Final Self-Study Report

Submitted to the
Council on Education for Public Health (CEPH)

Submitted by the
Urban Public Health Program
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Introduction

This self-study provides an overview and systematic assessment of the structure, content, policies, processes, and results of activities of the Urban Public Health (UPH) program in achieving its mission, goals, objectives, and MPH competencies. This analysis is a candid assessment of the program’s strengths and weaknesses as well as its successes achieved to-date and challenges. Further, this self-study afforded an opportunity for the program’s constituents and stakeholders to reflect on our efforts over the past two years to equip individuals through academics, research, and community service for entry into the public health professions. The self-study was conducted with fidelity to the requirements and expected documentation of the Council on Education for Public Health (CEPH), and is organized and presented in a manner that clearly reflects its compliance with CEPH guidelines.

The UPH program awards the Master of Public Health (MPH) degree, and was developed in response to a need for a public health program that specifically addresses urban health issues in underserved communities in Southern California, especially in Service Planning Area Six (SPA 6). SPA 6 in South Los Angeles is the largest underserved neighborhood in the nation. As such, the UPH program is uniquely situated to address local health disparities and has the potential to impact a community that has been resourcefully neglected. In addition, to addressing the health disparities of the surrounding community, In addition, the UPH program is unique in that it is one of the few MPH programs in the nation which recruits students from urban underserved communities, with the aim that these graduate students would return and serve the health needs of their communities. Given the underrepresentation of underserved students in graduate education, the UPH program is serving a need. The UPH program serves the university’s mission statement and its students and community by uniquely addressing urban health issues in order to promote the health and well-being of urban underserved populations both locally and at-large.

The development of the UPH program is based on a commitment to the recommendations and expectations of the leading professional associations and accrediting bodies for the training of public health professionals. Furthermore, besides ensuring the pre-eminence of learning and achievement of competencies, the UPH program provides a high quality graduate degree that meets the evolving needs and trends of the public health workforce.
The UPH program resides in the College of Science and Health (COSH) at Charles R. Drew University of Medicine and Science (CDU), and is currently the sole graduate degree offered by the college. The program received approval as a degree-seeking graduate program from the Western Association of Schools and Colleges (WASC) in early 2006, and opened its doors to graduate students in fall 2006.

The UPH program was developed to address the needs of working adults who are trying to advance and/or begin a career in public health. Accordingly, in order to accommodate the working schedule of our applicants, MPH classes are offered three times a week, Tuesdays, Wednesdays, and Thursdays, in the evening hours (6-9 pm), leaving Monday evenings for program events and activities, when available, and giving a four-day break to the students to pursue public health research and work on the MPH courses’ assignments. The majority of our student body is African American females between the ages of 24 to 63 years, with more than 50% working full-time in various fields upon matriculation.

In May, 2008, the UPH program graduated its first cohort of 14 MPH graduates (fall matriculation, full-time students only), and in May, 2009 and May, 2010, the UPH program graduated its second and third cohorts of 11 and 12 MPH graduates (fall matriculation, full-time students only), respectively.

From fall, 2006 through spring, 2009, the program’s founding administration and faculty established the program’s initial mission statement, goals, and MPH competencies. However, since the program has been in a self-study, self-definition, and self-reflection mode since its inception, core statements have been continuously revised, modified, and updated. And though these core statements, in one form or another, were in place, the program still had neither fully developed objectives to achieve its goals nor an articulated value statement during that period.

In the summer of 2009, under the leadership of the program’s second director, the MPH goals were revised and then solidified through the development of a set of corresponding program objectives formulated and fully vetted by the MPH Program Committee. In addition, a new set of assessable MPH competencies, guided by recommendations from the Association of Schools of Public Health (ASPH) Master of Public Health (MPH) core competencies (Version 2.3, 2006), and the Council on Linkages Between Academia and Public Health Practice, were set in place.
Accordingly, the data presented in this self-study reflects the efforts toward the evaluation and fulfillment of proposed actions taken since fall semester of 2009 when the new program goals, objectives, MPH competencies, and assessment methods were systematically arrayed to demonstrate the efficacy of programmatic components. Where pertinent, information on the program’s performance prior to fall, 2009 is reported.

At its inception, the UPH program admitted students in both the fall and spring semesters, and accepted fulltime, part-time, and dual degree students. However, to better serve our constituents, and to be better positioned to assess student achievement of program objectives, the MPH Program Committee, after a series of lengthy discussions, voted for and unanimously approved that starting fall semester, 2009, the UPH program would be a cohort, competency-based, sequenced curriculum of 42 semester units, accepting fulltime students for fall semester matriculation only.
Criterion 1.0 The Public Health Program
Criterion 1.1 Mission

The program shall have a clearly formulated and publicly stated mission with supporting goals and objectives. The program shall foster the development of professional public health values, concepts and ethical practice.

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

The mission of the UPH program is aligned to the mission of Charles R. Drew University of Medicine and Science (CDU): “To conduct education, research and clinical services in the context of community engagement to train health professionals who promote wellness, provide care with excellence and compassion, and transform the health of underserved communities.”

The UPH program’s mission is, “To improve the health of urban populations through graduate education of public health practitioners, urban-relevant scholarship and community service specifically targeting the determinants of health disparities in underserved communities.”

1.1. b. One or more goal statements for each major function by which the program intends to attain its mission, including instruction, research and service.

In summer of 2009, the program modified its goals to better serve our mission, the community, and the public health workforce. The current UPH program’s goals are as follows:

**Instructional Goal**: To provide an exemplary education to public health graduate students from underserved and racially/ethnically diverse communities for careers in underserved urban health settings.

**Research Goal**: To promote the participation of MPH students and MPH faculty in health disparities research in urban community health issues.

**Service Goal**: To promote the participation of MPH students and MPH faculty in community health services that address health disparities in urban underserved populations, and to support the development of a well-trained and professional public health workforce.

1.1.c. A set of measurable objectives relating to each major function through which the program intends to achieve its goals of instruction, research and service.

In summer, 2009, program faculty, in collaboration with MPH students, staff and community members, developed a set of measurable objectives and assessment tools to achieve our instructional, research and service goals.
**Objectives** to achieve Instructional Goal (G1): “To provide an exemplary education to public health graduate students from underserved and racially/ethnically diverse communities for careers in underserved urban health settings”:

Objective 1.1 Enroll qualified students from racially/ethnically diverse communities whose career intentions include serving the health needs of underserved populations.

Objective 1.2 Increase the # of MPH graduates whose career intentions include serving the health needs of underserved populations.

Objective 1.3 Develop, implement and evaluate a competency-based public health curriculum.

Objective 1.4 Assure graduates demonstrate excellence as public health practitioners.

Objective 1.5 Identify and retain qualified and ethnically diverse MPH faculty complement and administrative staff.

**Objectives** to achieve the Research Goal (G2) “To promote the participation of MPH students and MPH faculty in health disparities research in urban community health issues”:

Objective 2.1 Train MPH students to use, conduct and evaluate urban-relevant health disparities research.

Objective 2.2 Promote ethical, compassionate public health research among students.

Objective 2.3 Increase the number of grant proposals for urban health disparities research and/or service submitted by MPH faculty complement.

Objective 2.4 Increase the number of publications, abstracts and poster presentations, of urban-relevant health disparities research submitted by MPH faculty complement and students per year.

**Objectives** to achieve the Service Goal (G3) “To promote the participation of MPH students and MPH faculty in community health services that address health disparities in urban underserved populations, and to support the development of a well-trained and professional public health workforce”:

Objective 3.1 Support and facilitate MPH students to participate in community health services that promote health to underserved populations.

Objective 3.2 Support and facilitate MPH faculty to participate in community health settings/services that promote health to underserved populations.

Objective 3.3 Plan and implement activities for the development of a well-trained and professional public health workforce.
1.1. d. A description of the manner in which mission, goals and objectives are developed, monitored and periodically revised and the manner in which they are made available to the public.

The development and monitoring of the MPH mission, goals, and objectives was initiated by the MPH Program Committee, comprised of MPH faculty, students, alumni, and administrative staff, and chaired by Dr. Islam, the program director. The above statements of mission, goals, and objectives are the results of the development part of that effort. These statements are continuously monitored and periodically revised by the MPH Program Committee, and followed by feedback from the MPH-CEPH Self-Study Advisory Committee, which is comprised of MPH faculty, students, alumni and staff, CDU senior administration representatives, and community members (Appendix A lists the members and positions of the MPH-CEPH Self-Study Advisory Committee, as of September, 2011). Similarly, the COSH Education and Academic Policy Committee (EAPC), part of the college’s faculty self-governance structure, annually reviews all COSH programs’ goals and objectives, and gives feedback to COSH program directors on the appropriate alignment of program goals and objectives to their respective missions, including target outcomes and assessment tools. Based on feedback from the above committees, the UPH program’s goals, objectives, target outcomes and assessment tools are revised and modified by the MPH Program Committee, as appropriate, for the next academic year.

This continuous monitoring and periodic revision process has served the UPH program well over the past eighteen (18) months. Based on feedback from the various MPH committees, the UPH program’s goals and objectives have undergone a number of positive revisions and modifications since the summer of 2009 to ensure that all core statements of purpose address our mission appropriately, are assessable, and that accurate and functional measurement tools are either in place or are being developed. The collaborative spirit of the MPH faculty, with assistance and feedback from the MPH-CEPH Self-Study Advisory Committee and the COSH EAPC, has played a critical and central role in helping the UPH program as it continues to improve its programmatic goals and objectives. In fact, MPH faculty report that the revision process over the past year has enriched instruction by elevating consciousness and understanding of how material taught in the classroom is directly connected to the program’s mission and goals.

The UPH program’s mission, goals, and objectives are available to the public in its promotional and recruitment materials, and is included in the University’s Catalog (http://www.cdrewu.edu/Catalog), the MPH Student Orientation Handbook (Appendix B), the
program’s website available at http://www.cdrewu.edu/cosh/programs/graduate/urban-public-health, and the program’s brochure (Appendix C), which is distributed at community outreach events, conferences, and community forums. The UPH program’s mission, goals, and objectives, are also posted in the MPH resource room.

1.1. e. A statement of values that guide the program, with a description of how the values are determined and operationalized.

The MPH Program Committee, with feedback from the MPH-CEPH Self-Study Advisory Committee, was actively involved in the development of the UPH program’s values statement. Our statement of values was guided by the program’s mission and vision, and the mission and culture of CDU. The MPH Program Committee reviewed all committee members’ comments and recommendations, and voted to approve changes deemed appropriate by a majority of committee members. The MPH values statement was then circulated to all MPH faculty for incorporation, where needed, into program course curricula, objectives, assignments, discussions, practicum, and research and community service work settings. In addition, during orientation week, the program values statement, and rationale behind it, is reviewed and discussed with new incoming students.

Through its pursuit of exemplary education, research, and community service, the UPH program embraces and commits to the following values:

1. **Social Justice and Health Equity**: we believe that health, wellness, and a good quality of life are a fundamental right for all individuals irrespective of socioeconomic status, gender, sex, or racial/ethnic origin. Our curriculum focuses on and addresses the social, economic, environmental, and cultural contributors to health and disease inequities in underserved communities; it emphasizes public health prevention/intervention programs, issues of access to public health services, and advocacy for health equity policy to eliminate health disparities.

2. **Respect for Cultural Diversity**: we recognize and respect the differing beliefs, culture, and needs of all individuals and the communities in which they live. We strive to recruit a diverse student body and diverse faculty to enable an informed interactive discussion between students and faculty on the value and effects of various cultural beliefs, and how these may impact the health and wellbeing of culturally diverse communities. Diverse values, belief systems, and cultural influences are embedded in our teaching, research and community
service.

3. **Community Responsibility and Service**: we value enhancing the curriculum through active partnership between the community, students, and faculty in identifying urban public health issues pertinent to the community and its needs. Our students are trained to assess, analyze, and offer solutions to the community’s health issues in response to its needs, for the promotion of ethical public health practice in underserved communities.

4. **Excellence, Professionalism, Leadership, and Integrity**: we strive for the highest standard of performance by continually monitoring, assessing, and evaluating the program’s goals, outcomes/objectives, public health competencies, and their assessment tools. Our faculty and students act ethically by commitment to standards such as leadership, personal integrity, collegiality and excellence in teaching, scholarship, community service and practice. Our faculty, staff, and students are compassionate, supportive, and devoted to furthering these standards. Our faculty adheres to the highest standards of honesty, fairness, respect, and professional and scholarly ethics. The Urban Public Health program adheres to the American Public Health Association’s Code of Ethics, which is included in the MPH Student Orientation Handbook, and to the beliefs and values that underlie this code.

