diversity promotion, the MPH Program tracks the diversity characteristics of faculty (e.g., race/ethnicity, speak foreign language) on an annual basis. As representatives of CSUF, program faculty and staff comply with all laws prohibiting discrimination against students or applicants on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation or status as a disabled veteran. An otherwise qualified individual shall not be excluded from admission, employment or participation in educational programs and activities solely by reason of his/her disability or medical condition. This policy applies to all personnel actions such as recruiting, hiring, promotion, compensation, benefits, transfers, layoffs, return from layoff, training, education, tuition assistance and other programs.

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

Table 1.8.e Outcome Measures for Diversity

Outcome Measure	Target	Year 1	Year 2	Year 3
B-1. At least 50% of students accepted into each cohort are minority students.	50% of accepted students	66% Met	59% Met	57% Met
B-2. At least 50% of students accepted into each cohort are women.	50% of accepted students	75% Met	69% Met	65% Met
B-3. At least 10% of students accepted into each cohort are from outside U.S.	10% of accepted students	13% Met	7% Unmet	2% Unmet
B-4. At least 66% of students speak a second language.	66% of accepted students	47% Unmet	52% Unmet	37% Unmet

Student diversity continues to be high, although more International Applicants would have been accepted to the Program if not for them having conflicts with the immigration requirements to study in this country. Furthermore, the Department of Health Science takes great pride in the new hires that we have made since the Program's inception. In 2009, we had 10 MPH core faculty (3 Caucasians and 7 Asian-Americans). In 2011, we recruited an additional Caucasian bringing our total to 11 faculty members. In 2012, we recruited an additional Latina and Caucasian bringing our total to 13 faculty members currently in the Department.

1.8f. 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 MPH Program is proud to maintain a diversity student population and faculty. A majority of our MPH students are from diverse ethnic/racial groups, and our faculty are also highly diverse in both ethnic/racial background and foreign language abilities. The MPH Program strives to maintain the highest degree of diversity to both reflect and serve the highly diverse public health population needs in Orange County.

Weaknesses: While the Program has enjoyed a reputation as attracting students from countries such as Japan, Kenya, the Philippines and China, who bring with them language and other diverse skills and interests, in recent years we have experienced increasing numbers of student applicants from our local communities (perhaps due in part to changes in the economy). Because of this, we have found it necessary to increase the proportion of acceptances offered to local students. While this has decreased our international students and language diversity, we believe it is an important trade-off to increase the public health workforce in our county and state.

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.

2.1a. An instructional matrix presenting all of the program's degree programs and areas of specialization, including bachelors, masters and doctoral degrees, as appropriate.

Table 2.1.1. Instructional Matrix – Degrees & Tracks

Tracks	Academic	Professional
Health Promotion & Disease Prevention (HPDP)	None	MPH
Environmental & Occupational Health and Safety (EOHS)	None	MPH
Gerontological Health (GERO)	None	MPH

The MPH Program has 3 specialization tracks: Health Promotion and Disease Prevention (HPDP), Environmental and Occupational Health and Safety (EOHS), and Gerontological Health (GERO).All MPH students choose one of these tracks to focus on during their MPH studies.

2.1b. 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.

- The CSUF Catalog is published biannually online by the Office of the University Registrar and is available at http://www.fullerton.edu/catalog/.
- The link for the 2011-2013 catalog concerning the Master of Public Health (MPH) Program is available at: http://www.fullerton.edu/catalog/pdf/Depts_Finance-History.pdf#HEALTH_SCIENCE_COURSES
- A list of required and elective courses for the 3 MPH tracks can be found in the MPH Student Handbook, posted on the Department website: http://hhd.fullerton.edu/hesc/mph/Handbook/handbook.html.

2.1c. 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: Official publications are widely available and clearly describe the MPH Program, including courses, course requirements and electives for each of the program's 3 tracks.

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

2.2a. Definition of a credit with regard to classroom/contact hours.

In the MPH Program, 1 (1) credit is equivalent to 15 contact course hours. Most MPH courses are 3 units and carry 45 contact course hours.

2.2b. 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.

The MPH degree offered by the Program requires completion of at least 42 unit credits, including a 6-credit field placement internship.

2.2c. Information about the number of professional public health masters 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.

This is not applicable.

2.2d. 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 MPH degree offered by the Program requires a minimum of 42 credits.

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

2.3a. 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.

The MPH requires 42 units of approved graduate work, including 27 units of core competency classes (see Table 2.3.1) and an additional 15 units of electives in the student's specialization track. All MPH students are required to successfully complete courses with a B average or higher in the 5 public health core areas as well as other required courses.

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

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	HESC 508 – Statistical Methods in Kinesiology & Health Science	3
Environmental Health Sciences	HESC 515 – Advanced Environmental Health	3
Epidemiology	HESC 501 – Principles of Epidemiology	3
Health Services Administration	HESC 524 – Public Health Administration	3
Social & Behavioral Sciences	HESC 540 – Advanced Study in Health Promotion & Disease Prevention	3
Additional Requirements	HESC 500 – Issues in Public Health HESC 510 – Research Methods in Health Science HESC 550 – Graduate Internship	3 3 6

As stated in Criterion 2.6 (Required Competencies), the MPH Program has the following 5 sets of essential core competencies that we believe all Public Health professionals should possess: 1) Biostatistics; 2) Environmental Health; 3) Epidemiology; 4) Health Services Administration; and 5) Social and Behavioral Sciences. The MPH Program devotes a separate required core course for each set of disciplines, in a recommended sequence.

Core Courses and Descriptions:

- HESC 500 (Issues in Public Health) prepares public health professionals to draw on knowledge and skills from a variety of disciplines to define, critically assess, evaluate, and resolve public health problems.
- HESC 501 (Principles of Epidemiology) covers the field of epidemiology and methods of epidemiological research, including interpreting and critiquing research, formulating research questions, choosing study designs, collecting and analyzing data, controlling bias and confounding, and interpreting student results.
- HESC 508 (Statistical Methods in Health Science) introduces the fundamentals of biostatistics including descriptive statistics, parameter estimation, hypothesis testing, sample size, correlation, the distinction between discrete and continuous variables, multiple comparison, and interpreting statistical results using SPSS.
- HESC 510 (Research Methods in Health Science), a course which MPH students take during their second year in the Program. In this course, students utilize theories learned in HESC 540 to develop a research question that can be empirically tested using statistical techniques learned in HESC 508.
- HESC 515 (Advanced Environmental Health) examines how environmental factors impact public health, including exposures, surveillance, assessment, and intervention to reduce the impact of the environment on human health.
- HESC 524 (Health Services Administration) focuses on the evaluation of the U.S. health care system, including health policies, financing, ethics, quality and delivery of services.

- HESC 540 (Advanced Study in Health Promotion and Disease Prevention) reviews the major health behavior theories and their application to promoting individual, interpersonal and community health promotion.
- HESC 550 (Graduate Internship) provides hands-on training experiences supervised by a trained public health practitioner.
- HESC 597 (Projects) provides students the opportunity to complete a culminating project that fulfills a gap in public health practice. Students work one-on-one with a Project Chair to design, implement and pilot test the project with a target audience.
- HESC 598 (Thesis) provides students the opportunity to conduct in-depth research on a topic of their choice. Students work with a Thesis Chair and Committee Members to design the study, collect data (if primary data collection), analyze and report results.

2.3b. 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: All MPH students gain a broad understanding of the 5 public health competencies, which are reinforced by additional required courses as well as elective courses in the specialization track of the student's choice. The syllabi of each required core course documents learning objectives that correspond to the 5 sets of core competencies are detailed in section 2.3.a.

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

2.4a. 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.

MPH students are required to complete 240 hours of internship in a public health setting, such as a community-based organization, clinical or school-based setting, federal/state/local public health agency or research institution. The internship is designed to provide students with:

- A comprehensive range of public health experiences with exposure to diverse populations and systems;
- A setting where the student and field supervisor can work collaboratively to create a positive learning experience, resources for students to complete the required work, and a qualified field supervisor;
- Field supervisors preferably have a graduate degree in public health. However, individuals who work in public health and have a related graduate degree (e.g., MD, MS, MSW) are also acceptable as a field supervisor.

Students are required to achieve specific learning objectives that are individually developed by each student in conjunction with the MPH Internship Coordinator (currently Dr. Weiss) and the site supervisor. Learning opportunities available through participating agencies include direct involvement in various aspects of health assessment, program design, standards development, intervention development and implementation, evaluation, policy and advocacy, environmental monitoring, data management and analysis, and community organizing. Policies and procedures of the internship are outlined in detail on pages 56-59 in the MPH Student Handbook: http://hhd.fullerton.edu/hesc/mph/Handbook/Online%20Handbook.pdf.

The internship experience involves the following components:

- **Consultation.** The MPH Internship Coordinator conducts an information session each semester for MPH students to present an overview of the planning and placement steps required to secure an appropriate internship. Students nearing the completion of their core MPH coursework meet individually with the Internship Coordinator to review the site selection and registration process, discuss intern site opportunities, develop the learning contract and learning objectives, and enroll in HESC 550 (the 6-unit internship course).

- **Site Selection.** Because CSUF students are often working professionals who are returning to seek further educational advancement, the majority of student internship sites are found by the students themselves, with assistance from the MPH Internship Coordinator. The primary source of internship opportunities is available through the CSUF Career Center at (http://campusapps2.fullerton.edu/Career/students/default.aspx). The Career Center maintains a searchable database of internships called Titan Connection, which is accessible by any registered CSUF student. The internship database maintains a listing of over 100 approved internship sites. In addition, the MPH Program maintains a database on the MPH Program Titanium (MOODLE) Community site, where current internship opportunities and past student internship portfolios are regularly posted. Current students use these websites to explore possible placements, and contact sites for exploration of internship opportunities. Internship sites may also be selected by CSUF faculty who invite them to apply for participation, or the site may contact the Department directly. To qualify as an approved internship placement, the site must possess sufficient interest and resources to accommodate a student, including a qualified supervisor (someone with a graduate degree in public

health or related field), and register as an internship site with the CSUF Center for Internships and Community Engagement (CICE; http://www.fullerton.edu/CICE/).

- **Placements.** Formal placement of all MPH students into internships is also coordinated by CICE. Students must first register with CICE via the online registration page available at https://apps.fullerton.edu/CICE/, then select the internship site via the searchable database. Once a site is selected, CICE conducts an online risk assessment after which a formal learning agreement is developed and executed between CSUF and the site. Students who successfully register with CICE are permitted to enroll in HESC 550. A student is allowed to fulfill the internship experience in his/her place of employment based upon specific guidelines (see below). These guidelines were instituted in order to promote optimal learning for students in such circumstances:
    - the site supervisor (who has an MPH or equivalent) is different from the work supervisor, and understands that the student will be evaluated on work specific to the internship only; and
    - the student's internship learning objectives are different from his/her current work responsibilities.

- **Supervision**. Site Supervisors must have an MPH or equivalent, and be available and accessible to the student throughout the internship timeframe. Supervision is guided by the student's internship contract and learning objectives, that set out achievable and measurable outcomes during the proposed internship timeframe and promote higher-order learning (such as designing, creating, or managing rather than just describing, recognizing, or identifying). These learning objectives are developed with guidance from the Site Supervisor and MPH Internship Coordinator. Pages 56-59 in the MPH Student Handbook provides a set of measurable student learning objectives: http://hhd.fullerton.edu/hesc/mph/Handbook/Online%20Handbook.pdf. Students can sign up for the 6 units (240 hours) in one semester, or can sign up for 3 units in consecutive semesters (120 hours per semester). Throughout the internship, students interact regularly with both their Site Supervisors and MPH Internship Coordinator to discuss their experiences and problem solve any challenges. In addition, students are enrolled into HESC 550 where they must complete 3 required assignments that help develop their professional skills: 1) a Strengths-Weaknesses-Opportunities-Threats (SWOT) analysis of their role in the site; 2) an updated resume that includes their internship experience; and 3) a networking exercise that asks students to identify who and how they will keep in contact with the many professionals they have met during their internship experience.

- **Assessment**. Finally, students' achievements of their learning objectives are measured by the completion of a final internship portfolio and an internship site evaluation. The purpose of the portfolio and the evaluation are to determine a student's ability to:

    1. Apply learned concepts and skills to a practical setting;
    2. Accept responsibility, assess situations, make or recommend decisions based on the assessment, and evaluate the effectiveness of his/her work;
    3. Adapt well to work in difficult situations, manage time effectively and use the agency resources, procedures and structure effectively;
    4. Communicate effectively both orally and in writing;
    5. Present ideas, negotiate and resolve conflicts in a professional manner;
    6. Work effectively in diversified task-oriented groups as well as with clients, and;
    7. Adhere to commitments made to the agency, colleagues, and clients, with professional integrity and impartiality.

Each student is evaluated by their site supervisor via an evaluation form which rates students on their leadership skills, interpersonal skills, and professional character. These evaluations are shared with students by the supervisors at the end of the internship period. Students also evaluate their internship sites regarding the quality of their internship experience and characteristics of the internship sites. Data from 2009 through 2011 indicate that 100% of site supervisors (see table 1.2.c, D-3) and 100% of students (see table 1.2.c, D-2) agreed *strongly* or *very strongly* with each evaluative statement. Final

letter grades are assigned by the MPH Internship Coordinator after each student's completion of the internship hours, evaluations, assignments and final portfolio.

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

The range and type of internship sites is large and varied. Local communities provide incredible diversity with regard to settings, target populations, and outreach. Our students work with government public health agencies such as Orange County Health Care Agency, as well as private organizations such as Kaiser Permanente and Biosense Webster. Our international collaborations provide outstanding internship opportunities on global health issues as well. If a student finds a site that is not currently affiliated with the MPH Program, every effort is made to secure an approved arrangement whether the site is local or international. Table 2.4-1 lists Internship placements of MPH students during the 2010-2011 and 2011-2012 academic school years. In addition, the California-Nevada Public Health Training Center provides stipends to 2-4 students per year to work in community-based settings in conjunction with not only a site supervisor but also MPH Program faculty member to address pressing community needs (http://canvphtc.sdsu.edu/Internships/default.asp).

Table 2.4.b Field Placements 2010-11 and 2011-12

Field Placement Site	Project*	Site Supervisor*
Alzheimer's Association of Orange County, Orange, CA	Functional assessments of Hispanic clients	Kim Bell, MA, Care Specialist
American Diabetes Association, Orange, CA	Diabetes education to students and families	Alison Hickey, MBA, Exec Director
American Red Cross, Santa Ana, CA	Coordinating blood drive education and collection	Nydia Flores, MPA, Manager
Bienstar Human Services, Los Angeles, CA	HIV risk education for MSM youth	Lori Mizuno, MPH, Director
CalOptima Health Education, Orange, CA	Diabetes health education materials development and translation	Reshma Thomas, MPH, Supervisor
Claremont Graduate University, Claremont, CA	Tobacco needs in Pacific Islanders	Paula Palmer, PhD, Assoc Prof
CSUF Employee Wellness Program, Fullerton, CA	Nutrition education curriculum	Ellen Lee, PhD, Lecturer
CSUF Environmental Health & Safety, Fullerton, CA	Food safety monitoring	Scott Bourdon, MA, Director
CSUF Department of Health Science, Fullerton, CA	Environmental hazards of Vietnamese nail salon workers	John Breskey, PhD, Assist Prof
CSUF Department of Health Science, Fullerton, CA	Personal health for undergraduate students	Bridget Driscoll, PhD, Director Academic Advisement
CSUF Department of Health Science, Fullerton, CA	HIV/AIDS education to CSUF students	Anthony DiStefano, PhD, Assist Prof
CSUF Minority Health International Research Training Program, Fullerton, CA	HIV/AIDS risk among female sex workers in Argentina	Chandra Srinivasan, PhD, Assoc Prof
Community Action Partnership of Orange County, Orange, CA	Health education curriculum for teens	Maribel Reyes, MPH, Coordinator
Fullerton College Disability Support Services, Fullerton, CA	ADHD education and intervention	Ruth Sipple, MA, Specialist

Table 2.4.b Field Placements 2010-11 and 2011-12

Field Placement Site	Project*	Site Supervisor*
Glidewell Laboratories, Santa Ana, CA	Coordination of a new workplace wellness program	Gary Pritchard, MBA, Director
Herald Community Center, Alhambra, CA	Emergency preparedness planning for medical services	Bill Tu, MD, Assoc Med Director
Institute for Healthcare Advancement, Los Angeles, CA	Pilot community weight program	Marian Ryan, PhD, Exec Director
Los Angeles Department of Public Health, Los Angeles, CA	Nutrition education and policy change	Eleanor Long, MSPH, Coordinator
Orange Coast Medical Group, Orange, CA	HIV/AIDS education and support group	Jorge Rodriguez, MD, President
Orange County Asian Pacific Islander Community Alliance, Garden Grove, CA	Evaluation of the Vietnamese Patient Navigation program	Jackie Tran, MPH, Program Manager
Orange County Department of Education, Santa Ana, CA	Network for a healthy California program	Kari Tuggle-Nord, Ms, Coordinator
Orange County Health Care Agency, Disaster Management, Santa Ana, CA	Public health emergency response planning and training	Deborah Morton, MPH, Program Manager
Orange County Health Care Agency, HIV/AIDS, Santa Ana, CA	HIV/AIDS outreach and education	Tamara Jones, MD, Director
Orange County Health Care Agency, Environmental Health, Santa Ana, CA	Food safety education	John Ralls, MPH, Supervisor
Orange County Health Care Agency, Health Promotion, Santa Ana, CA	Workplace wellness education and fair	Trey Bonner, MPH, CDC Fellow
PADRES Contra El Cancer, Los Angeles, CA	Cancer education and survivorship among young Latinos	Elvia Barboa, MA, Exec Officer
St. Jude Medical Center, Fullerton, CA	Rethink your drink campaign	Barry Ross, MPH, VP Mission
San Bernardino Preschool Services Department, CA	Preschool nutrition education and menu planning	Heba Peters, MPH, Nutritionist
Southern California College of Optometry, Fullerton, CA	Clinical trial for treatment of meibomian gland dysfuntion	Justin Kwan, OD, Clinical Fellow
Susan G. Komen for the Cure, Irvine, CA	Community health needs assessment	Erin Kelly, MPH, Director
UCLA School of Public Health, Los Angeles, CA	Colon cancer control for Asian Americans	Annette Maxwell, PhD, Professor
USC Department of Preventive Medicine (Yoshinaga)	Epidemiology of glaucoma among diabetic patients	Rohit Varma, MD, MPH, Director
US Coast Guard, New Orleans, LA	Health and safety hazards monitoring for shoreline team	Richard Sanders, MBA, Supervisor

*Sites may have hosted more than one MPH student intern; if so, only one topic and supervisor is listed.

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

All MPH students are required to complete HESC 550 (internship). Therefore, no waivers were allowed.

2.4d. 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.

To date, we have not had any medical school graduates enroll in the MPH Program while simultaneously completing a medical residency.

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

This criterion is met.

Strengths: The MPH Internship provides MPH students with a well-defined, objectives-driven experience that emphasizes the practical application of skills and knowledge gained in core coursework. This planned, supervised and evaluated experience is tailored to each student's individual interests and professional goals, providing a hands-on opportunity to prepare for future public health professional work. Past internship portfolios are available for viewing on the MPH Program Titanium Community site for current students looking for internship sites. The MPH Program also regularly collects information on students' evaluation of their internship site and supervision. All feedback indicates that supervisors were highly satisfied with students' professional growth and development, and that the internship greatly enhanced students' knowledge, skills, and abilities.

