

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

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

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
May 7-8, 2015

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Master of Public Health (MPH) program at California State University, Long Beach (CSULB). The report assesses the program's compliance with the Accreditation Criteria for Public Health Programs, amended June 2011.

Characteristics of a Public Health Program

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

- a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.
- b. The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.
- c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.
- d. The public health program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.

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

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

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

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

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

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

1.2 Evaluation and Planning.

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

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

The self-study document outlines the processes, including data sources and responsible parties, the program uses to measure its success. The program director, for example, collects and monitors student exit survey data. The Curriculum Committee and the Accreditation Committee track the results of standardized rating systems. Each(es)-81yTyTor 5i42.2(ev)-8(al)-20.001 6.3(,)40kbod togrd0.7(A)2.3(c)-8-8.9(i)3.1(s)--

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

1.4 Organization and Administration.

The program shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall f

Improvement Panel convenes once per semester to elicit general feedback and suggestions on ways in which the program could improve. Among other student-related matters, the HSGA addresses job placement, curricular content, course scheduling, program quality and faculty

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

Table 1. Sources of Funds and Expenditures by Major Category, Fiscal Years 2008-2014

2008-

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

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

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

1.7 Faculty and Other Resources.

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

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

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

American and LGBTQ representation. Similar advertisements are sent to other Hispanic-serving institutions and historically black colleges and universities. Current faculty and staff have participated in

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

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

The concern is tied to the verbal accounts of several students, who questioned the relevance of certain core courses—particularly that in health services administration. The self-study also refers to the challenge the program faces in adapting to the rapidly changing field of health education. Follow-up conversations with faculty revealed that some of the core courses have gone through only three

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

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

Deliverables include a written report and reflection, midterm and final presentations of the experience and an evaluation form, through which students rate their satisfacti

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

At the time of the site visit, the program complied with university guidelines pertaining to the master's thesis option. Program-specific guidel

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

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

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

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

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

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feedback on alumni performance; those who have been contacted indicate that graduates are performing their roles effectively. The opportunity for related discussions with the Community Advisory Board exists, but relevant data are not collected. The Accreditation Committee plans to request that alumni ask their employers to submit anonymous evaluations directly to the program. On-site discussions with employers reflecte

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

The CSULB Foundation is responsible for the fiscal management of grants and contracts. A portion of overhead monies from grant-

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

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

3.2 Service.

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

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

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

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

3.3 Workforce Development.

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

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

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

Six continuing education programs and events were offered in the last three years. The Sri Lanka Ministry of Health and Indigenous Medicine funded the Center for International Education Physician Training in 2011-2012 and 2012-2013. A workshop on climate change was also held in 2011 and attended by at least four professionals. In 2013 and 2014, approximately 350 and 500 individuals, respectively, attended the annual Latino Health Equity Conference; half were professionals or other members of the workforce. Conference presentations addressed environmental health, youth violence, health disparities, HIV/AIDS prevention and minority leadership, among other issues. Community representatives who met with site visitors appreciate the program's attention to their needs. One individual commented on how direct and on target the Latino Health Equity Conference curriculum was. Others noted that faculty involvement is static and thTj -0.002 T0.134 Tw 0.4u-13.26.3()0.5(ne)-2s926.3()0.5((v)4(e)-3 TD [(t)-1.1(5hTJ 0-13.2(ouran)-1a()0.5((

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

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

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

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

Many faculty have experience designing, implementing and evaluating health programs within the college and the community. Several

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

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

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

4.3 Student Recruitment and Admissions.

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

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

Recruitment strategies involve mailings to programs in health education, advertisements, distributions of informational brochures and networking activities. Copies of the program brochure, for example, are shared at professional conferences and disseminated at local public health, health education and community health events. Low tuition fees and established networks within the Los Angeles metropolitan

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

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

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

The first concern relates to the level of student satisfaction with academic advising. Approximately 77% of

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

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

2:30 pm

Executive Session

4:00 pm

Meeting with Alumni, Community Representatives and Preceptors

Keith Allen, MPA, Program Supervisor, City of Long Beach Department of Health & Human Services (Preceptor)

Jessica Andrade Lee, MPH, LTJG, U.S. Public Health Service Investigator, Food and Drug Administration, (Preceptor; Alumnus 2007)

Mara Bird, PhD, Co-Director, Center for Latino Community Health, Evaluation and Leadership Training (Preceptor; Employer)

Amy Buch, MA, Health Promotion Division Manager, Orange County Health Care Agency (Community Representative)

Kelly Colopy, MPP, Director, Department of Health and Human Services, City of Long Beach (Community Representative)

Natalie Caplan, PhD, MPH, Director, Orange County Health Services, (3.5.17) 9(t)-Bd @ B9(t)-9m9(0n)T-5.9(t)-946(w)T-76.86ns5->02#3 a001H)W5