The above core values are operationalized through dissemination, publication, and embedding, together with the program’s vision and mission statements, and our public health competencies, in the MPH Student Orientation Handbook, the program’s website, recruitment materials, the MPH resource room, and in teaching materials across the curriculum. We consider our core values to be a set of broad principles to which the program is committed, but which may be enhanced as required by the changing demands of the public health profession and the communities we serve.

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

This criterion is met. The UPH program’s mission statement, goals, objectives, and values, have become public commitments through affirmation by MPH faculty, students, staff, and community members, and through dissemination, publication, and embedding of the program’s mission, goals, objectives, and values across the program’s curriculum, and throughout the program’s teaching and promotional materials. Mechanisms are in place to monitor the achievement of the program’s mission, goals, and objectives.
Criterion 1.2 Evaluation and Planning

The program shall have an explicit process for evaluating and monitoring its overall efforts against its mission, goals and objectives; for assessing the program’s effectiveness in serving its various constituencies; and for planning to achieve its mission in the future.

1.2. a. Description of the evaluation procedures and planning processes used by the program, including an explanation of how constituent groups are involved in these processes.

CDU’s Evaluation Procedures and Planning Processes:

A highly beneficial product of the WASC accreditation process has been the implementation of an institution-wide academic review process. Every academic degree granting program at CDU now undergoes a comprehensive institutional academic review under the auspices of the Institutional Academic Program Review Committee (APRC).

This review constitutes a cyclical (bi-annual) process for evaluation and continuous enhancement of the quality, currency and effectiveness of all academic programs within the institution. The program review process includes assessment of student learning outcomes, an external review of the program, and the use of program review results for continuous program improvement. In addition, specialized accreditation requirements and expectations (e.g. CEPH) are taken into account as part of the review. Data are derived from information sources and review activities occurring at the level of the program, the College, the University and from Institutional Effectiveness. Results of the APRC analysis of evidence about program quality and viability are submitted to the Provost, the relevant Dean, and the Program Director/Chairperson for the purpose of planning, quality improvement and budget allocation.

CDU faculty and program directors complete self-studies, which cover achievement of program goals, assessment of findings compared to benchmarking criteria, action plans to address any gaps found from the results of the analysis, and plans for the next cycle of assessment studies. The program self-studies are used by the deans’ council to make recommendations for annual budgets. In 2010, CDU programs were reviewed internally by their respective college Educational Policy Committees and had qualified external reviewers evaluate the program student learning outcomes/competencies, assessment plans, evidence, benchmarking, results, and
assessment impact. Program directors use feedback to address highlighted issues and respond to the deans’ council with updates on these issues.

Assessment practices within all academic programs are reviewed annually and their impact on student learning/competency achievements is analyzed. Based on the results of the review, resources are redirected to address the academic needs in the identified programs. CDU deans rely heavily on the results of program evaluation results to make decisions in allocating resources.

**UPH Program’s Evaluation Procedures and Planning Processes:**

The MPH Curriculum and Outcomes Committee is the responsible entity for monitoring and evaluating the overall efforts of the program’s achievement of its mission, goals and objectives, and for proposing action plans for improvement. The evaluation process is based on data received from various CDU entities/departments, including the Office of Institutional Effectiveness & Assessment (OIEA), the Enrollment Management Office, Office of Sponsored Programs (OSP), and MPH student feedback, whether through MPH Student Association (MPHSA) representatives or directly from the MPH students at-large.

The aim of the evaluation process is to assess whether or not the program achieved its target outcomes, as intended, and to propose action plans for improvement, if target outcomes were not met. Results of the evaluation, including methods, assessment tools, and proposed action plans, are then presented to the MPH Program Committee, comprised of MPH faculty, MPH students and alumni, and staff, for review, feedback and recommendations for the next academic year. MPH students and alumni are active participants in the program’s evaluation process. Their suggestions for improvement are taken seriously and implemented, when possible. For example, to increase enrollment of students from underserved communities, two current MPH students, Ms. Kimberly Doughty and Ms. Nichole Nicholas, volunteered to join recruitment officers from the Enrollment Management Office to better represent the program’s mission, goals and objectives, and to answer any questions interested applicants may have.

The MPH Program Committee meets on a monthly basis to review, discuss, and make recommendations regarding any program issues that arise during the semester, including issues/complaints received from MPH students, faculty, and staff. Once the semester is over, the
MPH Program Committee meets during the break between semesters to specifically address the program evaluation results from the past semester, and to review the proposed action plans specifically targeting the achievement of the program’s mission, goals and objectives, if target outcomes have not been met.

1.2. b. Description of how the results of evaluation and planning are regularly used to enhance the quality of programs and activities.

Program evaluation results and new action plans for the next academic year, if any, are presented by the Curriculum and Outcomes Committee Chair to the MPH Program Committee for feedback and vetting. Once a final recommendation/decision is reached by the MPH Program Committee regarding any modifications of program goals, program objectives, target outcomes, assessment tools, and/or action plans, the MPH Program Committee Chair, Dr. Islam, presents the program's modifications to the COSH Education and Academic Policy Committee (EAPC) for a vote of approval, after which the modifications are presented to the CDU’s Academic Program Review Committee (APRC) for final vetting. For example, results of the evaluation for the academic year 2008-09 indicated that there was a need to modify the MPH competencies and to ensure that they are addressed in the MPH courses’ objectives. Accordingly, the MPH Curriculum and Outcomes Committee requested that all MPH faculty update their course objectives to ensure that the MPH competencies are addressed in at least two of the course objectives. Furthermore, evaluation results of the academic year 2009-10 indicated that research activities of core MPH faculty indicated that research activities would benefit from CDU’s research enterprise. As a result of the evaluation, the Program Director informed the COSH Dean and the Provost of the need to recruit an additional full-time MPH faculty with a demonstrated history of research productivity and external funding. The additional MPH faculty will contribute to the teaching and service and facilitate all core MPH faculty to pursue their own research activities. We are currently recruiting for the new MPH faculty, and we anticipate this person will start the spring semester of 2012.
1.2. c. Identification of outcome measures that the program uses to monitor its effectiveness in meeting its mission, goals and objectives. Target levels should be defined and data regarding the program’s performance must be provided for each of the last three years.

In the summer of 2009, the Urban Public Health program developed a set of measurable objectives in support of our mission and new goals. During the following months, the program identified a number of target outcomes by which the program could assess the extent to which it attains its objectives. Table1.2.c. presents the program’s goals, objectives, outcome measures, target outcomes, data sources, and results (whether the target outcomes were achieved or not) for the academic years 2009-10 and 2010-11, the years when the objectives were instituted. Where possible, i.e. where evaluation data is available, we report results for academic year 2008-09. Even though program goals differed slightly, MPH competencies differed completely, and program objectives were not articulated or aligned with program goals, some outcome measures, such as students’ demographics, can be and are reported.

Table 1.2.c. will be re-evaluated annually, as deemed appropriate, based on the assessment results, feedback from the program’s stakeholders, and emerging needs of the public health workforce.

Assessment Timeline: Assessment of target outcomes is conducted at the end of each semester for evaluation of MPH students’ achievement of MPH competencies, and at the end of the academic year for all other evaluations.
<table>
<thead>
<tr>
<th>Instructional Goal</th>
<th>Objectives</th>
<th>Outcome Measure</th>
<th>Target Outcome</th>
<th>Data Source</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide an exemplary education for public health graduate students from underserved and racially/ethnically diverse communities for careers in underserved urban health settings.</td>
<td>1.1 Enroll qualified students from racially/ethnically diverse communities whose career intentions include serving the health needs of underserved populations</td>
<td>The proportion of accepted applicants who meet at least 3 of the 4 main qualifying criteria for admission to the program. †</td>
<td>At least 80% of accepted applicants will meet at least 3 of the 4 main qualifying criteria for admission to the program.</td>
<td>Application Form Official Transcripts CV/Personal statement/Interview LORs</td>
<td>2009 Cohort: 84% (16/19) 2010 Cohort: 100% (17/17) 2011 Cohort: 89% (31/35)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The proportion of matriculating MPH students from racially/ethnically diverse communities</td>
<td>At least 80% of new matriculating MPH students will be from racially/ethnically diverse communities</td>
<td>Office of Institutional Effectiveness &amp; Assessment (OIEA)</td>
<td>2009 Cohort: 100% 2010 Cohort: 100% 2011 Cohort: 95%</td>
</tr>
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<td></td>
<td></td>
<td>The proportion of new matriculating students who express intentions of working for an organization/agency which serves the health needs of underserved populations</td>
<td>At least 80% of new matriculating students will express intentions of working for an organization/agency which serves the health needs of underserved populations</td>
<td>Personal Goal Statement Baseline Survey</td>
<td>2009 Cohort: 100% 2010 Cohort: 100% 2011 Cohort: 82% (18/22 students responding)</td>
</tr>
<tr>
<td>Instructional Goal</td>
<td>Objectives</td>
<td>Outcome Measure</td>
<td>Target Outcome</td>
<td>Data Source</td>
<td>Results</td>
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<tr>
<td>1.2</td>
<td>Increase the # of MPH graduates whose career intentions include serving the health needs of underserved populations</td>
<td>The proportion of MPH graduates who work or intend to work in organizations which serve the health needs of underserved populations</td>
<td>At least 80% of MPH graduates will indicate that they are either currently working or intend to work in organizations which serve the health needs of underserved populations</td>
<td>Alumni Surveys</td>
<td>2011 Alumni Survey: 89% (16/18 responding) ‡ Exit Surveys Class of 2010: 92% (12/13) Class of 2011: 100% (10/10)</td>
</tr>
<tr>
<td>1.3</td>
<td>Develop, implement and evaluate an exemplary competency-based public health curriculum.</td>
<td>The proportion of MPH graduates responding who indicate achieving a high level of CDU’s MPH competencies by graduation.</td>
<td>At least 80% of graduates responding will rate themselves at having achieved at least a developed status or a 4 or better on a 5-point self-assessment scale, for their achievement of the MPH competencies upon graduation.</td>
<td>Exit Surveys</td>
<td>Class of 2010: 89% of students responding rated themselves at 4 or better Class of 2011: 88% of students responding rated themselves as developed or highly developed in demonstrating the MPH competencies</td>
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<td>The proportion of full-time students matriculating in the fall semester, who complete the MPH degree within 5 semesters.</td>
<td>The proportion of fulltime students matriculating in the fall semester who complete the MPH degree within 5 semesters.</td>
<td>At least 80% of fall matriculating fulltime students will complete the program within 5 semesters of fall matriculation</td>
<td>Graduation transcript</td>
<td>2007 Cohort/Class of 2009: 82% (9/11) 2008 Cohort/Class of 2010: 92% (12/13) 2009 Cohort/Class of 2011: 71% (10/14) §</td>
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<td>The proportion of full-time students matriculating in the fall semester who complete the MPH degree with an overall GPA of 3.5 or better.</td>
<td>The proportion of full-time students matriculating in the fall semester who complete the MPH degree with an overall GPA of 3.5 or better.</td>
<td>At least 50% of students will complete their MPH degree with an overall GPA of 3.5 or better.</td>
<td>Graduation transcript</td>
<td>Class of 2009: 80% (8/10) Class of 2010: 92% (12/13) Class of 2011: 64% (9/14) §</td>
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<tr>
<td>Instructional Goal</td>
<td>Objectives</td>
<td>Outcome Measure</td>
<td>Target Outcome</td>
<td>Data Source</td>
<td>Results</td>
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<td>1.4 Assure graduates demonstrate excellence as public health practitioners.</td>
<td>The proportion of preceptors responding who rate students’ practicum performance with a 3 or better score on a 4-point rating scale.</td>
<td>At least 80% of preceptors responding will rate CDU’s MPH students’ practicum performance with a 3 or better score on a 4-point rating scale.</td>
<td>Preceptors’ survey of student’s performance during the practicum experience</td>
<td>Class of 2010: 100% Class of 2011: 100%</td>
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<td>The proportion of employers responding who indicate that they are very satisfied or extremely satisfied with the performance of CDU’s MPH graduate.</td>
<td>At least 80% of employers responding will indicate that they are very satisfied or extremely satisfied with the performance of CDU’s MPH graduate.</td>
<td>Employer survey, July, 2011</td>
<td>87.5% (7/8 employers responding indicate that they were very satisfied or extremely satisfied with the performance of CDU’s MPH graduate.)</td>
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<td>The proportion of MPH graduates responding to the alumni and/or exit surveys who are employed or pursuing further higher education, within 12 months of degree completion.</td>
<td>At least 80% of graduates responding will be employed or pursuing further higher education, within 12 months of degree completion.</td>
<td>Alumni Survey Exit Survey</td>
<td>Class of 2009: 92% (11/12) Class of 2010: 92% [61.5% employed at graduation (8/13 responding); 30.7% pursuing further higher education (4/13) ] Class of 2011: 80% (8/10) employed or pursuing further higher education at graduation.</td>
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<td>Instructional Goal</td>
<td>Objectives</td>
<td>Outcome Measure</td>
<td>Target Outcome</td>
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| 1.5 Identify and retain qualified and ethnically diverse MPH faculty complement and administrative staff | The proportion of MPH faculty instructors who receive a rating of “very good” or “excellent,” on the students’ MPH course evaluations. | At least 90% of the MPH faculty instructors will receive a rating of “very good” or “excellent,” on the MPH course evaluations. | MPH course evaluations | AY 2009-10: 100% (5/5)  
AY 2010-11: 60% (3/5) |
| | The proportion of MPH faculty complement who hold terminal degrees | At least 75% of MPH faculty complement will hold terminal degrees. | Faculty CV | AY 2009-10: 60% (3/5)  
AY 2010-11: 77% (7/9)  
AY 2011-12: 87.5% (7/8) |
| | The proportion of MPH faculty complement from ethnically diverse backgrounds | At least 80% of MPH faculty complement will be from ethnically diverse backgrounds. | OIEA | 2009-10: 100% (5/5)  
2010-11: 89% (8/9)  
2011-12: 100% (8/8) |
| | The proportion of the UPH program’s administrative staff, working at 50% effort or more for the UPH program, who receive a score of 4 or better, on a 5-point rating scale, on the Annual Staff Performance Evaluations. | 100% of the UPH program’s administrative staff, working at 50% effort or more for the UPH program, will receive a score of 4 or better, on a 5-point rating scale, on the Annual Staff Performance Evaluations. | Office of Human Resources | AY 2010-11: 100% (1/1) |
| | The proportion of the UPH program’s administrative staff from ethnically diverse backgrounds | At least 75% of the UPH program’s administrative staff will be from diverse backgrounds. | Office of Human Resources | 2009-10: 100% (4/4)  
2010-11: 100% (4/4) |