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.**

2.5a. 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.

Students in all 3 specialization tracks must complete a culminating experience consisting of either a thesis, project, or comprehensive exam. Information about each of these 3 options is available in the MPH Student Handbook http://hhd.fullerton.edu/hesc/mph/Handbook/Online%20Handbook.pdf as well as on the MPH Program Titanium Community site.

- **Master's Thesis.** The thesis option is a 3-credit course (HESC 598) that requires students to plan, develop and complete a 5-chapter thesis that includes an introduction, literature review, methods, results, and discussion section. Students empirically test a novel research question with primary or secondary data. The student forms a thesis committee, which consists of a thesis chairperson and 2 thesis committee members. The chairperson must be a tenure-track faculty member in the Department of Health Science. The other 2 committee members may be tenure-track faculty members from other departments with expertise in the content area of the student's thesis. The student writes his/her proposal and upon the approval of the committee chair, the student has an oral thesis proposal meeting with his/her committee. Students receive feedback from the committee and then implement that feedback when conducting the study. Once the data collection and preparation of the entire thesis is complete, the student holds a thesis defense meeting. Thesis proposal and defense meetings are open to the public, and generally attended by faculty members and MPH students. After the student successfully defends his/her thesis and incorporates all suggestions provided by the committee, he/she submits the thesis to the thesis reader for final edits prior to binding.

- **Master's Project.** The project option is a 3-credit course (HESC 597) that requires students to plan, develop and complete a project that fills a gap in public health practice. The mandatory project binder consists of 4 chapters: background and significance, methods, results, and discussion. Students often complete projects for the purpose of pilot testing evidence-based, theoretically grounded, and culturally tailored health education materials to practitioners and/or the target population itself. Students may also choose the project option to conduct a larger empirical study, but prefer to write a brief but very pointed narrative compared to the thesis. The committee consists of the project chairperson who works directly with the student, and the MPH Graduate Coordinator. Additional committee members are included if additional expertise is needed. Only tenure track faculty members may serve on project committees. Students who choose to complete a project can select one of 2 formats for their final product:
    - Poster format. Students who select the poster present their results in a conference-style poster (usually 3 feet by 5 feet in size) that is presented at the end-of-the-year MPH Symposium (held every April).
    - Journal manuscript format. The manuscript format allows students to summarize their project in a manuscript following the guidelines for a specific peer-reviewed journal that is appropriate for the project topic (e.g., the *Californian Journal of Health Promotion*).

- **Comprehensive Examination.** The comprehensive written examination option is available for students as a way to assess the understanding and application of core coursework knowledge. Students who elect to complete the written comprehensive examination are required to complete 3 additional academic units. No unit credit is given for completion of the exam. Students must have completed a minimum of 36 credits of approved coursework (with a GPA of 3.0 or better) before scheduling the written portion of the comprehensive examination. Students have 4 1/2 hours to provide written responses to questions in the following sections: (1) statistics/research methods; (2)

epidemiology, and (3) a specialized section based upon their track (Health Promotion/Disease Prevention, Environmental & Occupational Health and Safety, or Geronotological Health). The Comprehensive Exam Committee consists of the MPH Graduate Advisor, faculty members who teach the courses in a given section, and track leaders. The Committee develops the exam questions, grades the responses, and submits the scores to the Graduate Advisor. Students must pass all 3 parts of their comprehensive exam to complete their culminating experience. Students who fail one or more sections of the comprehensive exam can re-take those sections one time only. Students who fail one or more sections during the second attempt fail the written portion of the exam and consequently forfeit the awarding of their MPH degree.

2.5b. 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 MPH culminating experience allows for a project, thesis or comprehensive examination option. All of these options are clearly articulated in the MPH Student Handbook and reviewed in detail in HESC 500. Faculty members and the MPH Graduate Coordinator work with individual students to determine the best options for each of them, based upon their interests and future career and/or graduate school aspirations.

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 (bachelors, masters and doctoral).**

2.6a. 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).

The MPH Program adopted the following core public health competencies for which all MPH students (in all 3 specialization tracks) must attain: 1) Biostatistics; 2) Environmental Health; 3) Epidemiology; 4) Health Services Administration; and 5) Social and Behavioral Sciences. The Program strongly believes that all Public Health professionals should possess a basic, broad level of understanding in all 5 disciplines in order to be well-rounded and competent.

In addition, the Program adopted the following cross-cutting competencies: Diversity and Culture; Leadership; Professionalism; and Program Planning. These competencies are attained in both core and elective courses, across the 3 tracks, and in the students' culminating experiences. We believe these competencies are strongly needed in students' professional lives. Within the 9 categories of core competencies, there exist a total of 64 specific competencies that MPH students gain in our program.

2.6b. 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.

The MPH Program offers 3 tracks in Health Promotion/Disease Prevention, Environmental and Occupational Health and Safety (EOHS) and Gerontological Health (GERO).

1. **Health Promotion/Disease Prevention (HPDP)** adopted the following competencies: assessing individual and community health needs; planning effective health education and health promotion programs; conducting health education and health promotion research; managing and supervising health education programs in a variety of settings; and creating and maintaining community coalitions**.**
2. **Environmental and Occupational Health and Safety (EOHS)** adopted the following competencies: recognizing safety and health hazards in the workplace; characterizing exposures to airborne chemicals, noise and other occupational hazards; functioning as a safety and health professional within a management structure, including working with managers, labor representatives, occupational health physicians and nurses, ergonomists and industrial engineers; and recommending personal protective equipment, engineering controls and management controls for safety and health hazards.
3. **Gerontological Health (GERO)** adopted the following competencies: providing direct services to older adults; planning and managing health and social service programs; advocating the need for services, resources, and health policies for older adults; and evaluating community programs for the elderly.

2.6c. A matrix that identifies the learning experiences (e.g., 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. Courses and other learning experiences by which the competencies are met P = Competency is *primarily gained*; R = Competency is *reinforced*								
I. Core Competencies in Biostatistics								
1.1 Describe the roles biostatistics serves in the discipline of public health.	HESC 508 (Statistical Methods in Health Science) **P**	HESC 510 (Research Methods In Health Science) **P**	HESC 501 (Advanced Methods in Epidemiology) **R**					
1.2 Describe basic concepts of probability, random variation, and commonly used statistical probability distributions.	HESC 508 (Statistical Methods in Health Science) **P**							
1.3 Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions.	HESC 508 (Statistical Methods in Health Science) **P**	HESC 510 (Research Methods in Health Science) **P**						
1.4 Apply descriptive techniques commonly used to summarize public health data.	HESC 508 (Statistical Methods in Health Science) **P**	HESC 510 (Research Methods in Health Science) **P**	HESC 501 (Advanced Methods in Epidemiology) **R**	HESC 515 (Advanced Environmental Health) **R**	HESC 597/598 (Project/ Thesis) **R**	HESC 405 (Worksite Injury Prevention and Rehabilitation) **R**	HESC 421 (Infectious Disease Epidemiology) **R**	HESC 461 (Env. and Occupational Health and Safety) **R**
1.5 Apply common statistical methods for inference.	HESC 508 (Statistical Methods in Health Science) **P**	HESC 510 (Research Methods in Health Science) **P**	HESC 501 (Advanced Methods in Epidemiology) **R**	HESC 598 (Thesis) **R**				

Table 2.6.1. Courses and other learning experiences by which the competencies are met P = Competency is *primarily gained*; R = Competency is *reinforced*								
1.6 Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question.	HESC 508 (Statistical Methods in Health Science) **P**	HESC 510 (Research Methods in Health Science) **P**	HESC 501 (Advanced Methods in Epidemiology) **R**	HESC 598 (Thesis) **R**				
1.7 Interpret results of statistical analyses found in public health studies.	HESC 508 (Statistical Methods in Health Science) **P**	HESC 510 (Research Methods in Health Science) **P**	HESC 501 (Advanced Methods in Epidemiology) **R**	HESC 515 (Advanced Environmental Health) **R**	HESC 597/598 (Project/ Thesis) **R**	HESC 421 (Infectious Disease Epidemiology) **R**		
1.8 Develop written and oral presentations based on statistical analyses for both public health professionals and educated lay audiences.	HESC 508 (Statistical Methods in Health Science) **P**	HESC 510 (Research Methods in Health Science) **P**	HESC 501 (Advanced Methods in Epidemiology) **R**	HESC 597/598 (Thesis/ Project) **R**				
II. Core Competencies in Environmental Health Sciences								
2.1 Describe the direct and indirect human, ecological and safety effects of major environ-mental and occupational agents.	HESC 515 (Advanced Environmental Health) **P**	HESC 405 (Worksite Injury Prevention and Rehabilitation) **P**	HESC 421 (Infectious Disease Epidemiology) **P**	HESC 461 (Env. and Occupational Health and Safety) **P**	HESC 462 (Env. Toxicology and Health) **P**	HESC 463 (Air Pollution and Health) **P**		
2.2 Describe genetic, physiologic, and psychosocial factors that affect susceptibility to adverse health outcomes following exposure to environmental hazards.	HESC 515 (Advanced Environmental Health) **P**	HESC 405 (Worksite Injury Prevention and Rehabilitation) **P**	HESC 421 (Infectious Disease Epidemiology) **P**	HESC 461 (Env. and Occupational Health and Safety) **P**	HESC 462 (Env. Toxicology and Health) **P**	HESC 463 (Air Pollution and Health) **P**		

Table 2.6.1. Courses and other learning experiences by which the competencies are met P = Competency is *primarily gained*; R = Competency is *reinforced*								
2.3 Describe federal and state regulatory programs, guidelines, and authorities that control environmental health issues.	HESC 515 (Advanced Environmental Health) **P**	HESC 405 (Worksite Injury Prevention and Rehabilitation) **P**	HESC 421 (Infectious Disease Epidemiology) **R**	HESC 461 (Env. and Occupational Health and Safety) **P**	HESC 462 (Env. Toxicology and Health) **P**	HESC 463 (Air Pollution and Health) **P**	GERO 500 (Adult Development and Aging) **R**	
2.4 Specify current environ-mental risk assessment methods.	HESC 405 (Worksite Injury Prevention and Rehabilitation) **P**	HESC 461 (Env. and Occupational Health and Safety) **P**	HESC 462 (Env. Toxicology and Health) **P**	HESC 515 (Advanced Environmental Health) **R**	HESC 463 (Air Pollution and Health) **R**			
2.5 Specify approaches for assessing, preventing, and controlling environmental hazards that pose risks to human health and safety.	HESC 515 (Advanced Environmental Health) **P**	HESC 405 (Worksite Injury Prevention and Rehabilitation) **P**	HESC 421 (Infectious Disease Epidemiology) **P**	HESC 461 (Env. and Occupational Health and Safety) **P**	HESC 462 (Env. Toxicology and Health) **P**	HESC 463 (Air Pollution and Health) **P**		
2.6 Explain the general mechanisms of toxicity in eliciting a toxic response to various environmental exposures.	HESC 421 (Infectious Disease Epidemiology) **P**	HESC 462 (Env. Toxicology and Health) **P**	HESC 515 (Advanced Environmental Health) **R**	HESC 461 (Env. and Occupational Health and Safety) **R**	HESC 463 (Air Pollution and Health) **R**	HESC 405 (Worksite Injury Prevention and Rehabilitation) **R**		
2.7 Discuss various risk management and risk communication approaches in relation to issues of environ-mental justice and equity.	HESC 462 (Env. Toxicology and Health) **P**	HESC 515 (Advanced Environmental Health) **R**						

Table 2.6.1. Courses and other learning experiences by which the competencies are met P = Competency is *primarily gained*; R = Competency is *reinforced*								
III. Core Competencies in Epidemiology								
3.1 Identify key sources of data for epidemiologic purposes.	HESC 501 (Advanced Methods in Epidemiology) **P**	HESC 420 (Chronic Disease Epidemiology) **R**	HESC 455 (Designing Health Education Curricula) **R**	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**				
3.2 Identify the principles and limitations of public health screening programs.	HESC 501 (Advanced Methods in Epidemiology) **P**	HESC 421 (Infectious Disease Epidemiology) **R**	HESC 420 (Chronic Disease Epidemiology) **R**	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**				
3.3 Describe a public health problem in terms of magnitude, person, time and place.	HESC 501 (Advanced Methods in Epidemiology) **P**	HESC 515 (Advanced Environmental Health) **R**	HESC 597/598 (Project/ Thesis) **R**	HESC 421 (Infectious Disease Epidemiology) **R**	HESC 420 (Chronic Disease Epidemiology) **R**	HESC 455 (Designing Health Education Curricula) **R**		
3.4 Explain the importance of epidemiology for informing scientific, ethical, economic and political discussion of health issues.	HESC 501 (Advanced Methods in Epidemiology) **P**	HESC 421 (Infectious Disease Epidemiology) **R**	HESC 420 (Chronic Disease Epidemiology) **R**	HESC 425 (Alternative Healing Therapies) **R**	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**			
3.5 Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic data.	HESC 501 (Advanced Methods in Epidemiology) **P**	HESC 510 (Research Methods in Health Science) **P**	HESC 421 (Infectious Disease Epidemiology) **R**	HESC 420 (Chronic Disease Epidemiology) **R**	HESC 460 (Worksite Health Promotion) **R**	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**		
3.6 Apply the basic terminology and definitions of epidemiology.	HESC 501 (Advanced Methods in Epidemiology) **P**	HESC 421 (Infectious Disease Epidemiology) **R**	HESC 420 (Chronic Disease Epidemiology) **R**	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**				

Table 2.6.1. Courses and other learning experiences by which the competencies are met P = Competency is *primarily gained*; R = Competency is *reinforced*								
3.7 Calculate basic epidemiology measures.	HESC 501 (Advanced Methods in Epidemiology) **P**							
3.8 Communicate epidemiologic information to lay and professional audiences.	HESC 501 (Advanced Methods in Epidemiology) **P**	HESC 421 (Infectious Disease Epidemiology) **R**	HESC 462 (Env. Toxicology and Health) **R**	HESC 420 (Chronic Disease Epidemiology) **R**	HESC 425 (Alternative Healing Therapies) **R**			
3.9 Draw appropriate inferences from epidemiologic data.	HESC 501 (Advanced Methods in Epidemiology) **P**	HESC 508 (Statistical Methods in Health Science) **R**	HESC 515 (Advanced Environmental Health) **R**	HESC 421 (Infectious Disease Epidemiology) **R**	HESC 462 (Env. Toxicology and Health) **R**	HESC 420 (Chronic Disease Epidemiology) **R**	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**	
3.10 Evaluate the strengths and limitations of epidemiologic reports.	HESC 501 (Advanced Methods in Epidemiology) **P**	HESC 515 (Advanced Environmental Health) **R**	HESC 421 (Infectious Disease Epidemiology) **R**	HESC 462 (Env. Toxicology and Health) **R**	HESC 420 (Chronic Disease Epidemiology) **R**			
IV. Core Competencies in Health Services Administration								
4.1 Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the U.S.	HESC 524 (Public Health Admin.) **P**	HESC 515 (Advanced Environmental Health) **R**	GERO 503 (Aging and Public Policy) **R**	HESC 421 (Infectious Disease Epidemiology) **R**	HESC 410 (Community Health Education) **R**			
4.2 Describe the legal and ethical bases for public health and health services.	HESC 524 (Public Health Admin.) **P**	HESC 500 (Issues in Public Health) **P**	GERO 503 (Aging and Public Policy) **R**	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**				
4.3 Explain methods of ensuring community health safety and preparedness.	HESC 524 (Public Health Admin.) **P**							

Table 2.6.1. Courses and other learning experiences by which the competencies are met P = Competency is *primarily gained*; R = Competency is *reinforced*								
4.4 Discuss the policy process for improving the health status of populations.	HESC 524 (Public Health Admin.) **P**	HESC 515 (Advanced Environmental Health) **R**	GERO 503 (Aging and Public Policy) **R**	HESC 481 (Globalization and Health) **R**				
4.5 Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.	HESC 535 (Program Planning and Evaluation) **P**	GERO 503 (Aging and Public Policy) **R**	HESC 524 (Public Health Admin.) **R**	HESC 410 (Community Health Education) **R**				
4.6 Apply principles of strategic planning and marketing to public health.	HESC 524 (Public Health Admin.) **P**	HESC 535 (Program Planning and Evaluation) **R**	HESC 515 (Advanced Environmental Health) **R**					
4.7 Communicate health policy and management issues using appropriate channels and technologies.	GERO 503 (Aging and Public Policy) **P**	HESC 524 (Public Health Admin.) **R**						
4.8 Demonstrate leadership skills for building partnerships.	HESC 550 (Internship) **P**	HESC 524 (Public Health Admin.**)** **R**						
V. Core Competencies in the Social and Behavioral Sciences								
5.1 Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice.	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **P**	HESC 597/598 (Project/ Thesis) **R**	HESC 425 (Alternative Healing Therapies) **R**	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**	HESC 481 (Globalization and Health) **R**			

Table 2.6.1. Courses and other learning experiences by which the competencies are met P = Competency is *primarily gained*; R = Competency is *reinforced*								
5.2 Identify the causes of social and behavioral factors that affect health of individuals and populations.	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **P**	HESC 460 (Worksite Health Promotion) **P**	HESC 500 (Issues in Public Health) **R**	HESC 501 (Advanced Methods in Epidemiology) **R**	HESC 520 (Advanced Topics in Community Health) **R**	HESC 535 (Program Planning and Evaluation) **R**	HESC 597/598 (Project/ Thesis) **R**	HESC 410 (Community Health Education) **R**
	HESC 420 (Chronic Disease Epidemiology) **R**	HESC 425 (Alternative Healing Therapies) **R**	HESC 455 (Designing Health Education Curricula) **R**	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**	HESC 481 (Globalization and Health) **R**			
5.3 Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions.	HESC 520 (Advanced Topics in Community Health) **P**	HESC 535 (Program Planning and Evaluation) **P**	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **P**	HESC 510 (Research Methods in Health Science) **R**	HESC 410 (Community Health Education) **R**	HESC 455 (Designing Health Education Curricula) **R**	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**	
5.4 Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions.	HESC 520 (Advanced Topics in Community Health) **P**	HESC 535 (Program Planning and Evaluation) **P**	GERO 503 (Aging and Public Policy) **P**	HESC 410 (Community Health Education) **R**	HESC 455 (Designing Health Education Curricula) **R**	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**	HESC 481 (Globalization and Health) **R**	
5.5 Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions.	HESC 510 (Research Methods in Health Science) **P**	HESC 535 (Program Planning and Evaluation) **P**	HESC 520 (Advanced Topics in Community Health) **R**	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **R**	HESC 410 (Community Health Education) **R**	HESC 455 (Designing Health Education Curricula) **R**	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**	

Table 2.6.1. Courses and other learning experiences by which the competencies are met P = Competency is *primarily gained*; R = Competency is *reinforced*								
5.6 Describe the role of social and community factors in both the onset and solution of public health problems.	HESC 520 (Advanced Topics in Community Health) **P**	HESC 535 (Program Planning and Evaluation) **P**	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **P**	GERO 503 (Aging and Public Policy) **P**	HESC 500 (Issues in Public Health) **R**	HESC 410 (Community Health Education) **R**	HESC 420 (Chronic Disease Epidemiology) **R**	HESC 455 (Designing Health Education Curricula) **R**
5.7 Describe the merits of social and behavioral science interventions and policies.	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **P**	GERO 503 (Aging and Public Policy) **P**	HESC 455 (Designing Health Education Curricula) **R**	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**				
5.8 Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.	HESC 535 (Program Planning and Evaluation) **P**	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **R**	HESC 455 (Designing Health Education Curricula) **R**					
5.9 Apply ethical principles to public health program planning, implementation and evaluation.	HESC 535 (Program Planning and Evaluation) **P**	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **R**	GERO 500 (Adult Development and Aging) **R**	HESC 455 (Designing Health Education Curricula) **R**				
5.10 Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.	HESC 535 (Program Planning and Evaluation) **P**	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **P**	GERO 503 (Aging and Public Policy) **R**	HESC 455 (Designing Health Education Curricula) **R**	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**			