† Admission’s criteria include 1) GPA, 2) taken GRE, 3) CV/Personal goals statement/Interview 4) letters of recommendation.
‡ Alumni Survey in July 2010 did not include a question of whether the alumnus was working in an organization that serves the health needs of underserved populations.
§ 2 students from the 2009 cohort dropped out of the program within the first 3 weeks, one was accepted to medical school and one because the program applied for a one-year extension for the CEPH application deadline; another student failed to perform at a graduate level; and one student took a one year of absence after the spring semester, 2010.
* Percent of alumni/new graduates responding to the alumni and exit survey. Results of surveys are available in the MPH resource files.
<table>
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<tr>
<th>Research Goal</th>
<th>Objectives</th>
<th>Outcome Measure</th>
<th>Target Outcome</th>
<th>Data Source</th>
<th>Results</th>
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</thead>
<tbody>
<tr>
<td>2.1 Train MPH students to use, conduct and evaluate urban-relevant health disparities research.</td>
<td>The proportion of students who use, conduct and evaluate urban-relevant health disparities research by graduation</td>
<td>100% of students</td>
<td>Students’ course and CE sample work</td>
<td>AY 2009-10: 100% AY 2010-11: 100%</td>
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<td>2.2 Promote ethical, compassionate public health research among students.</td>
<td>The number of students sponsored by the program to attend local and national public health conferences annually</td>
<td>At least 2 students will be sponsored by the program to attend local and national public health conferences.</td>
<td>UPH program’s annual self-study report.</td>
<td>AY 2009-10: 1 AY 2010-11: 4 AY 2011-12: 1 and pending</td>
<td></td>
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<tr>
<td>2.3 Increase the number of grant proposals for urban health disparities research and/or service submitted by MPH faculty complement per year</td>
<td>Number of grant proposals for urban health disparities research and/or service submitted by MPH faculty complement per year</td>
<td>At least 4 grant proposals per year.</td>
<td>Office of Sponsored Programs (OSP)</td>
<td>AY 2009-10: 7 AY 2010-11: 5</td>
<td></td>
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<tr>
<td>2.4 Increase the number of peer-reviewed publications, professional reports, abstracts, poster presentations, and guest lectures of urban-relevant health disparities research, submitted by MPH faculty complement per year. **</td>
<td>Number of peer-reviewed publications, professional reports, abstracts, poster presentations, and guest lectures of urban-relevant health disparities research, submitted by MPH faculty complement per year.</td>
<td>At least 10 per year</td>
<td>Faculty CVs</td>
<td>AY 2009-10: 27§ AY 2010-11: 23</td>
<td></td>
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<tr>
<td>Research Goal</td>
<td>Objectives</td>
<td>Outcome Measure</td>
<td>Target Outcome</td>
<td>Data Source</td>
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<td>2.5</td>
<td>Increase the number of MPH students’ submissions of abstracts for oral or posters presentations in PH events and/or conferences per year.</td>
<td>Number of MPH students’ submissions of abstracts for oral or posters presentations in PH events and/or conferences per year.</td>
<td>At least 10 MPH students’ submissions per year</td>
<td>MPH program’s annual self-study report. CDU’s National PH week flyer and broadcast of MPH students’ poster presentations Announcements of acceptance of abstracts</td>
<td>AY 2008-09: None AY 2009-10: 12 † AY 2010-11: 15 ††</td>
</tr>
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</table>

* The requirement for completion of the Human Research Ethics Training Certification by graduation was initiated in the AY 2010-11.

** Does not include CDU AXIS researcher who have not yet guest lectured in the MPH courses.

§ List of faculty scholarly/research activities are listed in each faculty’s updated CVs, and are available in the MPH resource files.

† AY 2009-10: includes 10 students’ poster presentations during CDU’s National PH week events; 2 students’ abstracts were accepted one for an oral presentation and one for a poster presentation.

†† AY 2010-11: includes 11 students’ poster presentations during CDU’s National PH week events; 3 students’ abstracts were accepted, one for oral presentation and two for poster presentations; one presented in 10th Annual International Conference on Health Economics, Management and Policy, June, 2011; two students abstracts were accepted for poster presentations in the APHA (Oct. 2011) and ICUH (Nov. 2011); 1 student submitted an abstract to the ICUH.
<table>
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<tr>
<th>Service Goal</th>
<th>Objectives</th>
<th>Outcome Measure</th>
<th>Target Outcome</th>
<th>Data Source</th>
<th>Results</th>
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<tr>
<td><strong>3.1</strong> Support and facilitate MPH students to participate in community health settings that promote health to underserved populations.</td>
<td>The proportion of MPH students who conduct their practicum training in public health/community health settings that promote health to underserved populations.</td>
<td>At least 50% of MPH students will conduct their practicum training in public health/community health settings that promote health to underserved populations.</td>
<td>Description of Practicum sites</td>
<td>AY 2009-10 (Class of 2010): 75% (9/12) AY 2010-11 (Class of 2011): 80% (8/10)</td>
<td></td>
</tr>
<tr>
<td><strong>3.2</strong> Support and facilitate MPH faculty to participate in community health settings/services that promote health to underserved populations.</td>
<td>The proportion of MPH faculty who participate in community health settings/services that promote health to underserved populations.</td>
<td>At least 3 MPH faculty will participate in community health settings/services that promote health to underserved populations, at least once a year.</td>
<td>UPH program’s annual self-study</td>
<td>AY 2009-10: 3 AY 2010-11: 4</td>
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### 3.3 Plan and implement activities for the development of a well-trained and professional public health workforce.

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<tr>
<th>Plan and implement activities for the development of a well-trained and professional public health workforce.</th>
<th>Number of public health workforce development activities per year.</th>
<th>At least 4 public health workforce development activities will be conducted annually.</th>
<th>CDU broadcast announcements Flyers/brochures of event §</th>
<th>AY 2009-10: N/A* AY 2010-11: 10</th>
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<tr>
<td>The program’s membership and/or participation in public health workforce development associations.</td>
<td>The program will be an active member in at least one public health workforce development association.</td>
<td>Public Health workforce development association’s membership list. Program’s annual self-study report.</td>
<td>AY 2009-10: N/A* AY 2010-11: Yes †</td>
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* Public Health workforce development activities were initiated in spring 2011

§ Flyers/brochures of the public health workforce development activities are available in the MPH resource files.

† Dr. Islam, the UPH program director, represents the programs’ membership in the California Public Health Alliance for Workforce Excellence (CPHAWE).
1.2. d. An analytical self-study document that provides a qualitative and quantitative assessment of how the program achieves its mission, goals and objectives and meets all accreditation criteria, including a candid assessment of strengths and weaknesses in terms of the program’s performance against the accreditation criteria.

Since the UPH program is a relatively new program for which comprehensive program objectives were fully developed as recently as summer of 2009, the CEPH accreditation self-study process and subsequent document has served as an invaluable tool in aiding the development, implementation and refinement of a strong urban public health program that will serve our constituents’ needs now and well into the future. The self-study report provides both quantitative and qualitative data and assessment of the program’s progress since fall, 2009, and consists of a thorough examination and analysis of the program’s mission, goals, objectives, and a review of data assessing the extent to which we have attained our objectives for the past two academic years. Further, it includes a review of mechanisms in place to ensure that our goals and objectives are being realized in an efficient and effective manner. As a result of this review, the MPH Program Committee, through identification of the program’s strengths and weaknesses, has been able to consider additional revisions to our processes as part of our ongoing commitment to program improvement and enhanced engagement with our constituents. A brief statement highlighting strengths and weaknesses/areas of improvement by accreditation criteria follows.

Assessment of Criterion 1: The Public Health Program

Strengths: The UPH program has a clear mission, goals and objectives, with a planning and evaluation system in place. CDU’s environment and organizational structures and units support the program’s faculty, students, and staff, including the program’s endeavors to foster, develop, and continuously achieve its mission. There are adequate resources for program use, including the amount of space for the program, locations and types of computer facilities, library/information resources, community, and in-kind resources. The program has a well-planned and well-developed system of shared governance that includes MPH constituents and stakeholders. The program has Title III scholarship funds earmarked for MPH student support.

Weaknesses: Lack of program objectives prior to fall 2009, and lack of comprehensive evaluation data made it difficult to evaluate the achievement of the program’s goals and the MPH competencies during the period from fall 2006 through summer 2009, and thus, the self-
study lacks some pertinent information regarding program performance in the academic year 2008-09, as requested by CEPH.

Although the student to faculty ratio (SFR) is within the program’s target outcome of 10, there is a need to increase the number of students in the program so that the program is fiscally sustainable through its tuition revenue without overly depending on COSH appropriation. Also, the lack of a university recruitment office prior to Fall 2010 placed a significant burden on the program’s faculty and staff, which consequently increased workload and had a direct affect upon the number of students matriculating in the program. Additionally, the program needs more administrative support in order to relieve the burden on faculty with regards to student mentorship, counseling, and guidance towards meeting programmatic goals. For example, an MPH specific career counselor would be able to help students obtain additional support and resources throughout their education as well as help to prepare them after graduation.

**Assessment of Criterion 2: Instructional Programs**

**Strengths:** The UPH program fully attends to an identified need to provide an excellent academic foundation and practice-based training to its students in the core areas of public health with emphasis on urban health disparities issues throughout the MPH curriculum. The program takes advantage of the rich public health environment that exists across the diverse units of Charles R. Drew University of Medicine and Science. Courses are sequenced in a manner designed to enhance competency development over time, and students are exposed and integrated into the service and research activities of CDU faculty throughout the MPH curriculum. The Practicum Experience has been improved to be better organized and now contains well documented processes for its implementation and evaluation. We have also improved our Culminating Experience course, and currently implement a Culminating Experience that is rigorous and focused on assessing the extent to which the established competencies for the program have been attained by each student. Assessment procedures for monitoring and evaluating student progress and follow-up of our alumni are in place, and are updated and modified appropriately.

**Weaknesses:** Since fall 2009, due to CDU’s financial constraints and lack of program evaluation data for the previous years, the MPH Program Committee discussed, voted and approved to eliminate all MPH electives and independent study courses until such time when
CDU, COSH, and the program have achieved greater financial stability, and the program’s data collection and evaluation processes are fully in place and solidly established. However, based on the program’s assessment results, the MPH Program Committee will revisit the MPH curriculum and discuss the viability and sustainability of adding MPH electives, such as Health Education and Communication, Research Methods, GIS use in Public Health, Data Analysis/Management, and independent research courses as soon as is it feasible and sustainable. Additionally, the MPH Program Committee has on its future agenda a discussion of the viability and sustainability of establishing joint degrees, e.g., MD/MPH and MSN/MPH, with the College of Medicine (COM) and the School of Nursing (SON) respectively. In addition we are currently discussing a plan to offer a certificate program for GIS in Public Health. The GIS/PH certificate would serve as a continuing education opportunity for the public health workforce.

**Assessment of Criterion 3: Creation, Application, and Advancement of Knowledge**

**Strengths:** MPH faculty (core and complement) are actively involved in research and community-based service projects and are fully committed to engaging MPH students in their work, and strive to incorporate their research and service activities into their teaching. Our faculty continues to enhance the extent to which relations with community-based partners creates seamless opportunities for research, teaching, and service and the engagement of students. MPH faculty maintains a large array of service commitments, many of which are linked to practice-based teaching. In addition, our faculty are highly engaged with leading professional public health entities on a local and state level. Furthermore, our faculty have collegial ties to other graduate programs, and as such, stay abreast of cutting edge methods, practices, and discourses within public health. This connection is vital to the students receiving up to date and current information that will be relevant after graduation. Where appropriate, faculty are also using multi-media to broaden students’ exposure to various and seminal figures within public health and the complexity of issues facing urban residents of color.

In 2010, the program launched its first exit and alumni surveys to assess the perceptions of our recent graduates and alumni of their achievement of the program’s competencies, the degree to which the program trained them for the public health workforce, and to provide the program with recommendations for improvement.
In spring 2011, the program launched its first public health workforce development activities, with the Public Health Seminar Series, open to CDU and the surrounding communities. In collaboration with the Claremont Graduate School Master of Public Health Program and the community-based Delta Sigma Theta Inc. Farwest Region, the program was able to offer continuing education units to members of the public health community through special workshops conducted at CDU during the National Women and Girls HIV/AIDS Awareness Day on March 10, 2011. In addition, in its effort to provide service to the public health workforce, the MPH program director joined the California Public Health Alliance for Workforce Excellence (CPHAWE) and volunteered as a member of the Sub-Committee Workshop on Workforce Competencies to be better positioned to bring the current and emerging competency needs of the Californian Public Health Workforce to the Urban Public Health (MPH) program.

**Weaknesses:** A key finding during this self-study was that most of the funded research studies were conducted by MPH secondary faculty, and that core MPH faculty concentrated their research efforts in analyzing secondary data of other CDU faculty on their funded research studies. The program needs to recruit more core MPH faculty so that the teaching workload is more evenly distributed and all core MPH faculty would spend more of their effort on the pursuit of research grants. This weakness is currently being addressed by the posting of a new core MPH faculty position, and by creating a new position for the UPH program, a Director of Research (details of the job responsibilities for this new position is discussed in more detail in criterion 3.1.a.)

Another finding during this self-study is that our faculty utilizes a range of mechanisms for documenting their community partnerships. While there are formal mechanisms in place for the establishment of agreements (e.g., Practicum Site Agreements), there are no formal policies in place that require a specific format for the more organic partnerships that public health faculty have with some community-based organizations. Our goal is to create a process that will allow for the documentation of a continuum of different partnerships (from the most casual and informal to those that are well established and formal) and a system that will facilitate our ability to collect data about the activities of these partnerships in order to establish new indicators of our success. Towards this effort, we plan to develop a reporting and data management system for documenting the range of participatory activities undertaken by faculty that currently do not require an agreement so that we are better able to report on these activities; to review the nature
of all partnerships to assess whether more formal written documentation should be pursued; and
to develop templates for the range of written agreements that sufficiently articulate the nature of
a particular partnership but that continue to provide faculty with flexibility.

**Assessment of Criterion 4: Faculty, Staff, and Students**

**Strengths:** The program has a culturally diverse faculty body that brings diverse public health
backgrounds and experience to their teaching, research, and service efforts. Further, our program
benefits from the ethnically diverse staff, both professional and support, who provide valuable
contributions to the program. The program has been successful in recruiting students with the
backgrounds and profiles necessary to fulfill the program’s mission. Our student body is
comprised of qualified, ethnically/racially diverse students from underserved communities whose
career intentions are to serve the health needs of underserved populations, which is one of our
objectives to achieve our instructional goal.

**Weaknesses:** While we have been successful in attracting students from ethnically/racially
underserved communities in the US, the program needs to develop policies to attract
international students from traditionally impoverished regions of the world. Additionally, this
self-study helped the MPH Program Committee identify the need to strengthen our outcome
measures in certain areas related to student recruitment, admissions, retention, and graduation.
Specifically, the number of candidates for consideration each admissions period is too low and
we recognize it to be a weakness. To address this issue, our recruitment efforts for the AY 2011-
12 were more organized than previous years, and with the help of the new Office of Admissions,
we were able to increase the number of applications, acceptance and matriculation for the 2011
cohort.

1.2. e. An analysis of the program’s responses to recommendations in the last accreditation report (if any)

N/A

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

The CEPH self-study process began in the summer of 2008 under the auspices of the previous
UPH program director, Dr. Gilbert Ramirez, and continued under the direction of the current
program director, Dr. Sondos Islam, who assumed the responsibility in the summer of 2009, and who is the primary leader, author and coordinator for the CEPH self-study report.

Starting summer 2009, Dr. Islam, initiated many changes to address the CEPH self-study requirements and processes, including the development of a number of new MPH committees and units to contribute to the CEPH self-study process. Currently, the UPH program has the following committees which actively participate in the self-study: the MPH Program Committee, the MPH Curriculum and Outcomes Committee, the MPH Research and Grants Committee, the MPH Admissions Committee, and the MPH-CEPH Self-Study Advisory Committee. In addition, we now have an Alumni Follow-up unit, managed by Ms. Corleto, the program’s administrative assistant.

During its initial meetings in the summer of 2009, the MPH Program Committee, which includes MPH faculty, MPH student representatives, and MPH administrative support staff, reviewed the self-study requirements and the accreditation procedures and had in-depth discussions about the particular tasks for the self-study within each of the CEPH criteria.

The first priority for the MPH Program Committee was to develop a set of measurable program objectives and target outcomes/criteria for success, which was lacking, at that point in time. MPH faculty, students and, alumni volunteered to contribute to the self-study activities for specific sections, based upon their particular areas of expertise (e.g., outcomes evaluation, admissions, practicum experience, curricular management, student, alumni and employer surveys). A process evaluation was always in place and discussed in the following MPH Program Committee meeting (minutes of meetings are available in the MPH resource files for the CEPH site visit team).

The MPH-CEPH Self-Study Advisory Committee was first convened on April 19, 2010, and in July, 2010, Dr. Islam, the program director, and Ms. Claudia Corleto, the program’s administrative assistant, attended the CEPH sponsored workshop in Washington D.C., which was an invaluable experience and tool that aided the progress and directed the process of the self-study report.

Due to CDU’s probationary WASC status in 2010, and to the then pending CDU WASC report, which was due in December, 2010, followed by the WASC special team visit in February, 2011, all personnel resources at CDU, including the Urban Public Health program’s, were directed and
focused on the WASC report and the WASC special team visit, therefore the MPH-CEPH Self-Study Advisory Committee was unable to meet again in 2010. Fortunately, based on the positive feedback received from the WASC site visitors, the MPH-CEPH self-study report was back on track and we were able to schedule and convene a meeting on March 30th 2011 to update all members on our progress and to receive feedback from the committee members. The feedback received was very helpful and led to modifications of some of the program’s objectives and target outcomes. In mid-April, 2011, the program director sent an electronic copy of the completed preliminary self-study to all MPH-CEPH Self-Study Advisory Committee members, as well as our constituent groups, for final feedback and input, and to update them on the progress made by the program since the last meeting.

As the self-study progressed, key leadership from CDU facilitated the collection of data, and many participated in the submission of specific data pertaining to their departments, and in the review and interpretation of results of the self-study as data was being compiled. For example, data related to budgetary issues were submitted by the COSH Office of the Dean; information related to policies and procedures, other than the program’s, was submitted by the Office of the Provost, information related to the university’s structural plans were submitted by the Facilities and Plant Management Office, information related to computer and library facilities were submitted by the Director of Health Sciences Library, and information related to student admissions, enrollment, and degree completion were verified by the director of the Office of Institutional Effectiveness & Assessment (OIEA) and the Enrollment Management Office staff.

The final draft of the preliminary self-study was reviewed by the COSH Dean, and by the CDU Provost, for approval. After receiving feedback from all entities, the MPH Program Committee convened a meeting to discuss the self-study findings and reach consensus on our assessments of the extent to which the accreditation criteria had been met.

Once the UPH program received the CEPH reviewers’ feedback on the preliminary self-study, the program director sent it out to all our constituents for feedback and comments. The MPH core faculty spent a one day retreat to address all the CEPH’s reviews’ comments and feedback, incorporated any feedback from our constituents and worked on updating all the information as much as possible. The MPH-CEPH Self-Study Advisory Committee convened one last time on August 30th, before the mailing of this report, with 19 members attending for vetting of the final
CEPH self-study report (minutes and sign-in sheet are available in the MPH resource files). This report is the product of all the above efforts.

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

This criterion is met with commentary. Although the CEPH criterion 1.2 requires results for the past three years, the UPH program can only report results for the past two academic years, since the program and the university had to address numerous obstacles and changes in the past three years, including, but not limited to, regional accreditation issues, financial issues, and program issues such as the absence of program objectives and target outcomes prior to the summer 2009. However, under the auspices of the new program director, starting in summer, 2009, the program has developed a set of measurable objectives, and a comprehensive plan for evaluating its efforts against our goals and objectives that includes specific target outcomes/performance indicators. A summary of the extent to which objectives were met for each of the past two academic years has been provided. The program has also articulated the manner in which the MPH Program Committee assesses the program’s effectiveness in serving its various constituencies and has provided examples of how we utilize evaluation data for planning current and future activities. Although we have more work to do, we feel that provisions are now in place to make the process rigorous, worthwhile and sustainable.
Criterion 1.3 Institutional Environment

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

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

History: Charles R. Drew University of Medicine and Science (CDU) is a private, nonprofit, nonsectarian, minority-serving medical and health sciences institution located in Los Angeles, California. CDU was founded in 1966 after the McConne Commission cited poor health status and diminished access to quality education, health care, employment, and safety as key factors in sparking the 1965 civil unrest in the local community. The needs of the community remain as great now as they were 45+ years ago. CDU is the only designated minority-serving health sciences university in a county with a population of more than 10 million residents, 70 percent of whom are from minority communities. The University serves as the only academic health sciences center for the area’s 1.5 million residents. CDU has earned the designation as a minority-serving institution by the U.S. Office of Civil Rights, and its College of Medicine (COM) is recognized by the Department of Education (DOE) as a Historically Black Graduate Institution (HBGI as designated by Title III B). The University is a charter member of the Hispanic Serving Health Professions Schools, a national nonprofit dedicated to improving the health of Hispanic people through research initiatives, training opportunities, and academic development. Currently, it is one the few institutions nationally that holds the dual designation of being a HBGI and Hispanic Serving Health Professions School.

The University has made a significant contribution to the diversity of the nation’s healthcare workforce by graduating more than 400 physicians, 2,000 physician assistants, 2,500 physician specialists, and numerous other health professionals for over 35 years. More than 80 percent of these graduates are ethnic minorities, and more than 70 percent continue to work in underserved communities ten years or more following graduation. Many former fellows and faculty have become national leaders in education, government services, research institutions, and clinical enterprises.

CDU’s Educational Programs: Academic programs are organized into three colleges or schools: the College of Science and Health (COSH), the College of Medicine (COM), and the Mervyn M. Dymally School of Nursing (SON).
In addition to the MPH degree awarded by the Urban Public Health (MPH) Program, COSH currently offers a Bachelor of Science Degree in Life Sciences, Associate Degrees in Health Information Technology and Radiography, and certificate programs in Clinical Coding Specialist and Post Baccalaureate Pre-Medicine. There are a number of COSH programs that are currently on hiatus due to viability and sustainability issues but that still have active accreditation status, including Community Health, Alcohol and Drug Studies, Diagnostic Medical Sonography, and Pharmacy Technology.