Table 2.6.1. Courses and other learning experiences by which the competencies are met P = Competency is *primarily gained*; R = Competency is *reinforced*								
VI. Core Competencies in Diversity and Culture								
6.1 Describe the roles of history, power, privilege, and structural inequality in producing health disparities.	HESC 500 (Issues in Public Health) **P**	HESC 520 (Advanced Topics in Community Health) **P**	HESC 525 (Comp. and Alternative Medicine) **P**	GERO 503 (Aging and Public Policy) **P**	HESC 411 (Promoting Health in Multicultural Populations) **P**	HESC 515 (Advanced Environmental Health) **R**	HESC 420 (Chronic Disease Epidemiology) **R**	HESC 421 (Infectious Disease Epidemiology) **R**
	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**	HESC 481 (Globalization and Health) **R**						
6.2 Explain why cultural competence alone cannot address health disparities.	HESC 500 (Issues in Public Health) **P**	HESC 520 (Advanced Topics in Community Health) **P**	HESC 411 (Promoting Health in Multicultural Populations) **P**	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **R**				
6.3 Apply the principles of community-based participatory research to improve health in diverse populations.	HESC 520 (Advanced Topics in Community Health) **P**	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **P**	HESC 535 (Program Planning and Evaluation) **R**	HESC 597 and 598 (Project/ Thesis) **R**	HESC 410 (Community Health Education) **R**	HESC 425 (Alternative Healing Therapies) **R**		
6.4 Differentiate between linguistic competence, cultural competency, and health literacy in public health practice.	HESC 411 (Promoting Health in Multicultural Populations) **P**	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **R**						

Table 2.6.1. Courses and other learning experiences by which the competencies are met P = Competency is *primarily gained*; R = Competency is *reinforced*								
6.5 Cite examples of situations where consideration of culture-specific needs resulted in a more effective modification or adaptation of a health intervention.	HESC 500 (Issues in Public Health) **P**	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **P**	HESC 411 (Promoting Health in Multicultural Populations) **P**	HESC 520 (Advanced Topics in Community Health) **R**	HESC 535 (Program Planning and Evaluation) **R**	HESC 425 (Alternative Healing Therapies) **R**	HESC 450 (Applied Health Promotion in Aging Populations) **R**	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**
VII. Core Competencies in Leadership								
7.1 Describe the attributes of leadership in public health.	HESC 500 (Issues in Public Health) **P**	HESC 550 (Internship) **P**	HESC 520 (Advanced Topics in Community Health) **R**	HESC 524 (Public Health Admin.) **R**				
7.2 Describe alternative strategies for collaboration and partnership among organizations.	HESC 520 (Advanced Topics in Community Health) **P**	HESC 524 (Public Health Admin.) **R**	GERO 500 (Adult Development and Aging) **R**	GERO 503 (Aging and Public Policy) **R**	HESC 410 (Community Health Education) **R**			
7.3 Articulate an achievable mission, set of core values, and vision.	HESC 500 (Issues in Public Health) **P**	HESC 550 (Internship) **P**	HESC 524 (Public Health Admin.) **R**	HESC 455 (Designing Health Educ Curricula) **R**				
7.4 Engage in dialogue and learning from others to advance public health goals.	HESC 500 (Issues in Public Health) **P**	HESC 550 (Internship) **P**	HESC 460 (Worksite Health Promotion) **P**	HESC 535 (Program Planning and Evaluation) **R**	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **R**	HESC 450 (Applied Health Promotion in Aging Populations) **R**	HESC 460 (Worksite Health Promotion) **R**	

Table 2.6.1. Courses and other learning experiences by which the competencies are met P = Competency is *primarily gained*; R = Competency is *reinforced*								
7.5 Demonstrate team building, negotiation, and conflict management skills.	HESC 500 (Issues in Public Health) **P**	HESC 520 (Advanced Topics in Community Health) **P**	HESC 535 (Program Planning and Evaluation) **P**	HESC 550 (Internship) **P**	HESC 460 (Worksite Health Promotion) **P**	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **R**		
7.6 Use collaborative methods for achieving organizational and community health goals.	HESC 520 (Advanced Topics in Community Health) **P**	HESC 524 (Public Health Admin.) **P**	HESC 535 (Program Planning and Evaluation) **P**	HESC 460 (Worksite Health Promotion) **P**	HESC 455 (Designing Health Education Curricula) **R**			
VIII. Core Competencies in Professionalism								
8.1 Apply evidence-based principles and the scientific knowledge base to critical evaluation and decision-making in public health.	HESC 500 (Issues in Public Health) **P**	HESC 524 (Public Health Admin.) **P**	HESC 535 (Program Planning and Evaluation) **P**	HESC 550 (Internship) **P**	HESC 501 (Advanced Methods in Epidemiology) **R**	HESC 510 (Research Methods in Health Science) **R**	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **R**	HESC 455 (Designing Health Education Curricula) **R**
8.2 Apply the core functions of assessment, policy development, and assurance in the analysis of public health problems and their solutions.	HESC 524 (Public Health Admin.) **P**	HESC 501 (Advanced Methods in Epidemiology) **R**	HESC 510 (Research Methods in Health Science) **R**	HESC 535 (Program Planning and Evaluation) **R**	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **R**	GERO 503 (Aging and Public Policy) **R**	HESC 455 (Designing Health Education Curricula) **R**	
8.3 Analyze the determinants of health and disease using an ecological framework.	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **P**	HESC 550 (Internship) **P**	HESC 501 (Advanced Methods in Epidemiology) **R**	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**				

Table 2.6.1. Courses and other learning experiences by which the competencies are met P = Competency is *primarily gained*; R = Competency is *reinforced*								
8.4 Analyze the potential impacts of legal and regulatory environments on the conduct of ethical public health research and practice.	HESC 524 (Public Health Admin.) **P**	HESC 500 (Issues in Public Health) **R**	HESC 460 (Worksite Health Promotion) **R**					
8.5 Distinguish between population and individual ethical considerations in relation to the benefits, costs, and burdens of public health programs.	HESC 524 (Public Health Admin.) **P**	HESC 500 (Issues in Public Health) **R**	HESC 411 (Promoting Health in Multicultural Populations) **R**	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**				
IX. Core Competencies in Program Planning								
9.1 Describe the tasks necessary to assure that program implementation occurs as intended.	HESC 535 (Program Planning and Evaluation) **P**	HESC 460 (Worksite Health Promotion) **P**	HESC 520 (Advanced Topics in Community Health) **R**	HESC 524 (Public Health Admin.) **R**	HESC 455 (Designing Health Education Curricula) **R**			
9.2 Explain how the findings of a program evaluation can be used.	HESC 535 (Program Planning and Evaluation) **P**	HESC 455 (Designing Health Education Curricula) **R**	HESC 460 (Worksite Health Promotion) **R**	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**				
9.3 Differentiate among goals, measurable objectives, related activities, and expected outcomes for a public health program.	HESC 524 (Public Health Admin.**)** **P**	HESC 535 (Program Planning and Evaluation) **P**	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **R**					

Table 2.6.1. Courses and other learning experiences by which the competencies are met P = Competency is *primarily gained*; R = Competency is *reinforced*								
9.4 Differentiate the purposes of formative, process, and outcome evaluation.	HESC 510 (Research Methods in Health Science) **P**	HESC 535 (Program Planning and Evaluation) **P**	HESC 524 (Public Health Admin.) **R**	HESC 455 (Designing Health Education Curricula) **R**	HESC 460 (Worksite Health Promotion) **R**			
9.5 In collaboration with others, prioritize individual, organizational, and community concerns and resources for public health programs.	HESC 520 (Advanced Topics in Community Health) **P**	HESC 524 (Public Health Admin.) **P**	HESC 535 (Program Planning and Evaluation) **P**	HESC 460 (Worksite Health Promotion) **P**	HESC 540 (Advanced Study in Health Promotion and Disease Prevention) **R**	HESC 410 (Community Health Education) **R**		
X. Core Competencies in the Health Promotion and Disease Prevention Track								
10.1 Assessing individual and community health needs.	HESC 520 (Advanced Topics in Community Health) **P**	HESC 525 (Comp. and Alternative Medicine) **P**	HESC 535 (Program Planning and Evaluation) **P**	HESC 460 (Worksite Health Promotion) **P**	HESC 501 (Advanced Methods in Epidemiology) **R**	HESC 515 (Advanced Environmental Health) **R**	HESC 410 (Community Health Education) **R**	HESC 411 (Promoting Health in Multicultural Populations) **R**
	HESC 455 (Designing Health Education Curricula) **R**	HESC 480 (Transdis. Perspectives on HIV/AIDS) **R**						
10.2 Planning effective health education and health promotion programs.	HESC 535 (Program Planning and Evaluation) **P**	HESC 460 (Worksite Health Promotion) **P**	HESC 515 (Advanced Environmental Health) **R**	HESC 520 (Advanced Topics in Community Health) **R**	HESC 425 (Alternative Healing Therapies) **R**	HESC 455 (Designing Health Education Curricula) **R**		
10.3 Conducting health education and health promotion research.	HESC 525 (Comp. and Alternative Medicine) **P**	HESC 535 (Program Planning and Evaluation) **P**	HESC 460 (Worksite Health Promotion) **P**	HESC 520 (Advanced Topics in Community Health) **R**	HESC 598 (Project) **R**			

Table 2.6.1. Courses and other learning experiences by which the competencies are met P = Competency is *primarily gained*; R = Competency is *reinforced*								
10.4 Managing and supervising health education programs in a variety of settings.	HESC 550 (Internship) **P**	HESC 460 (Worksite Health Promotion) **P**	HESC 520 (Advanced Topics in Community Health) **R**	HESC 535 (Program Planning and Evaluation) **R**	HESC 411 (Promoting Health in Multicultural Populations) **R**			
10.5 Creating and maintaining community coalitions.	HESC 520 (Advanced Topics in Community Health) **P**	HESC 524 (Public Health Admin.) **P**	HESC 410 (Community Health Education) **R**	HESC 411 (Promoting Health in Multicultural Populations) **R**				
XI. Core Competencies in the Environmental and Occupational Health Track								
11.1 Recognizing safety and health hazards in the workplace.	HESC 405 (Worksite Injury Prevention and Rehabilitation) **P**	HESC 461 (Env. and Occupational Health and Safety) **P**	HESC 515 (Advanced Environmental Health) **R**	HESC 421 (Infectious Disease Epidemiology) **R**				
11.2 Characterizing exposures to airborne chemicals, noise and other occupational hazards.	HESC 515 (Advanced Environmental Health) **P**	HESC 461 (Env. and Occupational Health and Safety) **P**	HESC 462 (Env. Toxicology and Health) **P**	HESC 463 (Air Pollution and Health) **P**				
11.3 Functioning as a safety and health professional within a management structure, including working with managers, labor reps., occupational health physicians and nurses, ergonomists and industrial engineers.	HESC 405 (Worksite Injury Prevention and Rehabilitation) **P**	HESC 461 (Env. and Occupational Health and Safety) **P**						

Table 2.6.1. Courses and other learning experiences by which the competencies are met P = Competency is *primarily gained*; R = Competency is *reinforced*								
11.4 Recommending personal protective equipment, engineering controls and management controls for safety and health hazards.	HESC 405 (Worksite Injury Prevention and Rehabilitation) **P**	HESC 461 (Env. and Occupational Health and Safety) **P**	HESC 515 (Advanced Environmental Health) **R**	HESC 460 (Worksite Health Promotion) **R**				
XII. Core Competencies in the Gerontological Health Track								
12.1 Providing direct services to older adults	HESC 550 (Internship) **P**	KNES 455 (Functional Performance Assessment and Programs for Older Adults) **P**	HESC 450 (Applied Health Promotion in Aging Populations) **R**	GERO 500 (Adult Development and Aging) **R**				
12.2 Planning and managing health and social service programs.	HESC 550 (Internship) **P**	GERO 500 (Adult Development and Aging) **R**	GERO 503 (Aging and Public Policy) **R**	GERO 507 (Professional Issues in Gerontology) **R**	POSC/GERO 526 (Admin. and Systems Management) **P**	HESC 450 (Applied Health Promotion in Aging Populations) **R**	GERO 425 (Successful Aging and Gerotech.) **R**	KNES 455 (Functional Performance Assessment and Programs for Older Adults) **R**
12.3 Advocating the need for services, resources, and health policies for older adults.	GERO 503 (Aging and Public Policy) **P**	GERO 500 (Adult Development and Aging) **R**	GERO 507 (Professional Issues in Gerontology) **R**	HESC 450 (Applied Health Promotion in Aging Populations) **R**				
12.4 Evaluating community programs for the elderly	HESC 550 (Internship) **P**	HESC 450 (Applied Health Promotion in Aging Populations) **P**	KNES 454 (Physical Dimensions of Aging) **R**					

2.6d. 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.

Table 2.6.d. Core competencies and the coursework in which the competency is primarily gained

	Coursework in Which Core Competency is Primarily Gained									
Core Competency Category	**HESC 500**	**HESC 501**	**HESC 508**	**HESC 510**	**HESC 515**	**HESC 524**	**HESC 540**	**HESC 550**	**HESC 597***	**HESC 598***
I. Biostatistics			x	x						
II. Env Health Sciences					x					
III. Epidemiology		x		x						
IV. Health Ser. Admin	x					x		x		
V. Soc/Beh Sciences				x			x			
VI. Diversity/Culture	x						x			
VII. Leadership	x							x		
VIII. Professionalism	x					x	x	x		
IX. Program Planning				x						
X. HPDP						x		x		
XI. EOHS					x					
XII. GERO								x		

*HESC 597 (project) and 598 (thesis) address core competency categories X, XI, or XII depending upon the student's specialization track.

Following our 2007 Self-Study, we eliminated the Nursing Leadership Track but made no further changes.

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

The specific competencies reflect the recommendations of the CSUF MPH Advisory Committee, the MPH Program Committee, the MPH Coordinator, and the track advisors. To develop the learning objectives, members of the committee consulted training guidelines specified in *The Association of Schools of Public Health (August 2006)* http://www.asph.org/document.cfm?page=851 and *A Competency-Based Framework for the Professional Development of Certified Health Education Specialists* (National Commission for Health Education Credentialing, 1996), as well as information obtained from national associations pertaining to the respective field of study (e.g., National Environmental Health Association, American Industrial Hygiene Association, and Association of Gerontology in Higher Education). These documents were primarily utilized as a guide to construct the core and track objectives for each advisory track. Furthermore, in August 2012, the Community Advisory Board met and reviewed the program competencies and coursework and affirmed relevance to community needs.

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

The MPH Program regularly assesses the changing needs of public health practice through the advice and recommendations offered by the following:

- **Community Advisory Board (CAB).** The CAB consists of leaders of a number of public health agencies and nonprofit organizations in the county. The CAB offers advice and recommendations at meetings each year with MPH faculty members and administrators.

- **MPH Campus Advisory Committee.** This committee consists of all primary and secondary MPH faculty from departments across CSUF, and meets approximately 1-2 times per year to discuss curricular updates and plans, student progress (e.g., on theses/projects), and workforce needs.
- **MPH Graduate Committee**. This committee meets approximately once per month and reassesses learning objectives for all courses and makes adjustments if needed to track and/or course offerings.

2.6g. 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 MPH Program has developed a defined set of core competencies that are addressed and communicated to students throughout their course of study. Mechanisms are in place to assess student achievement of the competencies, which are reviewed on an annual basis by faculty to discuss changes in curricula.

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

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

Student progress in achieving competencies is tracked by the following:

- **Coursework Assessment.** Each MPH course contains selected specific competencies, along with student learning objectives in the syllabus. Coursework assignments (e.g., final papers, projects, exams, presentations) are used to assess competencies and student learning objectives.
- **MPH Current Student Evaluation:** At the end of their first year, MPH students meet with their track advisor to discuss progress in the Program and any special academic or career advisement needs. In addition, MPH students complete a Current Student Survey to provide feedback on their progress in the Program and program suggestions. Results of the Current Student Survey from the last three years are presented in Appendix 2A.
- **Internship Performance (HESC 550).** Internship placement is a major component of the MPH Program and 240 hours are required of all MPH students. The internship provides the opportunity to evaluate the degree to which students are able to integrate the knowledge and skills from their academic program into public health practice. In addition, each site supervisor completes an evaluation of student performance at the end of the internship. Details regarding placement and evaluation procedures are discussed in section 2.4.
- **MPH Student Exit and Alumni Surveys.** Following completion of the Program, MPH graduates are sent the MPH Exit Survey; 1 year after graduation they are sent the Alumni Survey. Surveys help to provide an evaluation of program competencies and other targeted objectives (e.g., job placement in the public health field). Results of the Exit and Alumni surveys from the last three years are presented in Appendices 2B and 2C, respectively.
- **Tracking MPH graduates via social media**. Since Spring 2011, all MPH students and graduates have been invited to join the MPH Program's LinkedIn and Facebook groups, on which MPH program faculty, current students, and alumni post job opportunities. To increase response rates for our MPH Alumni Survey, we post the survey link to our LinkedIn and Facebook groups. Alumni help us track and assess our MPH graduates' progress in the field.

In addition, faculty advising, coursework performance, grade point averages, internship performance, culminating experience performance all contribute to the evaluation of student progress in achieving competencies:

- **Faculty Advising:** Student progress is also monitored through faculty advisors. Students are assigned a track advisor at the time Study Plans are completed. The faculty advisor assists students with course selections to ensure that core and track-specific competencies are satisfied while meeting individual student expectations regarding educational goals.
- **Coursework Performance**: Faculty use a variety of assessment methods (e.g., exams, literature reviews, individual presentations on selected topics, group presentations) to evaluate student mastery on competencies covered in a given course. Grades are assigned to enrolled students at the conclusion of each course.
- **Grade Point Average (GPA):** Students must maintain an overall GPA of 3.0 to remain in good academic standing. If a student earns a GPA that is less than a 3.0 in a given semester, the MPH Coordinator is notified and a meeting is scheduled with the student to identify strategies to improve his/her academic performance.

- **Culminating Experience Performance:** All MPH students are required to complete a thesis, project, or a comprehensive exam. Details for the culminating experience options and evaluation procedures for students are in section 2.5.

2.7b. 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.b – Outcome Measures for Student Assessment between Fall 2009 and Spring 2012

Outcome Measure	Target	2009-2010	2010-2011	2011-2012
C-3. At least 80% of all students leaving the Program take an exit survey, and at least 60% of responses regarding quality of programs and learning objectives are favorable.	80% of graduating students	60% completed survey Unmet	40% completed survey Unmet	60% completed survey Unmet
C-4. At least 60% of all graduates take a survey one year after graduation, and at least 50% of responses regarding quality of programs and learning objectives are favorable.	60% of graduates take a survey	55% completed Unmet	45% completed Unmet	43% completed Unmet
C-7. At least 75% of those graduates who take standardized tests pass.	75% of graduates	100% Met	50% Unmet	0% Unmet
C-8. At least 70% of students incorporate theory-based learning into their culminating experiences.	70% of students	100% Met	100% Met	100% Met
D-1. 100% of all students enrolled in the MPH Program must complete 6 units of internship fieldwork to graduate.	100% of students	100% Met	100% Met	100% Met
D-4. At least 5% of students are in competitively awarded internships and fellowships.	5% of students	13% Met	7% Met	2% Unmet
E-3. Create an annual summary report of all exit surveys, alumni surveys and community advisory board questionnaires. This report will analyze all data collected. All faculty will receive a copy of this annual report and discuss ways to improve curriculum and course offerings at a minimum of 25% of faculty meetings and events (e.g., retreats).	Report and discussion at meetings and retreat	1 retreat discussion Unmet	1 retreat discussion Unmet	1 retreat Discussion Unmet
E-4. At least 80% of all graduates will be employed in their chosen field within 2 years.	80% of graduates	11/19 (57.9%) Unmet	20/28 (71.3%) Unmet	22/32 (68.7%) Unmet
E-5. At least 35% of all graduates will experience advancement in their career or continuation of higher education within 5 years.	35% of graduates	12/21 (57.1%) Met	20/28 (71.3%) Met	22/32 (68.7%) Met
E-6. At least 50% of those graduates who are employed in a public health-related setting are able to apply their projects at their place of employment.	50% of graduates who are employed	4/19 (21.1%) Unmet	8/28 (28.6%) Unmet	7/32 (21.9%) Unmet
F-1. At least 25% of students take courses specific to advising tracks.	25% of students	100% Met	100% Met	100% Met
F-2. At least 75% of students positively	75% of	87%	73%	84%

assess their experiences with their faculty advisors in exit surveys.	students	Met	Met	Met

Table 2.7.b – Outcome Measures for Student Assessment between Fall 2009 and Spring 2012

Outcome Measure	Target	2009-2010	2010-2011	2011-2012
F-3. At least 90% of students appropriately follow the University's policies regarding leaves of absence, Graduate Studies 700, course loads, etc.	90% of students	100% Met	100% Met	100% Met
F-4. At least 75% of students graduate as planned on their study plans.	75% of students.	10/19 (52.6%) Unmet	9/28 (67.9%) Unmet	7/32 (78.1%) Met

2.7c. 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.

Job placement data are collected through surveys of: (1) current MPH students upon completion of their first year, (2) MPH Graduates (an exit survey), and (3) Alumni survey, all of which are implemented online. Specifically they are asked about current employment status, how long it took them to obtain a position in public health after graduation, and career advancement after completing the MPH Program. Response rates are approximately 45-60% for these surveys. In addition, contact with MPH graduates is maintained via the MPH Program's LinkedIn.com and Facebook groups, which assist with tracking the progress of members. The allowable time to degree for the MPH is seven years.

Table 2.7.c.1 – Students in MPH Degree, By Cohorts Entering Between 2008–2009 and 2011–2012

	Cohort of Students	2007 - 2008	2008 - 2009	2009 - 2010	2010 - 2011	2011 - 2012
2007-2008	# Students entered	25				
	# Students withdrew, dropped, etc.	1				
	# Students graduated	0				
	Cumulative graduation rate	0%				
2008-2009	# Students entered	24	29			
	# Students withdrew, dropped, etc.	0	2			
	# Students graduated	12	0			
	Cumulative graduation rate	48%	0%			
2009-2010	# Students entered	12	27	32		
	# Students withdrew, dropped, etc.	1	0	1		
	# Students graduated	6	9	0		
	Cumulative graduation rate	72%	31.0%	0%		
2010-2011	# Students continuing at beginning of this school year	5	18	31	29	
	# Students withdrew, dropped, etc.	0	0	0	2	
	# Students graduated	4	11	13	0	

Table 2.7.c.1 (continued) – Students in MPH Degree, By Cohorts Entering Between 2008–2009 and 2011–2012

	Cohort of Students	2007 - 2008	2008 - 2009	2009 - 2010	2010 - 2011	2011 - 2012
	Cumulative graduation rate	88%	69.0%	40.6%	0%	
2011-2012	# Students continuing at beginning of this school year	1	7	18	27	46*
	# Students withdrew, dropped, etc.	1	1	0	0	1
	# Students graduated	0	3	8	19	0
	Cumulative graduation rate	88%	79.3%	65.7%	70.4%	0%

*Includes 17 Public Health Certificate students (from Orange County Health Care Agency) accepted into the MPH Program.

Table 2.7.c.2 Destination of Graduates by Employment Type in between Fall 2009 and Spring 2012*

	2009-2010	2010-2011	2011-2012	Total
Employed	11	20	22	53
Continuing education/training (not employed)	0	0	0	0
Actively seeking employment	1	3	2	6
Not seeking employment (not employed and not continuing education/training, by choice)	0	1	0	1
Unknown	7	9	20	36
Total**	19	33	42	96

*Numbers based upon year that student graduated.

**Totals are more than number of students who graduated in 2010 and 2011 because numbers may include people who are both employed AND actively seeking employment.

2.7d. 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.

As shown in Table 2.7.b., MPH students are asked if they have taken the Certified Health Education Specialist (CHES) exam, and if so whether they passed. Over the past 3 years, passing rates have been 100% (5/5) in 2009, 50% (1/2) in 2010, and 0% (0/1) in 2011. To the committee's knowledge, no graduates have taken the Certified in Public Health (CPH) exam.

2.7e. 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.

As previously described, the MPH Program conducts an annual assessment of alumni one year after graduation. One of the items specifically asks alumni to respond to the statement: *"Do you feel the competencies learned in the MPH program at CSUF have helped you in your career (practice setting)?"* Below are the responses to this question over the past three years.

Table 2.7.e1 Levels of helpfulness of competencies for career			
	2009-2010 (n= 15)	2010-2011 (n= 13)	2011-2012 (n= 9)
Not helpful	1 (6.7%)	0 (0.0%)	0 (0.0%)
A little helpful	1 (6.7%)	0 (0.0%)	2 (22.2%)
Helpful	3 (20.0%)	2 (15.4%)	2 (22.2%)
Somewhat helpful	1 (6.7%)	5 (38.5%)	1 (11.1%)
Very helpful	9 (60.0%)	6 (46.2%)	4 (44.4%)

As mentioned earlier, the response rate has been relatively low for the alumni survey (as seen in results for objective measures C-3 and C-4). Nevertheless, the overall pattern suggests that the majority of alumni believe that the competencies learned in the MPH program were at least "somewhat helpful" for their career. In April 2011, we received more detailed feedback from our alumni during our first annual alumni focus group. In regards to competencies, alumni mentioned that they the debates that they engaged in their Issues in Public Health course (HESC 500) helped them develop communication skills and to better understand perspectives that are contrary to their own. Alumni also mentioned competencies that they wish they were stronger in and could possibly be addressed in our curriculum. The desired competencies included cost-benefit estimations, more advanced statistical analyses, more practice interpreting the results presented in peer-reviewed journals, leadership and management skills for running a non-governmental or profit organization (NGO, NPO), and grant writing. Since the last self-study, the MPH program has added several elective courses based upon feedback from stakeholders. The MPH Program Committee currently assumes the responsibility of utilizing stakeholder feedback (including alumni feedback) to identify: (1) new courses that will be developed, (2) existing courses in other departments that address desired competencies, and (3) modifications that need to be made to existing courses. For example, the instructor for HESC 508 will narrate her PowerPoint lectures so that students can listen to the lecture on their own time prior to class. This strategy will allow for more in-class time to practice interpreting the results presented in peer-reviewed journals.

2.7f. 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 MPH Program places the highest value on tracking and ensuring that our students are receiving the highest possible quality education that prepares them for the public health workforce. We take pride in not only the quality of our coursework, but the care we take to cater to each individual student's concerns and needs. Students form close bonds with the Department Chair (who teaches HESC 500), the MPH Coordinator (who teaches HESC 508), the MPH Internship Coordinator (who teaches HESC 540), and other faculty who provide not only instructional guidance, but assist with career planning and navigating doctoral programs.

Weaknesses: With regards to the numbers of students who have obtained competitive internships, the data for the most recent cohort is unmet because many students have not yet completed their core courses and are thus not eligible to do their internships. For the most part, the remaining data reported in Table 2.7b are considered conservative estimates because of the difficulty in obtaining survey responses after students have graduated. In an effort to increase response rates, we have sent messages to our MPH Community through LinkedIn and Facebook accounts. In addition to these challenges in student tracking, many MPH students also experience delays in their anticipated graduation dates (as indicated by the number of Graduate Studies (GS) 700 requests per graduating cohort). While these delays exceed the 25% anticipated by the Program (as indicated in criterion F-4 in Table 2.7b), they are not surprising given the fact that an overwhelming majority of the MPH students hold full-time jobs that often require them to lengthen their studies. Through our improved committee and program structure, we will continue to improve our abilities to guide and track our student successes.

2.8 Bachelor's Degrees in Public Health.

N/A

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.

N/A

2.10 Doctoral Degrees.

N/A

2.11 Joint Degrees.

N/A

2.12 Distance Education or Executive Degree Programs.

N/A

3.0 Creation, Application and Advancement of Knowledge

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

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

The mission of the Master of Public Health (MPH) degree at CSUF is to develop knowledgeable, skillful health professionals that are proficient in disseminating and applying knowledge to prevent disease and promote health in the human population. To achieve this, we foster student and faculty research collaborations for conducting timely and relevant research on ongoing scientific discoveries in public health. Our program follows the University's research policies, procedures and practices as set forth by the following entities:

1. **The University**. CSUF regularly provides travel support, sabbatical leave opportunities, and a yearly recognition of the "Outstanding Faculty of the Year" to support and promote faculty scholarship and creative activities.
2. **Office of Research Development (ORD).** ORD provides assistance, guidance and consultation to the campus community in developing high-quality, competitive proposals — from concept to proposal submission. ORD also sponsors regular training workshops, brown bag seminars, and campus-wide research days to promote faculty and student scholarly and creative activities (http://www.fullerton.edu/ord/).
3. **Office of Grants and Contracts (OGC).** The OGC is a full service pre-award office that assists faculty in all aspects of grant seeking and submission (http://www.fullerton.edu/research/ogc/). The OGC administers the campus Institutional Review Board (IRB), with the aim of protecting the dignity, rights, and welfare of human participants in research conducted by faculty, staff, students and others as required in accordance with federal regulations (45 CFR 46) and University Policy Statement 420.103 (http://fullerton.edu/research/research-compliance/irb/index.asp).
4. **Auxiliary Services Corporation (ASC).** The ASC oversees the education grants and contracts for the University, governed by a Board of Directors consisting of students, faculty, administrators and community leaders. The ASC Office of Sponsored Programs provides post-award administration and support services for research grants and contracts awarded to the University. In addition to the direct costs of the research or program itself, most awards also include indirect costs (or overhead), which is used to support pre- and post-awards administration expenses incurred by the ASC, such as budgeting and accounting, risk management, IT, Payroll and Human Resource-related services (http://www.csufasc.org/).
5. **University Advancement (UA).** UA administers and accounts for all foundation and donor gifts; researches and identifies new donor prospects; and maintains and manages the University's donor database. Advancement Operations also manages the Cal State Fullerton Philanthropic Foundation (CSFPF) program, and scholarship and endowment accounts (http://www.fullerton.edu/advancement/).
6. **College of Health and Human Development (CHHD**). CHHD provides all new tenure track faculty 3 units of release time per semester for their first 4 semesters to provide them additional time for course preparation and meeting tenure-track obligations in the areas of research and service. The College Dean holds periodic reviews with new faculty to discuss progress on teaching performance, research, and service, and CHHD oversees 10 centers and 2 institutes that promote faculty, student, staff and community engagement in research and service. CHHD also recognizes outstanding research through an annual award (http://hhd.fullerton.edu).
7. **The Health Promotion Research Institute (HPRI)**. HPRI is a university-wide institute (housed within the CHHD) comprised of 50 faculty from 8 colleges that facilitates collaborative health-related research that promotes the well-being of diverse populations in Orange County, California. HPRI provides intellectual and logistical support to members in the development, submission, and management of health-related research grants. The HPRI also provides support to 5 affiliated

research centers: Center for Successful Aging, Fibromyalgia & Chronic Pain Center, Center for Cancer Disparities Research, Center for Healthy Lifestyles and Obesity Prevention, and the Fall Prevention Center of Excellence (http://hpri.fullerton.edu).

8. **Office of Graduate Studies.** With support from the U.S. Department of Education, the Enhancing Postbaccalaureate Opportunities at Cal State Fullerton for Hispanic Students (EPOCHS) program serves to increase the number of Latino students who enroll in and complete a postbaccalaureate degree at CSUF. All graduate students have access and benefit from funded programs developed to strengthen the environment for graduate studies at CSUF. EPOCHS has introduced an annual *New Graduate Student Welcome Day*, an event all admitted prospective graduate students are invited to attend. Faculty members across disciplines have been recruited to serve as mentors to students. The Graduate Student Research Fund compensates students for research travel and materials associated with CSUF graduate program research. Students are eligible to apply each semester. Awards range from $100 - 400. Throughout the year, Graduate Learning Specialists and the Graduate Support Specialists provide workshops supporting writing and counseling. The Office of the Associate Vice President of Graduate Studies and Research plans Research Week, a celebration of faculty and student research and a vehicle for our campus community and community partners to learn about the research and collaborative partnership opportunities available at Cal State Fullerton. http://www.fullerton.edu/graduate/epochs/

3.1b. 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.

During 2009-2012, all of our MPH primary faculty and most of our secondary faculty have been actively engaged in intramural and/or extramurally-funded research, most involving diverse community partners including: the Orange County Health Care Agency, the National Fibromyalgia Association, CalOptima (Orange County's Medicaid Managed Care provider), Altamed and St. Joseph's Hospital of Orange (both nonprofit hospitals), and a multitude of community-based organizations (such as Latino Health Access, Orange County Asian Pacific Islander Community Alliance, Pacific Islander Health Partnership, Samoan National Nurses Association, Special Services for Groups, and St. Barnabas Senior Services. Four examples include:

1. Dr. Jessie Jones' "Efficacy of a Group Empowerment Drumming" study involved participants from CalOptima, which is Orange County's Medicaid managed care organization.
2. Dr. Sora Tanjasiri's "Pap Test Intervention to Enhance Decision Making among Pacific Islander Women" study was funded by the National Cancer Institute and involved partnerships with 4 Asian American and Pacific Islander nonprofit community-based organizations.
3. Dr. Jie Weiss' "Women's Obesity Prevention and Research" study, funded by, and in collaboration with, AltaMed, to understand and intervene on the factors promoting obesity among Hispanic and other adults in Orange County.
4. Dr. Michele Wood's "Engaging Californians in a Shared Value for Resiliency" study involved a collaboration with the Southern California Earthquake Center, which is a consortium of over 600 scientists from universities and other institutions that collects data and communicates risk to the society at large.

Formal research agreements in the form of subcontracts (from CSUF ASC to each collaborative partner, or vice-versa in the case of contracts from organizations to CSUF) exist with each organization that specify the terms of the research partnerships, including timeframe, funded amount, deliverables, and final reporting requirements. In addition, such partnerships often require multiple IRB approvals (e.g., from CSUF and the research partner) that specify the approved research protocols, recruitment and consent processes, use of incentives/benefits, data confidentiality and privacy procedures, and adverse reporting requirements.

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

Table 3.1.c. Research Activity of Faculty from Aug 2009 to May 2012 (Secondary faculty are bold)

Principal Investigator & Track	Project Name	Funding Source	Funding Period Start/End**	Amt Total Award	Amt 2009-2010	Amt 2010-2011	Amt 2011-2012	CB Y/ N	SP Y/ N
Gill, Jasmeet/ EOHS	Breastfeeding Support Services on Breastfeeding Rates through 1 Year Postpartum	CSUF	2011-2012	$5,000		$5,000		N	Y
Jones, Jessie/ GERO	Effects of Behavioral Exercise and Health Education on Functional and Biomarker Indicators in Obese Woman with Fibromyalgia	CSUF	8/2009-7/2010	$15,994	$15,994			Y	Y
	Efficacy of a Group Empowerment Drumming (HealthRhythms)	CSUF	8/2011-7/2012	$5,000			$5,000	Y	Y
Kim, Danny/ EOHS	Energy Drink Consumption Patterns Amongst College Students Who Play Video Games Regularly	CSUF	8/2010-7/2011	$5,000		$5,000		N	Y
McEligot, Archana/ HPDP	Diet, DNA Repair Genes and Breast Cancer Risk	NIH	9/2005 - 8/2011	$344,771	$344,771				
	Health Behaviors in Pacific Islanders and Native Hawaiians in So Cal	CSUF	8/2011-7/2012	$10,000			$10,000	Y	Y
	Assessing and Pilot Testing an Urban Garden	CSUF	8/2009-7/2010	$1,500	$1,500			Y	Y
Mouttapa, Michele/ HPDP	FantastiKids – Evaluation of the "Bully for You" Program	CSUF	2009-2010	$1,000	$1,000			Y	Y
Rose, Debra/ GERO	Analysis of Evidence-based Fall Prevention Programs for Older Adults	CA Dept of Public Health	10/2010 - 7/2011	$22,088		$22,088		Y	Y

Table 3.1.c. Research Activity of Faculty from Aug 2009 to May 2012 (Secondary faculty are bold)

Principal Investigator & Track	Project Name	Funding Source	Funding Period Start/ End**	Amt Total Award	Amt 2009-2010	Amt 2010-2011	Amt 2011-2012	CB Y/ N	SP Y/ N
	Analysis of Evidence-based Fall Prevention Programs for Older Adults	CA Dept of Public Health	12/2009 - 9/2010	$20,000	$20,000			Y	Y
	Stay Well at Home Program	CA Wellness Foundation	1/2012 - 12/2014	$150,000			$150,000	Y	Y
	Improving California's Fall Prevention Programs: An Evaluation	Sepulveda Research Corp.	5/2007 - 6/2011	$41,599		$1,104		Y	Y
	Evaluation of the Cross-Cultural Efficacy and Adaptability of the InStep Program	St. Barnabas Senior Services	3/2010 - 8/2010	$15,000	$15,000			Y	Y
Rubin, Daniela/ HPDP	Family Based Exercise Intervention for Children and Adolescents with Prader Willi Syndrome	U.S. Army Medical Research Acquisition Activity	9/2009 10/2013	$2,030,112		$40,000		Y	Y
	Physical Activity Interventions in Individuals with Prader Willi Syndrome	U.S. Army Medical Research Acquisition Activity	9/2011 10/2015	$1,411,718			$1,411,718	Y	Y
	Nutritional and Exercise Aspects of Prader Willi Syndrome and Childhood Obesity	U.S. Army Medical Research Acquisition Activity	2/2008 2/2012	$1,708,148			$1,708,148	Y	Y
Rutledge, Dana/ GERO	Nursing Research Facilitation	St. Joseph Hospital	8/2009 - 5/2011	$59,141				N	N
Tanjasiri, Sora/HPDP	A Pap Test Intervention to Enhance Decision Making among Pacific Islander Women	NIH – NCI	9/2010 - 7/2015	$2,678,046		$557,000	$498,557	Y	Y
	WINCART Phase II	NIH – NCI	9/2010 - 8/2015	$4,161,581		$819,718	$824,511	Y	Y
	Increase Screening in Racial/Ethnic Minority and Other Underserved	SAIC-Frederick	8/2010 - 6/2012	$122,857		$61,429	$61,428	Y	Y
	WINCART: Increasing Cancer Screening, Treatment and Support in Tongans	NIH- NCI	9/2009 - 9/2012	$210,448	$70,149	$70,149	$70,149	Y	Y

Table 3.1.c. Research Activity of Faculty from Aug 2009 to May 2012 (Secondary faculty are bold)

Principal Investigator & Track	Project Name	Funding Source	Funding Period Start/ End**	Amt Total Award	Amt 2009-2010	Amt 2010-2011	Amt 2011-2012	CB Y/ N	SP Y/ N
	WINCART Diversity Administrative Supplement	NIH- NCI	9/2011 - 8/2012	$21,776			$21,776	Y	Y
	WINCART Phase I	NIH-NCI	5/2005 - 4/2011	$2,834,052	$496,153			Y	Y
	HIV/AIDS-Related Cancers among Pacific Islanders	NIH- NCI	5/2010-4/2011	$175,000		$175,000		Y	Y
Weiss, Jie/ HPDP	Women's Obesity Prevention and Reduction	Altamed	8/2011-7/2014	$90,000			$30,000	Y	Y
	An Interdisciplinary Approach to Address Childhood Obesity	CDC	9/2008-8/2011	$956,374			$956,374	Y	Y
Wood, Michele/ EOHS	Engaging Californians in a Shared Value for Resiliency: Practical Lessons Learned from the Great California Shakeout	California Seismic Safety Commis-sion	6/2011-1/2012	$49,900			$49,900	Y	Y
Yang, Joshua/ HPDP	Probationary Faculty Grant	CSUF	8/2009-7/2010	$6,500	$6,500			N	N
Echo Chang/ GERO	Exploring Online Health Management Tool Adoption among Older Adults	CSUF	6/2010-5/2011	$12,000		$12,000		Y	Y
Barbara Cherry/ GERO	HPRI Minigrant	CSUF	1/2012-5/2012	$750			$750	Y	Y
Melanie Horn-Mallers/ GERO	Understanding stress and coping	CSUF	8/2010-7/2011	$5,000		$5,000		N	Y
	Totals			**$17,170,355**	**$971,067**	**$1,761,488**	**$5,798,311**		

NOTES: Lists activities of primary faculty only (using same definition of primary faculty that is consistent with Template 1.7.1 and 4.1.1.).