The COM Medical Education program is offered jointly with the University of California, Los Angeles’s (UCLA) Medical Education program. Students are enrolled in the first two years of basic science training at UCLA followed by two years of clinical training with CDU faculty.

SON offers a Master of Science in Nursing with two tracks: Entry Level Master of Science in Nursing (ELMSN) and Family Nurse Practitioner (FNP).

The closure of King/Drew Medical Center (Martin Luther King, Jr. Multi-Service Ambulatory Care Center or MLK-MACC) for residency training impacted programs at CDU. In September, 2006, the County of Los Angeles Department of Health Services lost its certification for the MLK-MACC by the Centers for Medicare & Medicaid Services (CMS). On November 1, 2006, the University voluntarily withdrew from Accreditation Council for Graduate Medical Education (ACGME) sponsorship effective July 1, 2007 because of a lack of a safe and reliable teaching environment on hospital grounds. The closure of the inpatient facilities at MLK-MACC has stimulated and strengthened new and existing partnerships with community clinics, local affiliated hospitals, and community-based organizations.

CDU’s Students and Faculty CDU exemplifies diversity. For a breakdown of program faculty and student diversity, please refer to criterion 4.0. At CDU, there are currently 324 students enrolled in CDU degree programs (120 in COM, 187 in COSH, 17 in SON). Reflective of the CDU mission, the student body is highly diverse. CDU’s student demographic breakdown is 21.3 percent Asian, 38.6 percent Black, 21.3 percent Hispanic, 9.0 percent White, and 9.9 percent Other. There are 91 full- and part-time compensated faculty members (totaling 75.2 FTEs) and 111 non-compensated faculty. Fifty-two percent of CDU’s faculty (primarily clinical, community, and research faculty) receive no remuneration for their service to the University. This includes faculty who are community health leaders involved in student learning,
participatory research, and other activities advancing the University’s mission. The faculty is highly diverse in ethnic composition: 23 percent Asian, 47 percent Black, 7 percent Hispanic, 22 percent White, and 1 percent Other. A strength of CDU is that faculty diversity closely parallels student diversity.

**CDU’s Research Environment Linked to Education and the Community:** Infrastructure that supports CDU research is especially significant to the new graduate focus for enhancing scholarly activity for both students and teaching faculty. The CDU research enterprise, including its basic science activities, has undergone significant expansion. According to the Center for Measuring University Performance, CDU ranked #49 among the Top American Private Research Universities in research funding in 2009. The University currently receives more than $20 million in National Institute of Health (NIH) funding annually and another $12 million from other sources to conduct basic and clinical research, primarily focused on health disparities issues.

CDU’s clinical and translational research activities are funded partly through Accelerating eXcellence In Translational Science (AXIS), a National Center Research Resources (NCRR) research infrastructure grant award—an NIH Clinical and Translational Science Institute (CTSI) -like funding mechanism. Two other major CDU research infrastructure programs include the Center to Eliminate Cancer Health Disparities in partnership with Jonsson Comprehensive Cancer Center at UCLA, the Research Centers in Minority Institutions (RCMI), and the Translational Research Network (RTRN). To sustain this level of success and continue to stimulate quality and scholarly education, transformation of the University’s research infrastructure was completed. Research infrastructure is now coordinated within the Life Sciences Institute (LSI) and includes institutional funds and grants aligned with the requirements of clinical and translational research. The LSI is well positioned to play a significant role in the future of systems biology and medical research at CDU.

**CDU’s Board of Trustees:** Change of the membership of the board of trustees took place on September 10, 2010, with the bylaws and legal structure of CDU remaining unchanged. The new board had its first meeting in November 2010, and subsequently demonstrated fiduciary responsibility by securing $5 million in new foundation support for the University. The board includes a new chair and vice-chair. The newly elected chair of the board of trustees, Dr. M. Roy
Wilson, is chancellor emeritus at the University of Colorado Denver and a renowned ophthalmologist, researcher, and academic leader. Dr. Wilson served CDU for 15 years as a faculty member, department chair, and dean of COM.

Dr. Cornelius Hopper, vice president of health affairs, emeritus, University of California System, was named vice chair of the board of trustees. Dr. Hopper chaired the 2005 steering committee on the future of King/Drew Medical Center. On October 13, 2010, the board of trustees announced the formation of a presidential search committee, chaired by Dr. Hopper. In addition to the reconfiguration of the board of trustees, a special advisory group called the board of councilors was announced in September 2010. The chair of the board of councilors is Los Angeles County Supervisor Mark Ridley-Thomas. The naming of Supervisor Ridley-Thomas is significant given the central role of Los Angeles county government in health care and the leadership role of the supervisor in rebuilding the MLK hospital, demonstrating a positive change in the relations between CDU and the County of Los Angeles. Trustees and councilors are nationally recognized individuals. They are affiliated with governmental agencies, leading healthcare organizations, or academic partners in the Los Angeles region, committed to the long-term sustainability of CDU. Organizations include: the California Endowment (TCE), Catholic Healthcare West (CHW), Cedars-Sinai Medical Center (CSMC), Kaiser Permanente (KP), UCLA, and the University of Southern California (USC).

**CDU President**: During the interim period for a presidential search, Dr. Wilson, chairman of the board assumed responsibility for the office of the president with delegated authority by the BOT. As of July 1st, 2011, David M. Carlisle, M.D., Ph.D., previously the Director of the Office of Statewide Health and Planning and Development, assumed his responsibilities as the president of CDU.

**CDU’s Regional Accreditation**: CDU is fully accredited by the Western Association of Schools and Colleges (WASC). CDU was first accredited by WASC in 1995, following a process that began in 1986. In 2000, the WASC Commission deferred reaffirmation of accreditation and scheduled a special visit for 2002. This visit led to reaffirmation and the scheduling of the Capacity and Preparatory Review (CPR) visit in spring 2007. The outcome of that visit resulted in the WASC Commission continuing CDU’s accreditation and proceeding with the Educational Effectiveness Review (EER) visit in spring 2009. As a result of the 2009 visit, the WASC
Commission placed CDU on probation, requesting an interim report in March 2010 and scheduling a special visit for February 2011. On July 12, 2011, CDU received the official letter from WASC commending the positive progress the university accomplished since their last visit, and notified CDU that the probational status of the university has been lifted and that CDU is a fully accredited university by WASC. The WASC statement of accreditation for CDU can be found at http://registration.wascsenior.org/institutions/affiliation.aspx?accessID=170. CDU’s major strategic, academic, business and facilities master plans, and other WASC documentations are available at http://www.cdrewu.edu/about-cdu/wasc.

**Major CDU changes since the last WASC visit in 2009:** Major changes at CDU since WASC’s 2009 visit include the: (1) appointment of a new university president, (2) appointment of a new chair of the board of trustees and new board membership and the creation of a board of councilors, (3) completion of the 2010 financial audit demonstrating an improved financial condition, (4) establishment of a provost model for academic decision making and accountability, (5) reconfiguration of academic degree programs, (6) board of trustees review and approval of key documents, including the strategic plan, academic plan, financial sustainability business plan, facility master plan, Memorandum of Agreement on faculty rights and responsibilities, and statement on shared governance, (7) voluntary withdrawal of accreditation for the physician assistant program, and (8) start of the new School of Nursing in the new Life Sciences Nursing Research Education Building.

Current CDU individual programs have separate accreditation from the following bodies:

- Liaison Committee on Medical Education (LCME)
- Accreditation Council for Continuing Medical Education (ACCME)
- California Board of Registered Nursing
- Council on Accreditation for Health Informatics and Information Management Education (CAHIIM)
- Commission on Accreditation of Allied Health Education Programs (CAAHEP)
- Joint Review Committee on Education in Radiologic Technology (JRCERT)
1.3.b. One or more organizational charts of the university indicating the program’s relationship to the other components of the institution, including reporting lines.

Figure 1.3.b. Organizational Chart of Charles R. Drew University of Medicine and Science Collaborating Colleges, Schools and Programs

1.3.c. A brief description of the university practices regarding: lines of accountability, including access to higher-level university officials, prerogatives extended to academic units...
regarding names, titles and internal organization, 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, and academic standards and policies, including establishment and oversight of curricula

**Lines of Accountability:** Dr. David Carlisle, M.D., Ph.D., is the President the Chief Executive Officer of the University. Richard Baker, MD, the Provost and the Dean of the College of Medicine (COM), is the Chief Academic Officer for the CDU campus. All Deans, including the Dean of the College of Science and Health (COSH), Gail Orum, PharmD, and the Dean of the School of Nursing (SON), report to the Provost. The Provost, Executive Vice-President (EVP) of Research and Health Affairs, Keith Norris, MD, and the Chief Operating Officer (COO), Clay Tellers, MHA, interim COO, report to CDU’s President.

The President, Provost, and College/School Deans, and Program Directors have overall responsibility for providing university leadership in the establishment and achievement of broad university goals, priorities, policies and practices, and procedures relating to academic programs. In addition, CDU has a long and respected tradition of shared governance and collegiality among faculty, students, and administration, with the Academic Senate (AS) serving as the representative body for the faculty in this shared responsibility.

The AS advises and consults with the Provost on matters related to curricular development, educational and professional policies, and on other aspects of the University operation that affect instruction, such as the allocation of resources. All members of the University community, via their elected representatives, have an opportunity to provide input on policy considerations and can recommend additional items for discussion. Faculty are also encouraged to volunteer to serve on one or more of the eight AS standing committees, and/or the two AS Ad Hoc committees, where policy statements are developed, reviewed, and brought to the full Senate for additional, debate, discussion, and approval. AS policy recommendations are then submitted to the CDU Provost and President for final approval.

The Provost oversees academic policy and priorities and ensures the quality of the faculty and student body by providing leadership in matters related to academic programs and policies, promotion, faculty recognition, university outreach, and student recruitment and retention. The Provost holds a Faculty Forum on a weekly basis in which CDU Faculty, the Deans, and Senior
Management to provide a vehicle to discuss the University’s academic and strategic plans, including the financial stability of the University.

The Deans have full latitude regarding the internal organization of their College’s and School’s administrative components and full latitude regarding the establishment of administrative positions and the roles and responsibilities of those positions.

Program Directors (PDs) are responsible for program planning, evaluation, and management of day-to-day performance. PDs report to their respective Deans on matters of academic performance, fiscal resources, personnel management, program planning, implementation and evaluation.

**Prerogatives extended to academic units regarding names, titles and internal organization:** CDU has a systematic process regarding the structure, nature and naming of academic degrees and academic curricula. Changes in course description, title of course, units, course objectives, are initiated within the academic unit proposing the change. The unit/program director in collaboration with program faculty, review the proposed changes and vote on its approval. Once approved by program faculty, the proposed changes are then submitted to the appropriate committee within each college, such as the COSH Education and Academic Policy Committee (EAPC), for review, discussion and final approval. Changes in program/department name and/or new curricula have more stringent approval processes, and a detailed description of the specific processes is provided later in this section.

**Budgeting and Resource Allocation:** All revenues (eg. tuition) go the university, which are then distributed based upon the budget as determined by the President. Program Directors/Chairs submit budget projections to the Dean based upon historical data with modifications informed by the institutional, college and program level reviews and programmatic needs, in order to optimize academic quality and programmatic/financial sustainability. Dean and program director meet to discuss the budget projections in alignment with the academic plan and strategic initiatives. Dean finalizes the proposed budget in consultation with the Provost to ensure alignment of resources across the colleges. The proposed budgets of major institutional units (eg. colleges) are presented to the President. The President determines budget allocations for all major units in consultation with the Provost, Executive Management Team, University Academic Senate and Board of Trustees Finance Committee. Dean has the responsibility for the allocation of resources within his/her respective college.
**Personnel recruitment, selection, and advancement:** CDU has established policies and procedures for recruiting, interviewing, and hiring new faculty and staff. Faculty positions are filled via a national search. The UPH program adheres to the CDU policies relative to faculty and personnel recruitment, selection, and advancement. Detailed information regarding CDU faculty recruitment and promotion criteria, can be found in the CDU’s Faculty Manual document, Section IV, ([http://www.cdrewu.edu/assets/pdfs/FacultyManualFebruary2011/CDU%20Faculty%20Manual%2002-18-11.pdf](http://www.cdrewu.edu/assets/pdfs/FacultyManualFebruary2011/CDU%20Faculty%20Manual%2002-18-11.pdf)) which outlines the faculty recruitment, selection, and advancement criteria and in CDU’s Faculty Hiring Policy, available at [http://www.cdrewu.edu/assets/pdfs/FacultyManualFebruary2011/UploadFolder/Faculty%20Hiring%20Policy%20Approved.pdf](http://www.cdrewu.edu/assets/pdfs/FacultyManualFebruary2011/UploadFolder/Faculty%20Hiring%20Policy%20Approved.pdf).