* CB means the project directly involved a community partner and/or population; SP means project involved students

** Represents multi-year grants in which all funding was awarded in a single year.

3.1d. 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.

The measures used to evaluate the success of research activities affiliated with the MPH Program are shown in Table 3.1.d.

Table 3.1.d. Outcome Measures for Faculty Research Activities*

Outcome Measure	Target	2009-2010	2010-2011	2011-2012
E-7. At least 20% of student project/theses are presented at conferences.	20% of student project/theses	2/19 (10.5%) Unmet	1/28 (2.6%) Unmet	0/32 (0%) Unmet
E-8. At least 5% of student projects/theses result in published journal articles.	5% of student project/theses	7/19 (36.8%) Met	4/28 (14.3%) Met	2/32 (6.3%) Met
G-1. Journal article authored (or co-authored) by an MPH faculty member is published	Average of 1 peer-reviewed article per year	24/10 (2.4) Met	32/10 (3.2) Met	18/11 (1.6) Met
G-2. Each faculty member presents his or her scholarly endeavors	Average of 1 conference per year	22/10 (2.2) Met	15/10 (1.5) Met	24/11 (2.2) Met
G-3. Each faculty member mentors students each year by either acting as the student's thesis/project advisor or recruiting the student to become a research assistant in the faculty member's own research.	Average of 2 students per faculty member	23/10 (2.3) Met	39/10 (3.9) Met	57/11 (5.2) Met
G-4. Faculty are invited to speak at a minimum of one national or international conference each year.	Average of 1 conference presentation per faculty per year	22/10 (2.2) Met	15/10 (1.5) Met	24/11 (2.2) Met
H-1. An average of at least one proposal awarded per faculty member	Average of 1 proposal among all faculty	11/10 (1.1) Met	12/10 (1.2) Met	12/11 (1.1) Met
H-2. Grant proposals submitted each year by the faculty result in an award.	25% awarded	11/14 (78.6%) Met	12/19 (63.2%) Met	12/15 (80%) Met

* Calculated for Health Science primary faculty only

These measures included the following:

- Number of student project/theses that are presented at conferences. This criterion was not met, in part due to the fact that there is often a long delay between when an abstract is submitted and when it is accepted for presentation, at which time students are often graduated and no longer eligible for student travel funding. However, we feel strongly that we are meeting the intent of this outcome, which is to provide students with the opportunity to present their work, through the Department's annual Spring Symposium. At this symposium, students who have completed the project with poster option (see section 2.5.a) present and discuss their posters with symposium attendees.
- Number of student project/theses that are published. This criterion was met in each year.
- Number of published journal articles authored/coauthored by faculty – an average of more than 1 publication was authored or coauthored by a faculty per year.

- Number of meetings/year where faculty present their research – an average of more than 1 presentation was authored or coauthored by faculty per year.
- Number of students mentored for theses/projects by faculty – an average of more than 2 students were mentored by faculty per year (NOTE: this is not unduplicated students, since some students do both independent studies and then projects/theses with the same faculty member).
- Number of faculty who speak at national or international conferences every year – similar to measure #2 (above), faculty averaged more than 1 presentation at a national or international conference per year.
- Number of proposals awarded per faculty per year – an average of more than 1 proposal was submitted and awarded to faculty in each year.
- Proportion of submitted proposals that were awarded per year – over 25% of submitted proposals was funded in each year.

3.1e. Description of student involvement in research.

With the plethora of funded faculty research, there are a multitude of opportunities for MPH students to be involved in research. Students participated in research through class projects, practicum and papers, projects (HESC 597), theses (HESC 598), and independent studies (HESC 599). All but one faculty's research involved students in the conduct of research, including study and survey design, data collection, data inputting and management, data analyses and dissemination. For instance, all of the presentations enumerated in Table 3.1.d involved students as coauthors.

3.1f. 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: MPH Program faculty are highly engaged in active and well-funded research that involves MPH students and community partners. Research topics include: disaster preparedness, obesity prevention and intervention, cancer prevention and early detection, cancer survivorship, fibromyalgia and chronic pain, fall prevention, breast feeding, and student risky behaviors. Faculty also actively present and publish their research findings at peer-reviewed conferences and in such high quality peer-reviewed journals as *Social Science & Medicine, American Journal of Public Health, Health Promotion Practice, Journal of Health Care for the Poor and Underserved, Journal of Aging and Physical Activity*, and *Qualitative Health Research*. In addition, faculty work collaboratively with students to present and publish research.

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

3.2a. 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.

Faculty expectations regarding service are described in department and university policies governing faculty retention, tenure and promotion (RTP) that specify the number of service activities needed to be promoted to associate and full professor levels. Campus Personnel Committees exist at the Department, College and University levels to evaluate tenure-track faculty on a yearly basis according to University Policy Statement UPS 210.00 (see section II.B.3 for service expectations in http://www.fullerton.edu/senate/documents/PDF/200/UPS210-000.pdf).

MPH faculty provide service to the University and community through a variety of ways. Regarding university service, all faculty serve on efforts at the Department (e.g., Personnel Committee, Search Committees, and Graduate Committee), College (e.g., Dean's Advisory Committee, Curriculum Committee, and Technology Committee), and/or University levels (e.g., Academic Senate, and Health Professions Committee). Refer to Tables 1.5.1 and 1.5.2 for specific faculty serving on University, College, and Department committees. In addition, faculty regularly organize university symposia and colloquia on various public health topics that benefit both the University and greater communities. Many of these additional efforts occur through the Health Promotion Research Institute and its 5 affiliated centers (Center for Successful Aging, Fibromyalgia and Chronic Pain Center, Center for Cancer Disparities Research, Center for Healthy Lifestyles and Obesity Prevention, and the Fall Prevention Center of Excellence) (http://hpri.fullerton.edu).

MPH students provide service to the University through paid activities (e.g., Graduate Assistantships) and volunteer activities (e.g., through the Delta Rho Chapter of Eta Sigma Gamma https://www.facebook.com/#!/groups/esgcsufullerton/, and the CHHD's InterClub Council http://hhd.fullerton.edu/Main/students/HHDICC.htm). Eta Sigma Gamma's Delta Rho chapter at CSUF is active in service to the CSUF campus and community. For instance, in the 2011-2012 academic year, students logged over 2,000 volunteer hours supporting department events on campus (e.g., obesity and fibromyalgia symposia, data collection for a fibromyalgia longitudinal study), and promoting breast cancer screening and other types of health education, to educate students about disease prevention .

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

Community and professional service are specifically described in the Department Personnel Standards (Appendix 1J). Section VI.C. articulates the expectations of faculty regarding community and professional service: "All faculty members are expected to participate in appropriate professional, university, and community activities. In the area of professional service, such activity is expected to surpass that of simply belonging to relevant organizations and attending conferences. As faculty members progress through their careers, it is expected that they increasingly will engage in professional activities, such as: serving on professional committees, assuming leadership positions, serving as a program planner, conducting seminars and workshops, and serving as a professional consultant, on editorial boards, and/or as a reviewer of scholarly/professional materials. Similarly, faculty are expected to actively serve the needs of the university and community by participating in a broad range of campus activities and in external community activities (pp12-13)."

3.2c. 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.

Table 3.2.1. Service Activity of Faculty from July 2009 - June 2012 (Secondary faculty in bold)

Faculty member/ track	Role	Organization	Activity or Project	Year(s)
John Breskey/ EOHS	Treasurer	American Society for Safety Engineers Orange County Chapter	Professional Society	2012-present
	Manuscript Reviewer	*International Journal of Hygiene & Environmental Health*	Journal	2011 - present
Anthony DiStefano/ HPDP	Section Editor	*Californian Journal of Health Promotion*	Journal	2008-present
	Abstract Reviewer	HIV/AIDS Section, American Public Health Association	Scientific Conference	2009-2011
	Committee Member	HIV/AIDS Section of APHA	Strategic Planning Committee	2010-present
	Manuscript Reviewer	*AIDS and Behavior, Californian Journal of Health Promotion, Journal of Homosexuality*	Journal	2009-present
Lilia Espinoza/ HPDP	Commissioner	LA County HIV/AIDS Commission	County Commission	2011-present
	Section Editor	*Californian Journal of Health Promotion*	Journal	2012-present
	Manuscript Reviewer	*Journal of Adolescent Health*	Journal	2008-present
Jasmeet Gill/EOHS	Associate Editor	*Californian Journal of Health Promotion*	Journal	2009-present
	Consultant	Orange County Health Care Agency Immunization	Health Department	2011-present
C. Jessie Jones/ GERO	Board Member	American Aerobic and Fitness Association	Advisory Board for Senior Fitness	2009-present
	Editorial Board Member and Manuscript reviewer	*Journal of Aging and Physical Activity*	Journal	2009-present
	Organizer	Fibromyalgia Awareness Day	Community Conference	2010-present
Danny Kim/ EOHS	Section Editor	*Californian Journal of Health Promotion*	Journal	2008-present
	University Representative	California Conference of Directors of Environmental Health Region IV	Professional Organization	2008-present
Archana McEligot/ HPDP	Work Group Member	Orange County Health Care Agency	Communities Putting Prevention to Work: Nutrition Working Group	2009-2010
	Grants Reviewer	Orange County Affiliate, Susan G. Komen for the Cure	Community grants Program	2009-2010
Michele Mouttapa/ HPDP	Editor (Co-Editor)	*Californian Journal of Health Promotion*	Journal	2010-present (2008-2010)
	Consultant	Dairy Council of California	Evaluation of the online personal nutrition planner	2007-2009
	Evaluator	Fullerton Healthy Neighborhood Initiative	Community collaborative	2008-2010

Table 3.2.1. Service Activity of Faculty from July 2009 - June 2012 (Secondary faculty in bold)

Faculty member/ track	Role	Organization	Activity or Project	Year(s)
Michele Mouttapa/ HPDP (cont.)	Evaluator	Community Action Partnership of Orange County	Community based organization	2008-2010
	Evaluator	St. Barnabus Senior Center	Increasing Stability through Exercise and Practice	2010
Jennifer Piazza/ GERO	Committee Member	APA Division 7	Program Review Committee	2009
	Abstract Reviewer	American Psychosomatic Society	Conference	2010
	Manuscript Reviewer	*Psychology and Aging; Emotion; Personality & Individual differences; Aging & Mental Health*	Journal	2009-present
Debbie Rose/ GERO	Editorial Board Member	*Journal of Aging and Physical Activity*	Journal	2008-present
	Manuscript Reviewer	*Journal of Applied Gerontology; Journal of the Geriatric Society; Preventive Medicine*	Journal	2008-present
	Grants Reviewer	Centers for Disease Control and Prevention	Senior Scientific Review Panel	2009
Daniela Rubin/ GERO	Editorial Board Member	*Californian Journal of Health Promotion*	Journal	2009-present
	Manuscript Reviewer	*Journal of Rehabilitation and Research Development; Journal of Sports Medicine & Science; British Journal of Sports Medicine*	Journal	2006-present
Dana Rutledge/ GERO	Ad-Hoc Advisory Board Member	City of Hope Medical Center	Evidence-based practice project team	2009-2011
	Manuscript Reviewer	*Journal of Nursing Scholarship; American Journal of Nursing; Applied Nursing Research*	Journal	2003-present
	Consultant	Torrance Memorial Medical Center	Hospital accreditation	2010
Sora Tanjasiri/ HPDP	Board Chair and Board Member	Orange County Asian Pacific Islander Community Alliance	Board of directors	2009-present
	Board Member	Orange County Affiliate, Susan G. Komen for the Cure	Board of directors	2010-present
	Committee Member	American Public Health Association	Equal Health Opportunity Committee	2011-present
	Member	St. Joseph Health Foundation	Board of directors	2010-present
	Council Member	California Breast Cancer Research Program	Scientific Advisory Council	2010-present
	Consultant	Orange County Asian Pacific Islander Community Alliance	Evaluator of the Center for Excellence to Eliminate Disparities	2005-present

Table 3.2.1. Service Activity of Faculty from July 2009 - June 2012 (Secondary faculty in bold)

Faculty member/ track	Role	Organization	Activity or Project	Year(s)
Sora Tanjasiri/ HPDP (cont.)	Manuscript Reviewer	*Progress in Community Health Partnerships; Ethnicity and Disease; American Journal of Public Health*	Journal	2008-present
	Grants Reviewer	National Cancer Institute Special Emphasis Panels	Grant review	2008-present
Jie Weiss/ HDPD	Editor	*Californian Journal of Health Promotion*	Journal	2008-2010
	Associate Editor	*Journal of Child and Family Studies*	Journal	2006-present
	Consultant	Dairy Council of California	Evaluator	2007-2009
	Mentor	UCI Clinical and Translational Research	Research	2010-2012
Michele Wood/ EOHS	Committee Member	Earthquake Country Alliance	Evaluation committee	2010-present
	Consultant	FEMA Station Rapid Response Survey and Public Warning Metric	Data processing, summary and interpretation	2010
	Evaluator	Southern California Earthquake Center	Great California Shakeout	2009-present
	Advisor	American Red Cross	Community resilience pilot	2011
	Grants Reviewer	National Science Foundation	Grant review	2012
	Manuscript Reviewer	*Journal of Emergency Management & Risk Analysis*	Journal	2012-present
Joshua Yang/ HPDP	Consultant	Arab Republic of Egypt	Ministry of Health	2011
	Consultant	World Health Organization	International policy	2011
	Consultant	Orange County Health Care Agency	TB program development	2011
	Manuscript Reviewer	*Tobacco Control, PLoS*	Journal	2010-present
John Bock/ EOHS	Member	Human Behavior and Evolution Society	Annual meeting organizing committee	2009
	Manuscript Reviewer	*American Journal of Play, American Journal of Public Health, Journal of Cross-Cultural Gerontology*	Journal	2001-2010
	Grants Reviewer	National Science Foundation Cultural Anthropology, NSF Physical Anthropology	Grants	2001-2010
Echo Chang/ GERO	Manuscript Reviewer	*Journal of BioMed Central Women's Health; Journal of Aging and Mental Health; Journal of Gerontology: Social Sciences*	Journal	2011-present
	Committee Member	California Council on Gerontology and Geriatrics	Educator development	2010-2012
	Committee Member	Technology and Environment Task Force, Association of	Educator development	2010-2012

		Gerontology in Higher Education		

Table 3.2.1. Service Activity of Faculty from July 2009 - June 2012 (Secondary faculty in bold)

Faculty member/ track	Role	Organization	Activity or Project	Year(s)
Barbara Cherry/ GERO	Manuscript Reviewer	*Neuropsychology, Brain and Cognition, Archives of Clinical Neurospsychology*	Journals	2010-present
Melanie Horn-Mallers/ GERO	Advisor	Community College and Advisory Board	California Community College Family and Consumer Sciences Program	2009
	Grant Reviewer	Veteran Health Administration	Healthcare System Homebound Veterans Grant Project	2012
Gail Love/ HDPD	Advisor	Wellness Community	Communications advisor	2009-2010
	Advisor	Breast Cancer Support Group	Communications Advisor	2010-2011
Carl Renold/ GERO	Editor	*Association of Behavior and Social Sciences*	Journal	2002-present
	Co-Chair	Association of Gerontology and Higher Education	Committee on Membership and Marketing	2008-2011
	Member	Trabuco Mesa Elementary School	School site council	2008-2011
Stephanie Vaughn/ HDPD	Board Member	LA-OC Chapter Association of Rehabilitation Nurses	Professional association	2004-present
	Facilitator	Community Stroke Support Group	Community group	2000-present
Robert Voeks/ EOHS	Organizer	Society of Southern California Brazilianists	Conference	2009
	Organizer	California Geographical Society	Conference	2010-2011
	President	California Geographical Society	Association	2009-2011
	Grant Reviewer	National Science Foundation; National Geographic Society	Grant review	2009-present
	Manuscript Reviewer	*American Anthropologist, Environmental Management, International Journal of Environmental Science and Technology*	Journal	2009-present
Penny Weismuller/ HPDP	Member	Orange County Department of Education	Barriers to education workgroup	2008-present
	Member	Upsilon Beta Chapter, Sigma Theta Tau International	Leadership Succession Committee	2008-2011
	Member	Newport-Mesa Unified School District	Advocates Serving Kids Advisory Committee	2008-2011
	Manuscript Reviewer	*Journal of School Nursing*	Journal	2008-present

Table 3.2.2. Funded Service Activity from AY 2009 to 2012 (Secondary faculty in bold)

Principal Investigator & Concentration	Project Name	Funding Source	Funding Period Start/End	Amount Total Award	Amt 2009	Amt 2010	Amt 2011	CB Y/N	SP Y/N
Jones, Jessie/ GERO	CSUF Center and Institute Planning and Expansion Prog	CSUF	2010-2011	$15,000		$15,000		Y	Y
Jones, Jessie Tanjasiri, Sora/ HPDP	Faculty Mentor: Expanding Capacity for Federal Funding in Health Promotion	CSUF	2010-2011	24,000		$24,000		Y	Y
Rose, Debra/ GERO	Fall Prevention Center of Excellence	Archstone Foundation	1/1/2011 - 12/31/2012	$216,677			$216,677	Y	Y
	Fall Prevention Center of Excellence	Archstone Foundation	10/1/2004 - 12/21/2010	$1,300,000				Y	Y
Tanjasiri, Sora/HPDP	WINCART Administrative Supplement for CHE	National Institutes of Health	9/02/2011 - 8/31/2012	$45,000			$45,000	Y	N
John Bock/ EOHS	Supporting and Expanding the Mission of the Center for Sustainability	CSUF	2010	$15,000		$15,000		N	Y
	Securing External Support for the Center for Sustainability	CSUF	2010	$22,000		$22,000		N	Y

3.2d. 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.