CDU staff is recruited either from within and/or outside the CDU workforce to obtain qualified applicants. To support career progress of qualified internal staff candidates, internal recruitment may be utilized so long as it is consistent with equal employment and affirmative action objectives and results in a diverse pool of qualified applicants. It is generally not permissible to create a job for, or to offer one to, any individual unless the offer follows an announcement of the position and the screening and selection of all the applicants via a competitive process. For a more detailed description of CDU’s Staff Recruitment and Employment Policy, please refer to CDU Policy I.E. 00490 of the Human Resources Administrative Policies Manual, available at [http://www.cdrewu.edu/assets/pdfs/2010%20Administrative%20Policy%20Manual.pdf](http://www.cdrewu.edu/assets/pdfs/2010%20Administrative%20Policy%20Manual.pdf).

CDU is an equal opportunity employer and makes employment decisions on the basis of merit. University policy prohibits unlawful discrimination based on race, religion, color, sex, sexual orientation, actual or perceived gender identity, national origin or ancestry, citizenship status, uniformed service member status, marital status, pregnancy, age, medical condition (cancer or HIV/AIDS-related), handicap, disability, association with an individual in a protected category or any other consideration made unlawful by federal, state or local laws. All employees are expected to work professionally and positively with persons of all backgrounds, cultures, races, ages and genders as stated in the CDU’s Employee Handbook, available at ([http://www.cdrewu.edu/assets/pdfs/CDU%20Employee%20Handbook.pdf](http://www.cdrewu.edu/assets/pdfs/CDU%20Employee%20Handbook.pdf)).

**Academic standards and policies, including establishment and oversight of curricula:** Each CDU College and School has its own faculty-driven educational and academic policy committee.
which reviews, discusses, and votes on any changes in curricula, academic standards and policies within the College/School. Establishment and oversight of curricula is initiated by the program director/chair, in collaboration with program faculty, and submitted to the appropriate committee within each college for review, discussion, and approval of the proposed changes. Following the educational and academic policy faculty committee approval, all curricular decisions, including establishment of new curricula, and/or change in the program names are first reviewed by the Dean of the College/School, followed by a review and a vote by the Academic Senate (AS) Academic Programs Committee, and subsequently submitted to the Provost for approval.

CDU has a Memorandum of Agreement (MOA) on Faculty Rights and Responsibilities (http://www.cdrewu.edu/assets/pdfs/MOA%20on%20Faculty%20RightsResponsibilities%2006-08-10.pdf) which explicitly states the rights of CDU Faculty and Academic Freedom Responsibilities.

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

1.3. e. If a collaborative program, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program’s operation
N/A

1.3. f. Assessment of the extent to which this criterion is met.
This criterion is met with commentary. CDU’s probational status has been lifted and is fully accredited by WASC. CDU’s College of Medicine (COM), College of Science and Health (COSH), and the School of Nursing (SON), and their respective programs, hold current accreditation by their appropriate governing bodies.

University lines of communication and accountability are in place to address academic, fiscal and other administrative matters. Policies and procedures are in place to address curricula changes, faculty and staff recruitment, retention, rights and responsibilities.
Criterion 1.4 Organization and Administration

The program shall provide an organizational setting conducive to teaching and learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration. The organizational structure shall effectively support the work of the program’s constituents.

1.4. a. One or more organizational charts showing the administrative organization of the program, indicating relationships among its component offices or other administrative units and its relationship to higher-level departments, schools and divisions.

Figure 1.4.a. Organizational Chart for the Urban Public Health (MPH) Program

Once the CEPH self-study is complete the MPH-CEPH Self-Study Advisory Committee will transition to the Urban Public Health (UPH) Program Advisory Committee.

For the program’s relationship to higher-level colleges, schools, and the university, please see organizational charts of COSH and CDU in sections 1.3.b.

1.4. b. Description of the roles and responsibilities of major units in the organizational chart.
In summer 2009, the new MPH program director, Sondos Islam, PhD, MPH, MS, implemented a shared governance structure and process for the program by forming new MPH committees comprised of the program’s constituents as well as units to oversee the implementation and success of the program, as shown in the program organization chart above (1.4.a.). However, the management of the day-to-day operations of the program is the responsibility of the program director. The program director is expected to:

- Provide leadership for the program to improve quality and attain CEPH accreditation.
- Develop and implement, with input from the program’s committees, constituents, and stakeholders, the program’s vision, mission, values, goals and objectives.
- Establish and implement an effective management structure to ensure successful admission and retention of students, curriculum, student evaluation and advising, class scheduling and overall program evaluation.
- Develop stable faculty commitments to teaching courses and advising students.
- Ensure that the curriculum develops competencies identified as appropriate for program graduates.
- Prepare and submit an annual program self-study report to the University Academic Program Review Committee (APRC), which includes fiscal and programmatic analysis of the viability and sustainability of the program.
- Secure and manage fiscal, material and personnel resources to implement the program.
- Coordinate activities in public health education through collaboration with other CDU colleges and schools.
- Communicate with CEPH regarding resource needs for optimal program performance, significant changes in the Urban Public Health (MPH) program, allocation of budgetary resources, relationships within the University that support the program and status of relationships with outside public health agencies and community organizations.
- Secure collaborative relationships and partnerships within CDU and with public health agencies and community organizations to optimize those relationships with regard to their impact on the UPH program and the program’s impact on them.
Some of the above program responsibilities are accomplished through two MPH committees, the Curriculum and Outcomes Committee and the MPH-Program Committee, which are both chaired by the program director, Sondos Islam, PhD, MPH, MS.

Bita Amani, PhD, MHS, program core faculty, chairs the Admissions Committee, which is responsible for establishing admissions standards, making recommendations regarding student admissions, and developing mechanisms that support student retention.

Cynthia Davis, MPH, program core faculty, chairs the Research and Grants Committee, which is responsible for the search and recommendation for appropriate research grant opportunities for MPH faculty and students.

Claudia Corleto, administrative assistant, oversees the MPH alumni follow-up activities, including contacting alumni on a regular basis with announcements of current public health job opportunities, the program’s national public health week and public health workforce development events/activities, and administering the online annual MPH alumni survey.

In spring 2010, the program director encouraged MPH students to form their own student association (MPHSA) to support their continuing development of leadership skills, share in the program’s governance, and enhance their academic experience.

The MPH-CEPH Self-Study Advisory Committee is the self-governance body that oversees the success and implementation of the program, and is comprised of program’s stakeholders, including MPH students and alumni, MPH faculty and staff, CDU senior administrators, and community members. The MPH-CEPH Self-Study Advisory Committee advises and recommends action plans to the MPH director, to ensure program viability and sustainability and compliance to CEPH criteria and student success.

Communication among the constituents of the UPH program is facilitated by regular meetings, electronic messages, including committee minutes, and CDU broadcast announcements.
1.4. c. Description of the manner in which interdisciplinary coordination, cooperation and collaboration are supported.

CDU, COSH and the UPH program support and encourage interdisciplinary coordination, cooperation, and collaboration on several levels.

The UPH program is one of the seven member-institutions of the Consortium of African-American Public Health Programs (CAAPHP), which also includes Meharry Medical College, Morehouse School of Medicine, Florida A&M University, Fort Valley University, Morgan State University and Jackson State University. The CAAPHP mission directly reflects the mandate to create evidence-based programs of intervention that ensure that the United States can reduce gaps in health status among its citizens, in an effort to create and sustain a healthy workforce over future decades. The Consortium is committed to facilitating advocacy, research, teaching and service that increases public awareness of issues affecting marginalized communities. All CAAPHP public health programs are preparing emerging health care professionals to deal with the socioeconomic disparities which disproportionately affect underserved communities. The Consortium offers portals through which African-Americans can take charge of and begin to change the direction of those health and socioeconomic conditions that diminish the quality and shorten the lifespan of people and communities of color. In 2008, CAAPHP received an STD training and education grant from the Centers for Disease Control and Prevention (CDC), in which consortium members, including CDU’s Urban Public Health (MPH) program, collaborated in collecting student data via a survey of STD knowledge, attitude and behavior.

A number of CDU faculty from the College of Medicine (COM) participate and contribute to the program’s teaching, research, and service activities (see table 4.1.b for a list of collaborating MPH faculty). For example, COM faculty Drs. Robinson, Dominguez, and Harawa were guest speakers during the Public Health Seminar Series that the Urban Public Health Program conducted during the spring semester, 2011. In addition, Dr. Dominguez taught the MPH 520 Public Health Biology course in summer 2011. Dr. Paul Robinson gave a guest lecture about the use of Geographic Information Systems (GIS) in Public Health in MPH 502 Racial and Ethnic Health Disparities in fall 2010. Ms. Lejeune Lockett, MSPH, Operations and Program Manager of “Drew Cares International,” gave a guest lecture in MPH 522 Social and Behavioral Determinants of Health during the spring semester, 2011, regarding her work with at-risk community groups (HIV/AIDS populations). Dr. Bingham, part-time AXIS researcher, presented her research findings and public
health work experiences with underserved communities to MPH students in the MPH 524 Community Organization in Urban Settings course during the summer semester, 2011.

1.4. d. **Identification of written policies that are illustrative of the program’s commitment to fair and ethical dealings.**

CDU, COSH, and the UPH program are all committed to fair and ethical dealings for all faculty, staff, and students. As stated previously in criterion 1.3.c., CDU faculty recruitment, selection, and advancement criteria are available at http://www.cdrewu.edu/assets/pdfs/FacultyManualFebruary2011/FacultyManual.html. Faculty rights and responsibilities can be found in the Memorandum of Agreement (MOA) on Faculty Rights and Responsibilities (http://www.cdrewu.edu/assets/pdfs/MOA%20on%20Faculty%20RightsResponsibilities%202006-08-10.pdf). All faculty members receive copies of the Faculty Manual and the Code of Student Rights, Responsibilities and Conduct upon employment with the university.

The CDU’s Employee Handbook (http://www.cdrewu.edu/assets/pdfs/CDU%20Employee%20Handbook.pdf), includes CDU staff policies and CDU’s commitment to fair and ethical dealings.

Policies for CDU students are found in the University Catalog, available online at http://www.cdrewu.edu/Catalog. Every student is given a copy of the Code of Student Ethics upon enrollment at the university. Additionally, during the MPH student orientation session before the start of the fall semester, the rights and responsibilities of graduate students are discussed, and a public health professional specific code of ethics is included in the MPH Student Orientation Handbook (Appendix B).

1.4. e. **Description of the manner in which student grievances and complaints are addressed, including the number of grievances and complaints filed for each of the last three years.**

CDU is committed to a policy of non-discrimination to assure that its educational programs and activities are available to all students without regard to sex, race, color, religion, handicap, or national or ethnic origin. CDU students are recognized and rewarded on the basis of individual performance, rather than on any particular personal convictions or preferences, including sexual or affectional orientation.
The COSH grievance procedure provides a means to assure prompt due process to any COSH student who believes that she or he has been discriminated against. The following is from the COSH Student Grievance Procedure in the University Catalog 2009-2011, which is available online at http://www.cdrewu.edu/Catalog.

“Students who have complaints against other students should report their complaints to their College’s Director of Student Education and Services. Students who have a complaint against a staff member should report the complaint to the staff member’s supervisor. If such a report would be uncomfortable for the student or otherwise, inappropriate, the student contacts the Dean for the College of Science and Health.

Students who have a complaint against a College policy or action which is alleged to have violated the students’ rights should first contact the program director. If the student is not satisfied that the matter is resolved at the program director level, the student may then request a hearing before the Student Academic Performance, Promotion and Judiciary committee. The request for a grievance hearing should be submitted in writing to the committee chair within 10 business days after an initial conference has taken place with the appropriate program director. The student will be notified by the committee chair in writing of the hearing. (It usually takes 7 business days after receipt of written request.) Once a student’s name appears on the committee’s agenda and a decision has been rendered, the student has the right to appeal the decision.