The measures used to evaluate the success of service efforts affiliated with the MPH Program are shown in Table 3.2.d.

Table 3.2.d. Outcome Measures for Service Efforts				
Outcome Measure	**Target**	**2009 – 2010**	**2010 – 2011**	**2011 – 2012**
J-1. At least 75% of faculty serve on community advisory boards	75% of faculty	3/10 (30%) Unmet	3/10 (30%) Unmet	3/11 (27.3%) Unmet
J-2. At least 1 continuing education workshop/seminar offered per year	1/year	4 Met	4 Met	4 Met
J-3. At least 75% of faculty provide public presentations	75% of faculty	10/10 (100%) Met	10/10 (100%) Met	11/11 (100%) Met
J-4. At least 25% of faculty consult for community members and groups (see Table 4.1.d)	25% of faculty	3/10 (30%) Met	4/10 (40%) Met	4/11 (36.3%) Met
J-5. At least 20% of student projects involve county health department	20% of student projects	2/9 (22.2%) Met	4/24 (16.7%) Unmet	8/30 (26.7%) Met
K-1. At least 75% of faculty serve on departmental committees	75% of faculty	10/10 (100%) Met	10/10 (100%) Met	11/11 (100%) Met
K-2. At least 50% of faculty serve on college committees	50% of faculty	6/10 (60%) Met	6/10 (60%) Met	6/11 (54.5%) Met
K-3. At least 25% of faculty serve on university committees	25% of faculty	5/10 (50%) Met	6/10 (60%) Met	9/11 (81.8%) Met
K-4. At least 75% of faculty contribute to classes other than their own	75% of faculty	10/10 (100%) Met	10/10 (100%) Met	11/11 (100%) Met
L-1. At least 75% of faculty at any given time has editorial board memberships and/or serve as reviewer of publications	75% of faculty	10/10 (100%) Met	10/10 (100%) Met	11/11 (100%) Met
L-2. At least 50% of faculty at any given time serve on advisory boards and community agency panels	50% of faculty	5/10 (50%) Met	6/10 (60%) Met	7/11 (63.6%) Met
L-3. At least 25% of faculty during each 5-year period serve in leadership roles in professional associations	25% of faculty	1/10 (10%) Unmet	4/10 (40%) Met	6/11 (54.5%) Met
L-4. At least 10% of faculty annually receive awards from national or regional associations in recognition of their service and accomplishments	10% of faculty	1/10 (10%) Met	0/10 (0%) Unmet	1/11 (9%) Met
M-1. At least 75% of funded projects promote public health practice	75% of funded projects	1/1 (100%) Met	3/3 (100%) Met	2/2 (100%) Met
M-2. At least 60% of collaborations are with public health organizations, agencies, and programs in improving practice or practice outcomes	60% of collaborations	1/1 (100%) Met	2/3 (66.7%) Met	2/2 (100%) Met
M-3. At least 75% of projects promote health equality	75% of projects	1/1 (100%) Met	3/3 (100%) Met	2/2 (100%) Met

Table 3.2.d. Outcome Measures for Service Efforts				
Outcome Measure	**Target**	**2009 – 2010**	**2010 – 2011**	**2011 – 2012**
M-4. At least 50% of student theses/projects contribute directly to the health of the population	50% of theses/ projects	9/9 (100%) Met	24/24 (100%) Met	30/30 (100%) Met

These measures included the following:

1. Proportion of faculty serving on community advisory boards – only approximately 30% of faculty in each year served on community advisory boards.
2. Number of continuing education workshops/seminars offered per year – at least 4 continuing education workshops or seminars were offered by faculty to community, faculty, and students in each year. These seminars included:

    - 2009-2010: Cancer Genetic Research Student Colloquia, Obesity Prevention Symposium, Health Promotion Research Institute Forum, and Fibromyalgia Awareness Day
    - 2010-2011: Cancer Epidemiology Student Colloquia, Fibromyalgia Awareness Day, Nutrition and Pacific Islanders Symposium, and the Obesity Prevention Symposium.
    - 2011-2012: Hispanic-serving Institution Student Colloquia, CSUF HIV/AIDS Awareness Day, Fibromyalgia Awareness Day, CSUF Farmer's Market Health Fair, and the Health Promotion Research Institute Forum

3. Proportion of faculty providing public presentations – 100% of faculty in each year provided public presentations at scientific conferences, to community organizations, or on campus to faculty and student audiences.
4. Proportion of faculty consulting for community members and groups – at least 30% of faculty in each year consulted for community members and groups, such as the Orange County Health Care Agency (Gill), Dairy Council of California (Mouttapa), Orange County Asian Pacific Islander Community Alliance (Tanjasiri), and the FEMA Station Rapid Response Survey (Wood).
5. Proportion of student projects (defined as internships, projects or theses) involving county health departments – in all but one year (2010-2011), student projects involved county health departments (including the Riverside County Department of Health, Orange County Health Care Agency, and the Los Angeles Department of Public Health).
6. Proportion of faculty serving on departmental committees – 100% of faculty in each year served on departmental committees, including the Graduate or Undergraduate Committee, MPH Admissions Committee, Department Personnel Committee, Faculty Search Committee, Space and Resource Committee, Curriculum Committee, Assessment Committee, and Colloquia Committee.
7. Proportion of faculty serving on college committees – Approximately 50% of faculty in every year participated on the College Dean's Advisory Committee, Technology Committee, Curriculum Committee, and Health Promotion Research Institute Steering Committee (that includes representatives from each of the 4 affiliated centers).
8. Proportion of faculty serving on university committees – Over 50% of faculty in every year participated on a variety of university committees, including the: Academic Senate (Jones and Yang), Alcohol and Other Drugs Advisory Committee (Kim and Mouttapa), Center for Internships and Community Engagement (Tanjasiri), Disaster Preparedness (Wood), Food Advisory Committee (Gill), Health Professions Committee (Tanjasiri), International Programs (Weiss), Library Committee (Kim), Student Health Advisory Committee (McEligot), and University Advancement Committee (Mouttapa)
9. Proportion of faculty contributing to classes other than their own – faculty regularly collaborated on the teaching of MPH classes, namely in HESC 500 (Issues in Health) in which all MPH primary faculty present on their research and teaching activities to new MPH students in order to orient the students to potential research and service opportunities with each faculty member.
10. Proportion of faculty having editorial board member and/or serving as reviewers – 100% of primary faculty served as manuscript reviewers and/or section editors for scientific journals.

11. Proportion of faculty serving on advisory boards and community agency panels – at least 50% of faculty in each year served on advisory boards or community agency panels, LA County HIV/AIDS Commission (Espinoza), California Conference of Directors of Environmental Health Region IV (Kim), Orange County Health Care Agency (McEligot and Yang), and the Orange County Affiliate of Susan G. Komen for the Cure (Tanjasiri).
12. Proportion of faculty serving in leadership roles in professional associations – in all but 2009-2010, over 25% of faculty were involved in professional associations, such as treasurer of the American Society for Safety Engineers (Breskey), board member of the American Aerobic and Fitness Association (Jones), and member of the American Public Health Association Equal Health Opportunity Committee (Tanjasiri).
13. Proportion of faculty receiving awards from national or regional associations – perhaps because of the large numbers of untenured faculty in each year, in only 2009-2010 did 10% of faculty receive awards from national or regional associations: the UCI Institute for Clinical and Translational Sciences Promising Research Award (Tanjasiri in 2009, and Weiss in 2011).
14. Proportion of funded projects promoting public health practice – all funded service projects promoted public health practice (see Table 3.2.2).
15. Proportion of collaborations with public health organizations, agencies, and programs in improving practice – the majority of funded service projects in each year involved collaborations with public health agencies or nonprofit organizations (see Table 3.2.2)
16. Proportion of projects promoting health equality – all funded service projects in each year had as 1 value the promotion of health equity for underserved or disparity populations. For instance, the CSUC Center and Institute Planning and Expansion Program (Jones and Tanjasiri) supported the growth of the Health Promotion Research Institute, which has as a goal the collaboration with community leaders in addressing the critical public health needs in southern California.
17. Proportion of student projects/ theses contributing directly to the health of the population – all MPH student projects and theses are required to be applied efforts that address a gap in knowledge and/or practice regarding public health for a specific population.

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

Students gain valuable experience in service activities in a variety of ways. MPH students regularly hold Teaching Assistant positions that provide them with hands-on experience in the classroom with undergraduate students. Many MPH students choose to work as Research Assistants during their time in the MPH Program, gaining first-hand experience in study design, implementation, evaluation and data dissemination (e.g., via presentations and publications). Lastly, students provide volunteer hours to the Delta Rho Chapter of Eta Sigma Gamma as well as through community-based organizations (such as the Susan G. Komen for the Cure, American Lung Association, American Heart Association, Latino Health Access, and MOMS Orange County).

3.2f. 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: Community service is an established part of the University's expectations, promotional criteria, and faculty priorities. There are methods in place to track this criterion among faculty, using the required year-end reports and updated CVs. The MPH faculty are highly engaged in service activities both on and off campus, most notably with local health care agencies, hospitals, and non-profit organizations. Supporting the values of the MPH Program, students have also demonstrated that they are actively engaged in community service to promote the health and well-being of people, especially underserved populations.

Weaknesses: We did not meet the ambitious targets relating to proportion of faculty serving on community advisory boards, proportion serving in leadership roles on professional associations, and proportion receiving awards from regional or national associations. As previously discussed, given the relatively young age and professional career levels of the majority of the Health Science primary faculty (who do not yet have tenure), most faculty choose to focus on campus-based service and local organizational volunteering while simultaneously maintaining high teaching loads and research activities. As our faculty mature in their careers and gain tenure, we believe there will be an increase in their leadership activities both on and off campus.

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

3.3a. 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 MPH Program works closely with regional health organizations to identify and address the continuing education needs of the public health workforce and of community health organizations. Collaboration with community health organizations is an integral part of the MPH Program's instruction, research and service efforts. The following 2 mechanisms are used assess continuing education needs for students and the public health workforce:

- The Program's **Community Advisory Board** (CAB) is comprised of key leaders from a cross-section of the county's public health departments, hospitals, and community-based organizations. These leaders meet formally once a year during the summer to discuss workforce development needs and issues, and make recommendations to the MPH Program for colloquia, symposia, and conferences to be held during the upcoming academic year. For instance, in 2009 the CAB recommended that the program focus on the need to address the rising rates of obesity in the county; thus, in every subsequent year the Program has sponsored a day-long conference at CSUF on nutrition, physical activity and obesity prevention. CAB recommendations are reviewed annually and reviewed every 3 years to determine impacts on and needs for new workforce development efforts.

- The **California-Nevada Public Health Training Center** (CA-NV PHTC) provides a variety of training and other activities designed to strengthen the core competencies and capabilities of the public health workforce. CA-NV PHTC provides many opportunities for students to participate in campus-community partnerships. These collaborations allow students to work in real-life community contexts, which can help them make better-informed career decisions. In 2012, the Center completed the "Assessment of Orange County Public Health Workforce Capacity Using Ten Essential Public Health Practices", involving a survey instrument completed by a total of 331 health care employees that identified the top 3 training needs as emergency preparedness, program evaluation, and using social media. These identified training needs will inform the development of future workshops and colloquia for MPH students and public health professionals.

3.3b. 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.

The MPH Program provides ongoing educational workshops and symposia to MPH students and the greater Orange County community that aim to increase knowledge and skills regarding current public health practice. Table 3.3.b. lists the continuing education programs that were offered between 2009 and 2012.

Table 3.3.b. List of Continuing Education Programs by MPH Program 2009-2012

Date	Title/topic	Number of Participants
4/29/2009*	Health care systems for diverse populations in Orange County (Dr. Eric Walsh)	30
3/13/10	Alternative Choices for Healthy Life	150
2/25/11	Healthy Aging With and Without Fibromyalgia	100
4/20/11*	Association between Biomarkers of Antioxidants and Risk of Prostate Cancer (Dr. Jasmeet Gill)	30
5/26/11	Making Connections: Move More, Eat Healthy	270
6/3/11	Understanding the Cultural Context of Nutrition and Physical Activity for Pacific Islanders	16

Table 3.3.b. List of Continuing Education Programs by MPH Program 2009-2012

Date	Title/topic	Number of Participants
7/19/11	Staying on Track: Using Logic Models in Program Evaluation	17
7/25/11	Physical Activity: A Key Factor in Healthy Aging of the Brain (Webinar)	7
8/9/11	From Health Disparities to Health Equity: Navigating Upstream	19
8/31/11	Using Social Media to Improve Public Health	24
10/13/11*	The Orange County Nutrition and Physical Activity Collaborative (NuPAC)	30
3/29/12	Staying on Track! Creating a Roadmap to Guide Program Planning & Evaluation	37
4/26/12	Making it Work: Using Evaluation to Plan, Manage, and Improve Public Health Programs	17
5/4/12*	Internship Opportunities at Hispanic-serving Health Professions Schools	28
5/23/12	What is Public Health? Understanding Your Profession	18
5/24/12	Obesity Prevention Through the Lifespan	84
6/21/12	Health Care Reform: What's New and How Will it Affect You?	48
7/24/12	Where Does Health Begin? Multiple Levels of Prevention and Intervention	47

*Indicates education was open to MPH students only.

In addition the above programs, MPH faculty also sustain an active array of funded training activities that support the growth of MPH students and local public health professionals. These funded activities are shown in Table 3.1.1, below.

Table 3.3.1. Funded Training/Continuing Education Activity from 2009 to 2012 (Secondary faculty in bold)

Principal Investigator & Track	Project Name	Funding Source	Funding Period Start/ End	Amount Total Award	Amount 2009	Amount 2010	Amount 2011	CB Y/N	SP Y/N
DiStefano, Anthony/ HPDP	Transdisciplinary Perspective on HIV/AIDS	CSUF	2009-2010	$5,934	$5,934		$5,934	N	Y
McEligot, Archana/ HPDP	Increasing Workforce Diversity Training Hispanic Students to Address Childhood Obesity and Nutrition	USDA	9/2011 – 8/2014	$277,500			$277,500 *	N	Y
Tanjasiri, Sora/ HPDP	CICE Cal to Service Mini-Grant	CSUF	8/2009-7/2010	$1,500	$1,500			Y	Y
Wood, Michele/ EOHS	CA-NV Public Health Training Center Grant (2011 2012)	San Diego State Univ Research Foundation	9/2010 - 9/31/2012	$94,655		$42,837	$51,818	Y	Y
Yang, Joshua/ HPDP	Lost Futures? Undergrad Student Planning for Careers in Nursing	CSUF	8/2010-7/2011	$999		$999		N	Y
Echo Chang/ GERO	Leading Innovation in Healthcare Information	CSUF	6/2012-5/2013	$15,000			$15,000	Y	Y

Table 3.3.1. Funded Training/Continuing Education Activity from 2009 to 2012 (Secondary faculty in bold)

Principal Investigator & Track	Project Name	Funding Source	Funding Period Start/ End	Amount Total Award	Amount 2009	Amount 2010	Amount 2011	CB Y/N	SP Y/N
Gail Love/ HPDP	EPOCHS Faculty/Student Mentoring Program	CSUF	8/2011	$1,000			$1,000	N	Y

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

The Public Health Certificate program was developed and approved by CSUF in 2009, to offer an ongoing systematic training of public health professionals. Criteria for admission into the Certificate Program included the following: official transcripts of all college work, 2 letters of recommendation, a narrative statement (300-500 words describing how the Program relates to professional goals), resume, completion of 6 units of statistics and research methods (or related courses) with a grade of "C" or better, appropriate educational background for the Program, and GPA of 3.0 in the last 60 units completed. Accepted students received condensed (10-week) content from the following core courses: HESC 500 (Issues in Public Health), HESC 501 (Principles of Epidemiology), HESC 515 (Advanced Environmental Health), and HESC 540 (Advanced Health Promotion/Disease Prevention). Course fees for the certificate are $275 per credit unit. After completion of the Certificate Program, students interested in matriculating into the MPH Program were required to demonstrate mastery of the core courses (with a "B" grade or better in all courses), and articulate how the MPH Program meets professional goals (through interviews, if needed). Thus far in 2010 we trained 1 cohort of 22 professionals from the Orange County Health Care Agency, of which 17 entered the MPH Program in Fall 2011. See Appendix 3A for Certificate of Public Health materials.

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

The MPH Program is committed to identifying and addressing the many continuing education and workforce development needs in Orange County. In collaboration with public health professionals and agencies, the Program conducts ongoing needs assessments, program development and evaluation activities that aim to increase the knowledge and skills of public health students and staff. The following 5 strategies are used to support continuing education and workforce development:

1. The Department of Health Science is a designated multiple event provider by the National Commission for Health Education Credentialing for CHES and MCHES CEUs. The HPRI, CA-NV PHTC, and the Department's Centers offer several workshops/seminars each year.

2. The MPH Program's **Community Advisory Board** (CAB) is comprised of 12 leaders from hospitals, community-based organizations and the health care agency, and advises on the development of curricula, projects and internships for MPH students. Members represent the following institutions: Orange County Department of Education, Orange County Health Care Agency, Latino Health Access, Orange County Asian Pacific Islander Community Alliance, Access California Services, St. Jude Medical Center, St. Joseph Hospital of Orange, Orange County Council on Aging, Susan G. Komen for the Cure, and the Community Action Partnership of Orange County. CAB members meet as a committee once per year, and as planning members on various symposia and workshops throughout the academic year. The CAB members also provide advice regarding the continuing education needs for workforce development.

3. The **California-Nevada Public Health Training Center** (CA-NV PHTC) is a regional center (http://ca-nvpublichealthtraining.org/) developed by 3 California Universities (California State University, Fullerton, San Diego State University, Loma Linda University) and the University of Nevada, Las Vegas. It is one of 33 nationwide centers that comprise the National Public Health Training Center Network (www.publichealthtrainingcenters.org), funded by the US Health Resources and Services Administration. The goal of the CA-NV PHTC is to provide a variety of training and other activities designed to strengthen the core competencies and capabilities of the public health workforce. CSU Fullerton MPH students are invited to attend all training events and regional conferences. Since the Training Center Director (Wood) also teaches the MPH Program's Public Health Administration Course (HESC 524), the training content that is offered to the local Public Health Workforce is also made available to MPH students when they take HESC 524. In addition, the Training Center provides many opportunities for students to participate in campus-community partnerships, such as Michael Li who worked with the Orange County Health Care Agency to evaluate their tuberculosis delivery system during the summer of 2011. These collaborations allow students to work in real-life community contexts.

4. The ***Californian Journal of Health Promotion*** (CJHP) is edited by Michele Mouttapa, and provides the opportunity for public health faculty, professionals and students to publish in a peer-reviewed journal. CJHP regularly provides continuing education units for Certified Health Education Specialists (CHES). The Journal has encouraged, and at times provided, assistance for community partners to submit their manuscripts for peer review.(www.cjhp.org).

5. The MPH Program's **Colloquia Committee** is comprised of members of the MPH Program Committee. They plan 1 symposium per semester to expose MPH students to current public health issues and practices. Speakers from the campus and/or community are invited to present for 1 hour, followed by a half-hour question and answer session.

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

None.

3.3f. 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 MPH Program possesses a strong and demonstrated commitment to collaborating with local agencies and organizations to identify and address public health workforce and community needs. The Program regularly meets with public health leaders from a variety of sectors and involves them in the planning and implementation of trainings, symposia and workshops for students and community public health professionals. Since the MPH Program's last review in 2007, major efforts to support professional development of the public health workforce include:

1. Designation as a multiple event provider by the National Commission for Health Education Credentialing for CHES and MCHES CEUs.
2. Development of a Public Health Certificate in conjunction with the Orange County Health Care Agency.
3. One of 4 institutions funded for the California-Nevada Public Health Training Center: http://www.ca-nvpublichealthtraining.org/
4. Development Health Promotion Research Institute (HPRI). The HPRI provides training workshops for the Public Health workforce: http://hpri.fullerton.edu/aboutUs.htm
5. Assumed leadership for the *Californian Journal of Health Promotion.* The Journal has a section on continuing education units for Certified Health Education Specialists (CHES) http://www.cjhp.org

4.0 Faculty, Staff and Students

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

4.1a. 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*, e) gender, f) race, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instructional areas and k) current research interests.

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

Department (schools)/ Specialty Area (programs)	Name Gender Race	Title/ Academic Rank	Tenure Status or Classification **	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
EOH	John Breskey* Male White	Asst.	TT	80%	PhD MS	University of Illinois, Chicago (UIC) UIC	PhD – Public Health MS – Public Health	Worksite Injury Prevention & Rehabilitation; Global Issues in Environmental health; Air Pollution & Health	Workplace exposures to airborne particles and chemicals; hazard assessment of emerging technologies; prevention of workplace injuries and illnesses
HPDP	Anthony DiStefano * Male	Asst.	TT	80%	PhD	UCLA	PhD – Public Health; minor: sociocult	Epidemiology; Health Science Planning	HIV/AIDS; Violence; Global

	White				MPH	UCLA	ural anthropology MPH – Public Health	, Research, Evaluation; Transdisciplinary Perspectives on HIV/AIDS	health

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

Department (schools)/ Specialty Area (programs)	Name Gender Race	Title/ Academic Rank	Tenure Status or Classification **	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
HPDP	Lilia Espinoza * Female Latino	Asst.	TT	80%	PhD MPH	USC UCLA	PhD – Health Behavior Research MPH – Epidemiology	Community Health; Promoting health in multicultural populations	HIV and STD prevention among at-risk youth, immigrants, and women of color
EOH	Jasmeet Gill* Female Asian	Asst.	TT	80%	PhD	UCLA	PhD – Public Health Epidemiology	Epidemiology; Transdisciplinary Perspectives on HIV/AIDS; Health Science Planning, Research, & Evaluation	Biology & risk factors for in situ breast cancer; serum biomarkers, gene polymorphisms, and risk factors in minority ethnic groups
GERO	C. Jessie Jones* Female	Prof.	T	50%	PhD MS	Ohio State University	PhD – Sports Psychology/ Health/C	Issues in Public Health	Chronic pain management; Geronto

	White					CSULB	ounseling MS – Physical Educatio n		logical health

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

Department (schools)/ Specialty Area (programs)	Name Gender Race	Title/ Academic Rank	Tenure Status or Classification **	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
EOH	Danny Kim* Male Asian	Asst.	TT	80%	PhD	UCLA	PhD – Environm ental Health Sciences	Environ mental health; Occupati onal Health; Environ mental Studies; Infectiou s Disease Epidemi ology	Boron, Riboflav in deficien cies & Health; Adolesc ents and energy drink consum ption
HPDP	Archana McEligot* Female Asian	Prof.	T	80%	PhD MS	UCSD/ SDSU UCSD	PhD – Public Health Epidemio logy MS – Biology	Epidemi ology Nutrition	Nutritio n Epidemi ology; Nutrige nomics and Cancer Preventi on
HPDP	Michele Mouttapa * Female Asian	Asst.	TT	80%	PhD MA	USC CSUF	PhD – Health Behavior Research MA – Psycholo gy	Statistic s; research methods	Substan ce Use; Violenc e; chronic pain manage ment and aging; bullying
GERO	Jennifer Piazza* Female	Asst.	TT	80%	PhD	UCI	PhD – Psycholo gy & Social Behavior	Applied Health Promoti on in Aging	Develop mental & health psychol ogy;

	White				MA	UCI	MA – Social Ecology	Populations; Research Methods	Gerontological health

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

Department (schools)/ Specialty Area (programs)	Name Gender Race	Title/ Academic Rank	Tenure Status or Classification **	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
GERO	Debra Rose Female White	Prof.	T	50%	PhD MS	Pennsylvania State University University of Oregon	PhD – Kinesiology MS – Exercise and Human Movement Science	Clinical Exercise Science; Older Adult Fitness and Health Promotion; Human Motor Control and Learning	Balance and Mobility in older adults; physical activity instruction for older adults
HPDP	Daniela Rubin Female Latino	Asst.	TT	50%	PhD MA	UNC – Chapel Hill UNC – Chapel Hill	PhD – Human Movement Sciences Exercise & Sport Science	Exercise physiology; cardiovascular exercise testing and prescription	physiologic responses to exercise; physical activity and obesity, diabetes and cardiovascular disease; hormonal responses to exercise in youth and adults

Table 4.1.1. Current Primary Faculty* Supporting Degree Offerings of School or Program by Department/Specialty Area									
Department (schools)/ Specialty Area (programs)	**Name Gender Race**	**Title/ Academic Rank**	**Tenure Status or Classification ******	**FTE or % Time to the school or program**	**Graduate Degrees Earned**	**Institution where degrees were earned**	**Discipline in which degrees were earned**	**Teaching Area**	**Research Interest**
GERO	Dana Rutledge Female White	Prof.	T	50%	PhD MSN	University of Texas, Austin University of Kentucky	PhD – Nursing/ Research MSN – Nursing, specializing in Adult Health Nursing	??	Home care & hospice; nursing; oncology nursing; chronic pain management
HPDP	Sora Tanjasiri* Female Asian	Prof.	T	100%	DrPH MPH	UCLA UCLA	Community Health Science Behavior Science	Health behavior theory; Advanced community health	Cancer health disparities
HPDP	Jie Weiss* Female Asian	Prof.	T	80%	PhD MA	California School of Professional Psychology (CSPP) CSPP	PhD – Clinical Health Psychology MA – Psychology	Consumer Health; Health theory; Complementary and Alternative Medicine; Program Planning & Evaluation	Risk prevention and health promotion
EOH	Michele Wood* Female White	Asst.	TT	80%	PhD MS	UCLA CSULB	PhD – Public Health MS – Community Psychology	Statistics; Public Health Administration; Program Design in Public Health	Disaster preparedness; HIV/AIDS; high-risk populations

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

Department (schools)/ Specialty Area (programs)	Name Gender Race	Title/ Academic Rank	Tenure Status or Classification **	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
HPDP	Joshua Yang* Male Asian	Asst.	TT	80%	PhD MPH	UCLA UCLA	PhD – Community Health Sciences MPH – Community Health Sciences	Health policy; Health theory; International Health; Globalization and Health; Program Planning & Evaluation	Global governance of non-communicable diseases emphasizing on international institutions, U.S. foreign policy, & commercial interests

*Indicates primary Health Science MPH faculty
**T = Tenured; TT = Tenure-track
EOH = Environmental & Occupational Health; HPDP = Health Promotion & Disease Prevention; GERO = Gerontologicial Health; Asst. = Assistant Professor; Prof. = Professor

*Indicates primary Health Science MPH faculty; HPDP=health promotion/disease prevention track, EOHS=environmental and occupational health and safety track, and GERO=gerontological track
**T=tenured; TT=tenure track

4.1b. Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.). Data should be provided in table format and include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the program, e) gender, f) race, g) highest degree earned (optional: programs may also list all graduate degrees earned to more accurately reflect faculty expertise), h) disciplines in which listed degrees were earned and i) contributions to the program. See CEPH Data Template 4.1.2.

Table 4.1.2. Other Current (AY 2011-2012) Faculty Used to Support Teaching Programs (adjunct, part-time, secondary appointments, etc.)

Name/ track*	Title/ Acad Rank	Current Employer	FTE or % Time	Gender & Race	Grad Degrees Earned	Discipline for earned graduate degrees	Teaching contribution to the program
John Bock/ EOHS	Prof.	CSUF Dept. of Anthropology	20%	Male White	PhD; MS	Anthropology; Anthropology	Environmental studies,

							research methods

Table 4.1.2. Other Current (AY 2011-2012) Faculty Used to Support Teaching Programs (adjunct, part-time, secondary appointments, etc.)

Name/ track*	Title/ Acad Rank	Current Employer	FTE or % Time	Gender & Race	Grad Degrees Earned	Discipline for earned graduate degrees	Teaching contribution to the program
Echo Chang/ GERO	Assist. Prof.	CSUF Dept. of Extended Education	20%	Female Asian	PhD	Gerontology	Gerontological health
Barbara Cherry/ GERO	Assoc. Prof.	CSUF Dept. of Psychology	20%	Female White	PhD; MA	Cognitive Psychology; Experimental Psychology	Gerontological health
Gail Love/ HPDP	Assoc. Prof.	CSUF Dept. of Communications	30%	Female White	PhD; MA	Communication Theory; Communication Theory	Health communication
Melanie Horn-Mallers/ GERO	Assist. Prof.	CSUF Dept. of Human Services	20%	Female White	PhD	Human Development and Family Studies	Gerontological health
Carl Renold/ GERO	Assoc. Prof.	CSUF Dept. of Human Services	20%	Male; White	PhD	Gerontology/ Public Policy	Gerontological health
Stephanie Vaughn/ HPDP	Assist. Prof.	CSUF School of Nursing	30%	Female White	PhD; MS	Nursing; Nursing	Health promotion
Robert Voeks/ EOHS	Prof.	CSUF Dept. of Geography	20%	Male White	PhD	Geography	Global environmental issues, research methods
Penny Weismuller / HPDP	Assoc. Prof.	CSUF School of Nursing	30%	Female White	DrPH; RN	Public Health; Nursing	Health administration

* HPDP = health promotion/disease prevention track, EOHS = environmental and occupational health and safety track, and GERO = gerontological track

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

The MPH Program's primary and secondary faculty bring diverse educational backgrounds and range of professional and subject expertise to the MPH Program's 3 tracks. Faculty are also highly interdisciplinary and collaborative, with a focus on understanding and addressing community-based needs and solutions. Most MPH primary faculty (as well as secondary faculty members: Cherry, Love, Horn-Mallers, Renold, and Vaughn) are members of the Health Promotion Research Institute (HPRI, directed by Tanjasiri). HPRI is a university-wide institute that serves as a catalyst and focal point for research, training, and community interchange to develop and disseminate evidence-based health promotion programs (http://hpri.fullerton.edu). The HPRI also serves as an umbrella to 5 centers: Cancer Disparities Research Center (Director: McEligot), Center for Healthy Lifestyles and Obesity Prevention (Co-Director: Weiss),

Fall Prevention Center of Excellence (Director: Rose), Fibromyalgia & Chronic Pain Center (Director: Jones), and the Center for Successful Aging (Director: Rose). These Centers work closely with community partners to address specific issues. For instance, Debbie Rose works with the VA Greater Los Angeles Healthcare System Geriatric Research, Education and Clinical Center to provide trainings on how to prevent and medically manage risk factors for falls among the elderly. Likewise, Jie Weiss works with Altamed medical center to understand and address the risk factors for obesity in a high risk predominantly Latino population.

MPH Program faculty also work closely with local, state and national organizations and projects that enhance the teaching and research environment of the Program. For instance, Michele Wood teaches Public Health Administration (HESC 524), and draws on her long-standing relationships with the Orange County and Los Angeles County healthcare agencies for both classroom guest speakers as well as internship opportunities for students (under the California-Nevada Public Health Training Center, which she directs). Likewise, Sora Tanjasiri's experience in community-based participatory research informs her service as past Coordinator of MPH internships (HESC 550), as well as teaching Advanced Topics in Community Health (HESC 520, which is a service-learning course that matches students with an agency client for the conduct of community health needs assessment projects).

Furthermore, perspectives from the field of public health practice are integrated in the MPH Program through the secondary faculty and part-time faculty. For instance, Gail Love brings her extensive experience in corporate marketing and communications (with St. Joseph's Hospital and Southern California Healthcare Systems) to her Health Communications Campaigns course (COMM 531). In his Multicultural Health Course (HESC 411), Lecturer Joseph Vargas draws on his expertise as Health Education Manager at the Orange County Health Care Agency, where he regularly works with Latinos and other ethnic/racial minority populations.

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

The measures used to evaluate the success of research activities affiliated with the MPH Program are shown in Table 4.1.d.

Table 4.1.d. Outcome Measures for Faculty*

Outcome Measure	Target	2009-2010	2010-2011	2011-2012
I-1. New faculty member is successfully recruited each year	1 faculty per year	NA**	1 new faculty Met	2 new faculty Met
I-2. New faculty possess standard credentials (e.g. CHES, REHS, CIH, RN) for the area of specialization in which they are hired	All faculty possess 1 credential	NA**	Met	Met
I-3. No more than 1 faculty member is lost to another institution in each 5-year period	Faculty lost	NA**	Met	Met
I-4. At least 80% of untenured faculty receive tenure, and at least 50% of faculty promotions will go to	Faculty tenured	NA**	Met	Met

women and minorities				
Table 4.1.d. Outcome Measures for Faculty*				
Outcome Measure	**Target**	**2009-2010**	**2010-2011**	**2011-2012**
I-5. At least 75% of all faculty research has applications that can directly benefit underserved communities and populations.	Research benefits	100% Met	100% Met	100% Met
I-6. At least 75% of all research projects involve direct input from community groups and/or other academic institutions	Community inputs	10/11 (90.9%) Met	9/12 (75%) Met	11/12 (91.7%) Met

* Calculated for Health Science primary faculty only
**There was no new faculty hired in 2009-2010 due to the University's budget limitations that resulted in a freeze in all new hires; in addition SFR calculations indicated that no new faculty was needed.

Targets were successfully achieved for all outcome measures:

1. Number of new faculty recruited each year – faculty were successfully recruited in each year that there was an open faculty position in the Department (2010-2011 and 2011-2012). In 2009-2010 there was no open faculty position due to the University's budget that resulted in faculty furloughs and elimination of new hires.
2. Number of new faculty with standard credentials – all new faculty have at least a doctorate in their respective fields.
3. Number of faculty lost to another institution per year – no faculty were lost to other institutions in each year.
4. Percent of eligible untenured faculty receiving tenure (with majority going to women/minorities) – all eligible faculty received tenure in each year.
5. Percentage of faculty research benefiting underserved communities – all faculty research is applied in the field of public health, involving underserved communities defined by race/ethnicity (e.g., Dr. McEligot's research with Hispanics, and Dr. Tanjasiri's with Asian Americans and Pacific Islanders), sexual orientation (e.g., Dr. DiStefano's with LGBT), age (e.g., Dr. Jones' and Dr. Rose's research with elderly), and/or socioeconomic status (e.g., Dr. Weiss' research with low income adolescents and adults).
6. Percentage of faculty research involving input from community groups and/or academic institutions – due to the applied nature of public health-related research, input from community and/or academic institutions is vital to nearly all funded research projects obtained by MPH faculty.

4.1e. 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 MPH Program consists of a highly qualified and multi-disciplinary faculty. These faculty members possess extensive research and practice experience, and maintain strong commitment to applied, community-based health promotion research. They promote active linkages with local and national community organizations and have a shared vision regarding the importance of applied public health practice and research. It is noteworthy that the MPH Program has steadily grown in the number of new faculty, and successfully retained and promoted faculty despite university budget challenges and faculty furloughs during the 2009-2010 academic year.

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

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

The Faculty Handbook provides information about CSUF, its conditions of employment, benefits, and administrative policies and procedures that are essential to the faculty experience. The handbook is available to all CSUF faculty in printed format, and can also be found on the CSUF website at http://www.fullerton.edu/far/handbook/handbook.htm.

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

Faculty responsibilities related to teaching, scholarship, and service are based on a) the *Collective Bargaining Agreement*[1] (CBA); b) President-approved *University Policy Statements* (UPS); and c) Department *Personnel Standards* for tenured/tenure track faculty, full time lecturers, and part time lecturer faculty. The University, College, and MPH mission and goal statements underscore the importance of a supportive environment for faculty, with this reflected in the multitude of services available across campus.

The University recognizes that faculty flourish when they are rewarded for innovative work, and are given a sense of belonging and importance as members of the University family. To that end, numerous events, academic and social, are held on campus throughout the year to honor faculty/staff and to enhance a sense of community. There are annual events such as the "Concert Under the Stars" picnic and fireworks show, the President's receptions, college and department retreats, and ongoing fine arts exhibits, performing arts presentations, and sporting events. Many awards and funds are available to faculty to plan, pilot, and demonstrate innovation, and be recognized for instructional excellence. Other services focus on assisting faculty with scholarship activities and obtaining funding.

The University offers a number of opportunities for instructional and professional faculty development, including the following:

1. **Faculty Development Center** (FDC; http://fdc.fullerton.edu/default.htm). The FDC offers campus-wide programs that support faculty teaching, research, and service. The FDC promotes the incorporation of technology into instruction and offers classes and individual consultation to assist faculty in their endeavors. Through its programs and services, the FDC attempts to build a stimulating environment that will support faculty as educators, scholars, and engaged community members. Programs and opportunities are available to full-time and part-time faculty of the University. The mission of the FDC is to support faculty in the following areas:

    a. Enhancing excellence in teaching
    b. Understanding and assessing student learning
    c. Enhancing the effective use of technology in teaching
    d. Promoting scholarly research and creative activities
    e. Enhancing professional and service activities

[1] The California Faculty Association (CFA; http://www.calfac.org/) represents the instructional faculty, librarians, counselors and coaches who comprise Unit 3 among CSU employees. The union engages in collective bargaining under the terms spelled out in the Higher Education Employees Relations Act. The contract that results from bargaining covers salary, benefits, workload and other faculty issues. In 2006 CFA and the CSU administration negotiated a new Collective Bargaining Agreement.

f. Sponsoring special support programs for special faculty constituencies, including the Chair Support Program, New Faculty Orientation and Semester Series, Untenured Faculty Support Program, Women and Under-represented Faculty Support Program, and part-time faculty
g. Promoting other campus-wide intellectual and community-building events.

2. **Office of Research Development** (ORD; http://www.fullerton.edu/ord/). ORD provides assistance, guidance and consultation to the campus community in developing high-quality, competitive proposals – from concept development to proposal submission.

3. **Information Technology Services** (IT; http://www.fullerton.edu/it/about/ATC.asp). The overarching goal of IT is to maintain and enhance the speed, quality, reliability, and security of campus-wide information transactions for students, faculty, and staff in ways that support the campus mission while reducing the cost-per-transaction. IT maintains various campus services including: a) accounts for Titanium (CSUF's MOODLE online learning environment), Titan Internet Access, CMS (campus shared database), and the Faculty/Student Portal (central access to all web information at CSUF); b) campus technology groups and campus computer networks; c) computing labs/resources across campus; d) computer equipment support/maintenance; e) hardware/data security systems; f) software access/ support; g) telecommunications; h) training; and i) web publishing. IT maintains a help desk, which can be accessed from any university telephone at (657) 278-7777 to assist faculty, staff, and students with PC issues. Starting in May 2011, IT issued iPads with wireless connectivity to all members of the campus full-time faculty, enabling faculty to access emails and files from a distance.