The steps involved in the appeal process are delineated as follows:

1. The student will have no more than 30 days to appeal the committee’s decision. This appeal is to the Dean of the College of Science and Health. The Dean may uphold the decision of the committee and no further review will be necessary. If the Dean does not uphold the committee’s decision, numbers two (2) and three (3) below will apply.

2. The Dean may appoint an ad hoc committee to hear the appeal. The members of this committee shall be faculty members who have not been involved in the original decision in question. The chairperson of the committee shall present its findings to the Ad Hoc Appeal Committee but shall not sit as a voting member of said committee. The Ad Hoc Appeal Committee, with the approval of the Dean, may have legal counsel present.
3. The Ad Hoc Committee shall be empowered to call members of the original committees as witnesses and other appropriate members of the faculty and shall have authority to review records pertaining to the student’s appeal. The Ad Hoc Appeal Committee shall report its decision directly to the Dean of the College of Science and Health, one week after the receipt of the appeal.

The Dean will inform the student in writing as to the outcome of the appeal. Students shall have the right to have their academic records treated in a confidential and responsible manner as required by the Family Education Rights and Privacy Act of 1974.”

No official or formal student grievances or complaints have been submitted in the last three years.

1.4. f. Assessment of the extent to which this criterion is met.
This criterion is met. The Program has a streamlined and functioning organizational structure that ensures shared governance among the faculty and between faculty and students. The organizational units of CDU and COSH have established and effective policies related to fair and ethical dealings for all faculty, staff, and students as well as established policies for managing student grievances.
Criterion 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 conduct of program evaluation procedures, policy-setting and decision-making.

1.5. a. Description of the program’s governance and committee structure and processes, particularly as they affect:

General Program Policy Development: as previously stated, the UPH program resides in CDU’s College of Science and Health (COSH). The program and its faculty are governed by CDU’s faculty rights and responsibilities as stated in the MOA (http://www.cdrewu.edu/assets/pdfs/MOA%20on%20Faculty%20RightsResponsibilities%2006-08-10.pdf), and detailed in the CDU Faculty Manual (http://www.cdrewu.edu/assets/pdfs/FacultyManualFebruary2011/CDU%20Faculty%20Manual%2002-18-11.pdf).

General program policy development is the responsibility of the program director; however, due to the program’s shared governance practice and philosophy, the final decision for any new policy is delegated to the MPH Program Committee, composed of core MPH faculty, staff and current MPH students (MPH alumni also attend the MPH Program Committee meetings when they are available). Minutes of the MPH Program Committee since fall 2009 are available for the site visit team in the MPH resource files.

Five MPH committees and one unit oversee the general development of program policies: the MPH-CEPH Self-Study Advisory Committee, MPH Program Committee, Curriculum and Outcomes Committee, Admissions Committee, Research and Grants Committee, and the Alumni Follow-up Unit. The Curriculum and Outcomes Committee, Admissions Committee, Research and Grants Committee, and the Alumni Follow-up unit report to the MPH Program Committee, which is responsible for all matters of governance, and for review and discussion of all pending issues from each committee, including program policies. The MPH Program Committee is the entity responsible for administrative day-to-day operations of the program and discussion of updates and/or any issues that require the committee’s attention. The MPH Program Committee then reports its annual progress and findings to the MPH-CEPH Self-Study Advisory Committee for feedback and advice.
Any changes or modifications of academic policies for the program must be first approved by the COSH Education and Academic Policy Committee (EAPC), which meets quarterly, or when needed, to review educational and academic policy matters for all COSH programs.

**Program Planning:** The Curriculum and Outcomes Committee is responsible for planning, developing, implementing, evaluating, and modifying program components, and attending to students’ curricular needs. All proposed modifications are presented to the MPH Program Committee for discussion and preliminary approval. Major curricular modifications are presented, discussed, and approved by the COSH Education and Academic Policy Committee (EAPC).

**Budget and Resource Allocation:** Since the inception of the UPH program in 2006, the program’s annual budget was, and still is, 100% supported through COSH appropriations.

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

**Recruitment:** While working in concert with the policies of COSH and CDU, and in collaboration with the Office of Enrollment Management, the UPH program administers its own student recruitment plans and activities, including the distribution of program materials. Specific recruitment policies are based on proven methods of recruiting students with diverse backgrounds, with the potential to be leaders as public health professionals, and with the academic preparation to be successful in the program. The program actively recruits minorities who have the potential to be successful public health practitioners and who have express their desire/intention of serving the health needs of underserved populations.

**Admission:** Based on the program’s mission and goals, the UPH program’s admissions committee considers the overall fit of the student’s background, abilities, and experiences, especially as it relates to CDU’s and the UPH program’s missions. It also considers evidence of the applicant’s integrity, discipline, compassion, intellectual vigor, and interest in serving the health needs of underserved populations. Accordingly, the admissions committee takes in consideration a number of criteria when reviewing the qualifications of student applicants for admittance to the program, including the applicant’s overall undergraduate GPA, GRE scores, community health service experience, personal goal statement, including statement of career intentions, curriculum vitae/resume, and three letters of recommendations. A more detailed description of our admissions criteria and policies is discussed in section 4.4.b.
**Awarding of Degrees:** Conferment of the MPH degree by CDU’s UPH program is based on the successful completion (a grade of 80% or better) of the 42 semester units of required MPH courses. By their fifth semester, as students approach meeting all degree requirements, they are notified of their upcoming graduation and invited to participate in the annual CDU Commencement ceremony.

**Faculty Recruitment, Retention, and Promotion:** The UPH program follows the policies and procedures established by CDU to recruit faculty, and available in the Faculty Hiring Policy manual [http://www.cdrewu.edu/assets/pdfs/FacultyManualFebruary2011/UploadFolder/Faculty%20Hiring%20Policy%20Approved.pdf](http://www.cdrewu.edu/assets/pdfs/FacultyManualFebruary2011/UploadFolder/Faculty%20Hiring%20Policy%20Approved.pdf). The request for COSH faculty recruitment to fill a specific academic position is initiated by the Program Director and submitted to the COSH Dean for approval, followed by a submission to the Human Resources Department. Faculty positions are advertised locally on the CDU website, and nationally on appropriate professional websites to ensure identification of the best possible candidates for each position.

Retention of qualified faculty is accomplished by salary offers commensurate with national standards, faculty development workshops, and support for teaching, research and service.

Academic rank and promotion reviews are faculty driven and are based on promotion standards developed for each College/School and the Academic Senate (AS) Appointment and Promotion (A&P) Committees. The application for academic ranking and promotion in COSH is initiated every February with faculty submitting a promotion request letter to the Program Director, who submits a cover letter with recommendations to the COSH A&P committee Chair. Criteria and requirements for promotion of COSH faculty are listed in the COSH Appointment and Promotion (A&P) Policies and Procedure Manual, available in the MPH resource files. Nominations for COSH junior faculty (instructors, assistant professor) are made by Program Directors and require approval of the COSH A&P Committee and COSH Dean. Senior rank promotion dossiers are first reviewed by the COSH A&P committee, followed by recommendations of the committee to the College Dean and the AS A&P Committee. The AS A&P Committee reviews the faculty’s dossier, the COSH A&P Committee and COSH Dean’s recommendations and makes its own recommendation to the Provost. Final approval for promotion to Associate Professor is the responsibility of the Provost, while final approval for promotion to Professor is the responsibility of the CDU’s President and BOT. While CDU does not offer tenure to its faculty, it provides annual contracts to faculty based upon academic rank and merit.
**Academic Standards and Policies:** The UPH program is governed by the standards and policies identified in the MPH Student Orientation Handbook (Appendix B), which reflect CDU, COSH, and the UPH program policies. In addition, academic standards and policies are annually reviewed and updated by the MPH Program Committee.

**Research and Service Expectations and Policies:** The primary responsibility of CDU-MPH full-time faculty is dedication to the educational, research and service (institutional and public) goals of CDU and the UPH program. In carrying out their academic and professional responsibilities, CDU-MPH full-time faculty is expected to engage in sustained excellence in teaching, the intellectual growth of students, high scholarship, and the improvement of the community and society. CDU-MPH faculty members have a responsibility to participate in the life and operation of the university, the College of Science and Health (COSH) and the UPH program. MPH faculty are expected to give their best efforts to a) engage in effective teaching, b) make scholarly contributions in research or creative works, and c) render service to the university, the profession, and the community.

Research and service for full-time MPH faculty are reviewed during the annual faculty performance reviews, at renewals of term appointments, and during the promotion process.

The UPH program’s standards on research and service outcomes are discussed in more detail in Criteria 3.1.d and 3.2.c.

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

The UPH program is governed by the university policies and procedures as articulated in the following documents:

- CDU Catalog: [http://www.cdrewu.edu/Catalog](http://www.cdrewu.edu/Catalog)
- Faculty MOA: [http://www.cdrewu.edu/assets/pdfs/MOA%20on%20Faculty%20Rights%20Responsibilities%206-08-10.pdf](http://www.cdrewu.edu/assets/pdfs/MOA%20on%20Faculty%20Rights%20Responsibilities%206-08-10.pdf)
CDU students are guaranteed specific rights and, in turn, are expected to adhere to certain responsibilities in their relationship to the University. CDU policies and procedures are published in the CDU catalog (http://www.cdrewu.edu/Catalog). All new and continuing students are expected to be cognizant of and abide by the interrelated rights and responsibilities. The UPH program distributes its own Student Orientation Handbook (Appendix B) at the new student orientation session before the start of each fall semester which includes a number of CDU and COSH policies, in addition to program-specific policies.

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

As discussed in section 1.4.b., in fall 2009, the MPH program director formed a number of MPH committees and units in order to address student and programmatic needs in a collaborative manner. Each MPH committee is made up of and chaired by core MPH faculty members. Because the program is still relatively small, with only three core MPH faculty, all committee meetings are conducted in joint session, starting with reports by Dr. Islam, the MPH Program Committee Chair, and followed by reports from each of the other standing program committees. Typical joint sessions consist of committee updates given by the respective chairs, followed by open discussions of all pending program issues. Students may attend meetings of any committee of which they are members. The MPHSA convenes its own meetings without faculty involvement, and then presents all student concerns and/or recommendations to the MPH Program Committee meeting. Minutes of all committee meetings are available in the MPH resource files for the CEPH site visit team.

**MPH Program Committee**: The MPH Program Committee, chaired by the director the program, is composed of all core MPH faculty, representatives of the MPH Student Association (MPHSA), and also any other MPH student that wishes to contribute to committee meetings, staff, and, when possible, MPH alumni. The MPH Program Committee is responsible for the overall academic and
programmatic oversight of the MPH Program. Other MPH committee Chairs, such as the Curriculum and Outcomes Committee Chair, Admissions Committee Chair, Research and Grants Committee Chair, and the Alumni Follow-up Unit Director, and the MPHSA representatives, report updates of their committee meetings and/or issues concerning the program that needs MPH Program Committee attention. Issues are then resolved through debate, discussion, and votes approving any action steps taken. More specifically, the MPH Program Committee, as a committee of students, faculty, and staff, is responsible for ensuring that the MPH program adheres to the accreditation standards established by CEPH. The MPH Program Committee is scheduled to meet on a monthly basis throughout the academic year, but has been meeting every other week since January, 2011, to work on the final version of the CEPH Self-Study Preliminary Report.

**Curriculum and Outcomes Committee**: The Curriculum and Outcomes Committee is chaired by Dr. Sondos Islam, the director of the program, and includes all core MPH faculty. The Curriculum and Outcomes Committee is responsible for a) initiating all revisions to the MPH curriculum and moving suggested revisions through the COSH Education and Academic Policy Committee (EAPC), b) coordinating MPH course schedules and the assignment of faculty to courses, c) assessment and evaluation of the program’s objectives, program outcome measures, and students’ achievement of MPH competencies, d) taking recommendations for modifications of any of the above to the MPH Program Committee for final approval.

**Research and Grants Committee**: The Research and Grants Committee has been chaired by Cynthia Davis, MPH, and includes core MPH faculty and students. Currently, the Research and Grants Committee is in the process of being restructured. The restructuring will result in the inclusion of a highly experienced CDU research faculty into the committee. The Research and Grants Committee is responsible for guiding the research strategy of the program. Its responsibilities include:

- Responding to grant and contract requests suitable for work by program faculty and students;
- Fostering collaborative research opportunities with local departments of health;
- Encouraging faculty and students to communicate results of research through professional meetings and peer reviewed journals; and
- Encouraging faculty and student participation in forums, seminars, and other activities with the public health community.
**Admissions Committee:** The Admissions Committee is chaired by Dr. Bita Amani, and includes MPH core faculty and staff. The Admissions Committee is responsible for establishing admissions standards, making recommendations regarding student admissions, and developing mechanisms that support student retention. Members of the MPH Admissions Committee implement the protocols that provide for a comprehensive and objective review of applications for admission and reports faculty recommendations related to admission to the MPH Program Committee. Originally, the Admissions Committee was also responsible for the recruitment of MPH students, however, since November 2010, with the launching of the CDU Enrollment Management Office, the recruitment of CDU students became the responsibility of that office, however the UPH program collaborates with the CDU Enrollment Management Office in the recruitment of MPH students.