4. **CHHD IT Services** (http://chhdit.fullerton.edu/). Technical assistance for faculty in the CHHD is provided by the Information Technology Department that is shared by the CHHD and the College of Education. This department has its own director and technical staff. Major services include maintenance of CHHD computer labs, web hosting, content development and accessibility compliance; support/training for College databases; IT training and consultations for faculty/staff on computer equipment/ software; scanning; and managing the Technology Support Center.

5. **Other Services and Incentives Provided to the Faculty.** The University Learning Center (ULC) supports faculty in tutoring students with difficulty in certain subject areas such as math, sciences, composition and writing (http://www.fullerton.edu/ulc/Default.asp).The Faculty Writing Assistance Program (FWAP) sponsored by the FDC, ULC and University Writing Center (http://fdc.fullerton.edu/teaching/online/or/writing_resources.html) combines writing workshops with 1-on-1 consultation. The FWAP holds monthly Writing Groups to provide writers with immediate feedback from readers on work in progress. Other forums discuss issues related to student writing, strategies to help proofread/edit writing (grammar, mechanics, spelling, syntax), and the publication process including manuscript submission, the review process, and faculty members' personal experiences as editors.

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

Expectations of faculty performance for retention, tenure, and promotion (RTP) purposes are clearly articulated in the Collective Bargaining Agreement: http://www.calstate.edu/LaborRel/Contracts_HTML/CFA_CONTRACT/2012-2014/, the University Policy Statements (UPS 210.000; http://www.fullerton.edu/senate/documents/PDF/200/UPS210-000.pdf) and in the Department of Health Science Personnel Standards. Teaching, scholarship, and service are considered for retention and promotion decisions regarding tenure track faculty. Care is taken to ensure that the Personnel Standards are congruent with the mission and expected outcomes of the Program. Copies of the Personnel Standards are given to each new faculty member when hired.

Normally, probationary faculty members are given a 2-year initial appointment. Probationary faculty members are subject to reviews before they are re-appointed to third, fourth, fifth or sixth probationary years or granted tenure. Appointment to probationary status implies that faculty members will eventually

be granted tenure if their performance meets the standards in Section II of UPS 210.000 and of their approved Departmental Personnel Standards. Tenure-track faculty are considered probationary faculty until they are awarded tenure or terminated**.** Faculty Affairs and Records (FAR) has tenure-track (Probationary) faculty information for developing their RTP portfolio and forms at the following link: http://www.fullerton.edu/far/rtp/rtp.htm

The RTP portfolios for faculty are reviewed and evaluated independently by the Department Personnel Committee, the Department Chair, and the Dean of the CHHD. Recommendations at all levels are forwarded to FAR and then sent to the VPAA for a decision. At all levels, faculty members can rebuttal recommendations. Refer to the following link for a detailed RTP Flow Chart: http://www.fullerton.edu/far/rtp/Abbreviated%20Review%20File/Abbreviated%20Review%20Flow%20Chart%20Final.pdf

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

Students complete evaluations at the end of each course. For in-person courses, the instructor appoints a student to explain the procedures and administer the Student Opinion Questionnaires (SOQs). Refer to Appendix 4A for SOQs for core MPH courses. The form requests students to evaluate specific aspects of the instructor's performance, and also the content of the course, instructor strengths, and the areas of instruction that need improvement. The completed evaluation forms for each course are tallied and results placed in an evaluation summary of results. A copy of SOQ scores are made available online for faculty. Online courses also use the same evaluation form and students evaluate instructors online.

The Department Chair reviews course evaluations at the end of each semester and discusses problematic evaluations with faculty members involved. Faculty members who need to strengthen their teaching are referred to the Faculty Development Center.

4.2e. 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: CSUF, the Department and Program maintain well-defined policies and procedures for recruiting and appointing faculty members, for evaluating their competence and performance, and for supporting their professional development and advancement.

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

4.3a. Description of the MPH Program's recruitment policies and procedures.

The MPH Program attracts highly qualified students through a variety of means. The Program places a priority on recruiting individuals who are not only academically well-prepared, but also committed to improving the health and well-being of populations through health promotion/disease prevention, environmental and occupational health and safety, or gerontological health approaches. The Program adheres to the University's Affirmative Action and Equal Opportunity policies in all its recruitment and admission activities, and admits qualified students regardless of race, ethnicity, religion, gender, sexual orientation, national origin, age, disability, or veterans status.

Recruitment. The MPH Admissions Committee oversees all student recruitment, application review, and admission procedures. Student recruitment strategies include distribution of MPH information (including program brochure and application instructions), participation in career fairs (such as the annual fall CSUF Grad Fair), and posting of information on the Program website. Prospective applicants can request in person meetings (usually with the Graduate Admissions Coordinator or MPH Graduate Coordinator) to clarify admission and program requirements. The Graduate Admissions Coordinator can also schedule appointments for tours with prospective students and parents when requested. A number of materials and services have been produced for recruitment purposes including:

- **MPH program brochure** (http://hdcs.fullerton.edu/hesc/mph/viewsheet.pdf) that describes the requirements for admissions and degree completion, and the 3 program specialization tracks;
- **Website** (http://hdcs.fullerton.edu/hesc/mph/mph_overview.html) that has links to the Program brochure, application procedures, FAQs, faculty descriptions, core values, goals and objectives, and handbook.
- **MPH Handbook** (http://hdcs.fullerton.edu/hesc/mph/Handbook/handbook.html) that includes printed summaries of curricula, course descriptions, and degree checklists for all specialization tracks, and printed summaries of all primary faculty profiles;
- **Opportunities for graduate assistantships and teaching associate postings** are advertised on the MPH website and an FAQ section is posted for first inquiries.
- **Program banners and booth displays** are used for campus job/and or degree fairs, welcome to CSUF events, department scholarship award events and at local and national conferences attended by students or faculty.
- **Promotional materials** (e.g., award pens and bags) are distributed to encourage visual messaging throughout the campus and county.
- **MPH announcement boards, student theses/projects displays, and a proposal/defense workroom** were developed to support students and also as a recruitment tool. The Kinesiology and Health Science building houses many undergraduate courses, public events, sporting events, and community events, causing traffic to be heavy throughout the year even when administrative offices are closed, thus, creating numerous promotional opportunities.

Potential students are encouraged to meet with faculty to discuss their professional interests and specific questions regarding the Program. Program staff members participate in various recruitment activities both on and off campus including career days and the American Public Health Association's annual national conference. In addition, CSUF university outreach recruiters are provided materials to bring to other schools' career centers and departments when they visit campuses. The Program also recruits from public agencies in locales and countries where we are actively engaged in public health research. Faculty who attend local, state, national, and international conferences are given program brochures to be distributed to interested persons. All CSUF Health Science faculty search mailings include program literature reaching program chairs throughout the California higher education system.

4.3b. Statement of admissions policies and procedures or the MPH Program.

Admission Policies. MPH Program admissions policies and guidelines function within the admissions guidelines established by the University. Admission requirements are included in the MPH brochure, Department website, as well as the Graduate Studies website: http://www.fullerton.edu/graduate/prospectivestudents/application.asp. The MPH Program considers applicants for Fall semester admissions only, who satisfy all requirements for admission to graduate studies including:

- A baccalaureate degree from an accredited institution with at least a 2.5 overall GPA or in the last 60 units attempted (university requirement);
- Cumulative GPA of 3.0 or higher;
- Completion of 6 units of statistics and research methods;
- Appropriate educational and career/volunteer/internship experience for the preferred advisory track;
- English language skills – an applicant whose native language is not English is required to submit a score on the Test of English as a Foreign Language (TOEFL) and to meet with the Graduate Admissions Committee to further assess his/her written and oral skills.

Applicants not meeting requirements may demonstrate their academic abilities by taking one or two elective courses through CSUF's Open Enrollment.

To apply, an applicant must send to the Department's Admission Coordinator the following: 2 letters of recommendation; a narrative statement; a current resume highlighting paid and volunteer experience in public health; and copies of transcripts of all colleges and institutions attended. In addition, the applicant must apply online to Admissions and Records at *csumentor.edu* and send official transcripts from all colleges and institutions attended to the Admissions Office.

To be considered for the Fall admission, applicants are encouraged to apply before March 1. All applicants receive acknowledgement letters and email messages of their application and admissions status. All complete files are distributed to members of the Program's Admission Committee, along with an applicant data list highlighting reported GPA, age, ethnicity, awards and foreign language abilities. The Admissions Committee members review materials and rank prospects into top third, middle third, and bottom third categories. Ranking is based upon review of transcripts, coursework as related to goals, and appropriate experience relevant to stated goals. The Chair of the Admissions Committee accepts the Committee's input and provides the recommendations to the Department Chair. The Department Chair, MPH Program Coordinator, and MPH Admissions Coordinator compile the final cohort list.

Applicants are notified via email (usually by mid-April) that the Department has recommended their acceptance into the University. An official letter is sent from the University Admissions and Records Office once the University's final decision has been rendered. Students who are rejected may discuss the decision with the Program Coordinator. Students who are accepted into the program may transfer up to 9 units of 400-level elective courses or higher, pending approval by the MPH Graduate Coordinator.

4.3c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the academic offerings of the program.

The MPH Program's academic calendar, grading policies, and academic offerings are described in various printed materials and websites:

- MPH Program Brochure: http://hhd.fullerton.edu/hesc/mph/viewsheet.pdf
- MPH Student Handbook:: http://hhd.fullerton.edu/hesc/mph/Handbook/handbook.html
- Grading and academic offerings: http://hhd.fullerton.edu/hesc/mph/Handbook/handbook.html
- CSUF Academic offerings: http://www.fullerton.edu/catalog/.

- General Requirements for the Master's Degree: http://www.fullerton.edu/graduate/currentstudents/generalrequirements.asp
- Academic calendars: http://apps.fullerton.edu/AcademicCalendar/
- Enhancing Postbaccalaurate Opportunities at CSUF for Hispanic Students: http://www.fullerton.edu/graduate/epochs/

4.3d. Quantitative information on the number of applicants, acceptances and enrollment, by tracks for each of the last three years. Data must be presented in table format. See CEPH Data Template 4.3.1.

As seen in Table 4.3.1, there continues to be a strong interest in the MPH Program. The following table summarizes the number of applications, acceptances, and enrollment of tracks for the last 3 years.

Table 4.3.1 Quantitative Information by Track on Applicants, Acceptances, and Enrollments, 2009 to 2012

		2009 – 2010	2010 – 2011	2011 – 2012*
Health Promotion/Disease Prevention	Applied	149	173	196
	Accepted	26	29	45
	Enrolled	17	22	33
Environmental & Occupational Health and Safety	Applied	14	20	16
	Accepted	10	9	14
	Enrolled	8	4	12
Gerontological Health	Applied	11	9	4
	Accepted	8	7	2
	Enrolled	7	3	1

***** The 2011-2012 cohort includes 17 students from the Orange County Health Care Agency certificate program.

4.3e. 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.

Full-time students are defined as those who enroll in at least 9 units of graduate level courses during a semester. Part-time students are those who enroll in less than the minimum for full-time. Additional tenure-track faculty hires have increased faculty/student support in each area of specialization. Table 4.3.2 shows the total number of students (headcount for full-time and part-time students, and full-time equivalent) enrolled in the MPH Program over the past 3 years, as well as the breakdown in these figures by advisement track.

Table 4.3.2 Total Student Enrollment Data by Track from 2009 to 2012

	2009 – 2010		2010 – 2011		2011 – 2012	
	HC	FTE	HC	FTE	HC	FTE
Health Promotion/Disease Prevention	48	40.1	50	41.8	66	48.5
Environmental & Occupational Health	12	10.0	15	12.5	20	14.3
Gerontological Health	13	10.9	16	13.2	8	6.7

4.3f. 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.

Table 4.3.f Outcome Measures for Enrollment of Qualified Student Body

Outcome Measure	Target	2009	2010	2011
A-1. At least 50-70 applications per admission cycle (cohort).	50-70 applications per year	174 Met	202 Met	216 Met
A-2. No more than 50% of applicants accepted into the Program.	50% acceptance or less	25.3% Met	22.3% Met	28.2% Met
A-3. At least a 3.0 cumulative grade point average on admission.	3.0 average GPA	3.27 Met	3.39 Met	3.22 Met
A-4. At least one year of work experience in a health-related field.	1 year work experience	100% Met	100% Met	100% Met

The Program carefully assesses each applicant's complete application materials, and places great weight on experience and commitment to public health goals as well as academic performance. Although the Program does not require a GRE, it has a minimum 3.0 overall GPA or for the last 60 units attempted requirement. The fact that students do well in their courses and successfully complete all degree requirements is the best indicator that qualified students have been recruited, admitted and enrolled. Information on assessment procedures, graduation rates and job placement is found in section 2.7.

4.3g. 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's Admissions Committee maintains clearly defined policies for recruiting qualified students into the Program. Quantitative data on the total number of applications, acceptances and enrollments, coupled with the academic characteristics (GPAs over 3.0 and work experience) indicate that the Program successfully attracts and accepts highly qualified students. Student characteristics also indicate a highly diverse student body by ethnic/racial background, gender, and language.

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

4.4a. 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.

Academic advising and career counseling are essential components of the MPH Program, and are provided in multiple complementary ways.

- **First semester orientation.** Upon confirmation of acceptance into the MPH Program, each student receives a welcome letter from the MPH Program. The letter serves as a preliminary means of introducing the students to CSUF, and the specifics of their course schedule for the Fall semester (the Program currently admits students as a cohort to start the Program in the Fall semester only). The first course students are advised to enroll in is HESC 500- Issues in Public Health. This course serves as the introductory course to the Program. In the course, MPH faculty are invited to introduce themselves and to share a summary of their research. In addition, students in the course receive explanations regarding program requirements (e.g., coursework and internship) and administrative procedures (e.g., graduate assistantships, leaves of absence, etc.). An MPH Student Handbook (http://hhd.fullerton.edu/hesc/mph/Handbook/handbook.html) is distributed to provide detailed program information, culminating experience guidelines, internship procedures, faculty research, etc. Further, students in HESC 500 are introduced to the Career Center and participate in a Library visitation to learn how to access resources.

- **MPH Meet and Greet.** During the first semester, 1st and 2nd year MPH cohorts meet each other and the faculty at a social event referred to as the MPH Meet and Greet. During the event we invite MPH alumni and the 2nd year MPH cohort share with the 1st year cohort "tips to get the most out of the MPH Program". Students also have an opportunity to ask faculty questions about the Program.

- **Academic advisement** with the MPH Graduate Coordinator and track advisor occurs during the first semester. By the end of the first semester, students will complete a study plan, which is required by the Office of Graduate Studies. Throughout the year, electronic mail is sent to all students regarding upcoming course offerings, travel opportunities, research opportunities, and Graduate Student Assistantship opportunities. Information is also posted on an MPH website. Subsequently, students are asked to contact the MPH Graduate Coordinator and track advisor at least once per semester to discuss study plan changes, which are documented by a required form and placed in the student's academic folder.

- **Teaching faculty.** All MPH faculty members also provide advice and mentorship to students on coursework, research, community service activities, and career counseling. All MPH faculty members are required to provide regularly scheduled office hours. These office hours are posted outside the door of the faculty member's office, and are also included in the course syllabi given out in classes during the first week of each semester. The students are able to "drop by" the faculty member's office during their posted office hours and speak with them, without having a prearranged appointment time scheduled.

4.4b. 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.

MPH students receive career counseling from a variety of sources.

- **Issues in Public Health (HESC 500)** introduces students to the career planning resources available from the CSUF Career Planning and Placement Center (www.fullerton.edu/career/) including the

workshops on resume writing, interviewing, social media and career networking, as well as an overview of the searchable job database. Students learn how to log on to the Career Center's website to familiarize themselves with the resources the center has available.

- **MPH Internship Coordinator.** Career advising comprises an important element of student internship placement and supervision, which is provided via individual meetings between students and the internship coordinator. At these meetings, students work with the coordinator to not only select an appropriate internship site and develop individualized learning objectives that address their competencies, but also to vision how the internship leads to the student's future career path.

- **Internship Site Supervisors.** MPH students work with their internship supervisors to not only achieve internship learning objectives but also obtain career counseling.

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

At the end of the first year in the Program, MPH students are asked to complete a "first year survey" that addresses questions regarding academic advisement and other experiences such as their internship course and career center services. To assess opinions regarding academic advising, students indicated the extent to which they agree or disagree with several items that capture their perceptions of the MPH requirements and the Coordinator's role in helping them meet those requirements. In the most recent survey, students indicated satisfaction with the academic advising they received. There were strong positive sentiments regarding the approachability of the Graduate Coordinator and the Coordinator's knowledge of program requirements. Students express they are strongly satisfied with advising and career counseling services (see Appendix 4B).

4.4d. 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.

Graduate students must meet both university degree requirements and those specific to the MPH Program. University degree requirements consist of minimum grade point averages, unit residency and time limit stipulations. Degree requirements specific to the MPH Program of study consist of courses, examinations and internship training requirements. Students admitted to the MPH Program are required to be enrolled for fall and spring semesters each year until all degree requirements have been satisfactorily completed with a 7-year time limit or receive approval for a leave of absence from the Office of Graduate Studies

Students who fail to make satisfactory progress (e.g., cumulative GPA below 3.0) receive written confirmation from the Office of Graduate Studies (http://www.fullerton.edu/graduate/), with a hold placed on their record. Students must come in for academic advisement with the MPH Graduate Coordinator for the hold to be released. The student has 2 academic semesters to raise the grade point average, and the MPH Graduate Coordinator plays a significant role in referring the student to academic services (e.g., tutoring) and/or personal resources (e.g., psychological counseling). The Assistant Dean of the CHHD also plays an active role in supporting probationary students, in addition to the faculty who have the right to recommend that a student be dismissed for failure to meet the minimum grade point average requirement. MPH students are apprised of these requirements in the MPH Student Handbook (http://hhd.fullerton.edu/hesc/mph/Handbook/handbook.html) and during academic advisement sessions.

If a student believes that she or he has been unfairly assigned a grade, s/he has the right to dispute that grade. Students are encouraged to first discuss their grievances with either the faculty member who assigned them the grade or with the MPH Graduate Coordinator. However, if the student wishes to file a formal complaint, called an *Academic Appeal*, s/he may do so according to university policy. Policies and procedures for filing an *Academic Appeal* are described in the University's Graduate Student Handbook: http://www.fullerton.edu/graduate/currentstudents/files/handbook-2012.pdf. The policies and procedures

regarding academic appeals are also described in greater detail in a University Policy Statement (UPS 300.030): http://www.fullerton.edu/senate/documents/PDF/300/UPS300-030.pdf. Both the University Policy Statement and the University Student Handbook are available on the University's website and the MPH Program Titanium Committee, and address the policies and procedures for other types of grievances and problems that the student might encounter. Some of these types of grievances and problems are discussed in section 1.4.e. Since the MPH Program has been in existence, there have been no formal complaints or grievances issued against the Program and/or its faculty by any MPH student.

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

This criterion is met.

Strengths: Students in the MPH Program receive extensive academic advisement in their HESC 500 course, and through regularly meeting with the MPH Graduate Coordinator and track advisor. In addition, students receive a detailed MPH Student Handbook and have access to an MPH Titanium Community website that maintains important information concerning students. Data collected to date from current and graduating MPH students indicate an overwhelming satisfaction with our academic advising and supportive services.