**Alumni Follow-Up Unit:** The Alumni Follow-Up Unit is managed by Ms. Claudia Corleto, administrative assistant to the director. Ms. Corleto, in collaboration and with advice from the program director, is responsible for keeping a database of MPH alumni, contacting our alumni on a regular basis with announcements of current public health job opportunities, the program’s national public health week and public health workforce development events/activities, and administering the online annual MPH alumni survey. The Alumni Follow-Up Unit is also responsible for planning and overseeing the program’s annual end of year celebration party where current MPH students, MPH alumni, MPH faculty and COSH and CDU senior administrators and faculty attend for social and professional networking opportunities.

**MPH Student Association (MPHSA):** The MPHSA was launched in the spring of 2010, with encouragement from the program director, so that MPH students are represented in the program’s governance and structure. The MPHSA is responsible for engaging students in activities that enhance their academic experience and support continuing development of their leadership skills. The officers of the MPHSA (president, vice president, and treasurer) are elected by MPHSA members, and are official members of the MPH Program Committee. They represent the interests of the students and ensure that their perspectives are considered during MPH Program Committee meetings. All MPH students are automatically members of the MPHSA, however, the range of participation varies. Some MPH students are highly involved in the administration of MPHSA and attend business meetings, volunteer to lead events, and assume other leadership roles, while others choose to not participate in meetings and instead participate in specific events, including attending the MPH Program Committee meetings.
**MPH-CEPH Self-Study Advisory Committee:** The MPH-CEPH Self-Study Advisory Committee was launched on April 19, 2010, with seventeen members attending including MPH students and alumni, MPH faculty and staff, CDU senior administrators, and community members (Appendix A). The MPH-CEPH Self-Study Advisory Committee is responsible for reviewing and discussing the MPH program’s self-study process, including the appropriateness of program goals, objectives, outcome measures, and assessment plans. The MPH-CEPH Self-Study Advisory Committee advises and recommends action plans to the MPH Director/Chair of the MPH Program Committee to ensure compliance to CEPH criteria and program and student success.

Once the CEPH self-study is complete the MPH-CEPH Self-Study Advisory Committee will transition to the Urban Public Health (UPH) Program Advisory Committee.

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

<table>
<thead>
<tr>
<th>Core MPH Faculty</th>
<th>Membership in Current University Committees</th>
</tr>
</thead>
</table>
| Sondos Islam, PhD, MPH, MS | COSH Standing Committee: EAPC, Chair  
COSH Standing Committee: FAC, Member  
AS Ad Hoc Committee: Compensation, Workload and Contracts, Member  
AS Ad Hoc Committee: Sub-Committee on Faculty Compensation, Chair  
University Standing Committee: APRC, Member  
University Standing Committee: Organizational Structure, Member |
| Bita Amani, PhD, MHS | AS Standing Committee: Clinical and Community Programs Committee, Member  
AS Standing Committee: Research Committee, Member  
COSH Ad Hoc Committee: Strategic Planning Committee, Member  
COSH Standing Committee: EAPC, Member |
| Cynthia Davis, MPH | AS Standing Committee: Clinical and Community Programs, Chair  
AS Ad Hoc Committee: Communications Committee, Chair  
COM Standing Committee: Faculty Legislative Committee, Member  
AS Standing Committee: Executive Legislative Committee, Member  
COM Standing Committee: Communications Committee, Member |

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**Note:**  
AS: Academic Senate  
EAPC: Education and Academic Policy Committee  
FAC: Faculty Affairs Committee  
APRC: Academic Program Review Committee

1.5. **e. Description of student roles in governance, including any formal student organizations, and student roles in evaluation of program functioning.**
MPH students contribute to governance via their participation on the MPH Program Committee, course evaluations, baseline, exit and alumni surveys, and membership in the MPHSA. The MPHSA was initiated in the spring of 2010 with the encouragement of Dr. Islam, the program director. Representatives of the MPHSA are members of the MPH Program Committee where all program decisions are presented, discussed, and voted on. A copy of the MPHSA constitution is available in the MPH resource files.

Evaluation of program functioning is conducted via student course, instructor and program competencies evaluations at the end of each semester, plus an exit survey and alumni survey. Course evaluations are reviewed by the program director and by respective faculty instructors; students’ comments regarding course and teaching methods are addressed and any need for modifications and/or action plans for the following academic year are discussed and approved by the program director and the faculty instructor. Results of the evaluations and proposed action plans are used in the program’s annual self-study report. For example, Class 2010 exit surveys revealed that students would have liked to have had more exposure to research studies being conducted at CDU, accordingly the program modified the number of units of MPH 520 Public Health Biology from 3 to 2 units, so a new 1 unit course “Public Health Seminar” could be added without increasing the 42 semester units requirement for completion of the program; The Urban Public Health seminar series invites CDU researchers to guest lecture to our MPH students regarding their research studies.

1.5. f. Assessment of the extent to which this criterion is met.
This criterion is met. The UPH program has established a structure to support autonomous governance related to planning, resource allocation, recruitment of faculty, staff, and students, academic standards, and overall policy development. Responsibilities are shared and collective decision-making processes that involve the administration, faculty, and students has been established since fall 2009 and are continually being utilized as evidenced by the preparation of this report, which itself is a collective effort of all the program’s stakeholders.
Criterion 1.6 Resources

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

1.6. a. A description of the budgetary and allocation processes, sufficient to understand all sources of funds that support the teaching, research and service activities of the program. This 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 on the resources available to the program.

The budget allocation process for all CDU programs is initiated in April and ends in June. The UPH program budget is part of the overall budget of the College of Science and Health (COSH), in which the program resides. The program director, in consultation with the MPH core faculty and staff, proposes a budget for the next fiscal year, based in the previous year’s expenses, and submits it to the COSH dean. The COSH dean reviews the proposed budgets of all COSH programs, makes modifications based on the previous year’s revenues and expenses, and presents the proposed COSH budget to Senior Management (Provost and CFO) for review and discussion. The preliminary proposed budget for COSH is then presented to the Finance Subcommittee of the Board of Trustees (BOT) for preliminary approval. Final approval of the COSH budget is ultimately the responsibility of the full BOT.

Tuition revenues from all COSH programs go the university; the university allocates budgets to the programs based needs on their needs.
1.6. b. A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, which is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in table format as appropriate to the program.

Table 1.6.b. summarizes the program’s revenues and expenditures since 2006, the first year the program opened its door to MPH students.

Table 1.6.b. Sources of Funds and Expenditures by Major Category, Fiscal Years 2006-07 to 2010-11

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Year 1 2006-7</th>
<th>Year 2 2007-8</th>
<th>Year 3 2008-9</th>
<th>Year 4 2009-10</th>
<th>Year 5 2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Appropriation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Funds</td>
<td>$237,093</td>
<td>$377,837</td>
<td>$358,679</td>
<td>$307,924</td>
<td>$248,499</td>
</tr>
<tr>
<td>Grants/Contracts*</td>
<td>$134,567</td>
<td>$60,235</td>
<td>$25,275</td>
<td>$23,425</td>
<td>$31,731</td>
</tr>
<tr>
<td>Indirect Cost Recovery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment</td>
<td>$8,450</td>
<td>$4,450</td>
<td>$2,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gifts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (explain)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Sources of Funds/MPH</td>
<td>$371,660</td>
<td>$292,970</td>
<td>$392,404</td>
<td>$335,799</td>
<td>$282,230</td>
</tr>
<tr>
<td>Operational Budget</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures</th>
<th>Year 1 2006-7</th>
<th>Year 2 2007-8</th>
<th>Year 3 2008-9</th>
<th>Year 4 2009-10</th>
<th>Year 5 2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Salaries</td>
<td>$279,362</td>
<td>$269,362</td>
<td>$256,362</td>
<td>$221,035</td>
<td>$173,019 †</td>
</tr>
<tr>
<td>Staff Salaries</td>
<td>$30,000</td>
<td>$32,000</td>
<td>$32,000</td>
<td>$16,016</td>
<td>$16,016</td>
</tr>
<tr>
<td>Fringe Benefits (Faculty &amp; Staff)</td>
<td>$47,710</td>
<td>$64,510</td>
<td>$65,142</td>
<td>$52,973</td>
<td>$50,855</td>
</tr>
<tr>
<td>Operations</td>
<td>$9,588</td>
<td>$6,950</td>
<td>$3,450</td>
<td>$5,950</td>
<td>$5,000</td>
</tr>
<tr>
<td>Travel</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td></td>
</tr>
<tr>
<td>Student Support‡</td>
<td></td>
<td></td>
<td></td>
<td>$32,825</td>
<td>$28,575</td>
</tr>
<tr>
<td>University Tax</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (CEPH Accreditation Fees/Expenses)</td>
<td>$1,500</td>
<td>$2,000</td>
<td>$4,010</td>
<td>$3,765</td>
<td></td>
</tr>
<tr>
<td>Total Expenditures</td>
<td>$371,660</td>
<td>$438,072</td>
<td>$392,404</td>
<td>$335,799</td>
<td>$282,230</td>
</tr>
</tbody>
</table>

§ Title III Grant Funds: A portion of the UPH director’s salary and fringe benefits were funded by Title III funds for years 1 and 2; thereafter title III funds were used for MPH students’ scholarships

† Decrease in MPH faculty salary is due to the 15% CDU cuts for all CDU faculty and staff making $40,000-$99,999.

‡ Scholarship funds for MPH students include $25,000 from Title III funds and varying amounts from small endowments such as the Dumont Matching Scholarship Endowment, William Randolph Hearst Endowment, Roland Hayes Luckett Scholarship Award, Nathaniel and Valerie Dumont, AH:HCOP, General Scholarship Fund, and auxiliary to the National medical Association...
1.6. c. If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be 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.

N/A

1.6. d. A concise statement or chart concerning the number (headcount) of core faculty employed by the program as of fall for each of the last three years.

Core MPH faculty are those who commit at least 50% of their time to the UPH program; they are required to teach at least two MPH courses per year, advise and mentor MPH students, conduct and/or be involved in research, participate in service to the university and the community, and aid in the administration of the program.

Table 1.6.d. Headcount of Core faculty Employed by the Program

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Number (Headcount) of Core MPH Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-09</td>
<td>3</td>
</tr>
<tr>
<td>2009-10</td>
<td>3</td>
</tr>
<tr>
<td>2010-11</td>
<td>3</td>
</tr>
</tbody>
</table>

1.6. e. A table showing faculty, students, and student/faculty ratios, organized by specialty area, for each of the last three years.

Table 1.6.e. Faculty, Students and Student/Faculty Ratios in the UPH Program AY 2008-09 to 2010-11

<table>
<thead>
<tr>
<th>AY</th>
<th>HC Core Faculty</th>
<th>FTEF Core</th>
<th>HC Other Faculty</th>
<th>FTEF Other</th>
<th>Total Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total FTEF</td>
<td>HC Students ‡</td>
<td>FTE Students</td>
<td>SFR by Core FTEF</td>
<td>SFR by Total FTEF</td>
</tr>
<tr>
<td>2008-09</td>
<td>3</td>
<td>3.0</td>
<td>6</td>
<td>1.5</td>
<td>9</td>
</tr>
<tr>
<td>2009-10</td>
<td>3</td>
<td>2.5</td>
<td>2</td>
<td>0.75</td>
<td>5</td>
</tr>
<tr>
<td>2010-11</td>
<td>3</td>
<td>2.75</td>
<td>7</td>
<td>1.25</td>
<td>10</td>
</tr>
</tbody>
</table>

Key:

HC = Head Count
Core = full-time faculty who support the teaching programs
FTE = Full-time-equivalent
FTEF = Full-time-equivalent faculty
Other = adjunct, part-time and secondary faculty
Total = Core + Other
SFR = Student/Faculty Ratio
100% FTE for full-time MPH Faculty is based on CDU’s workload policy for graduate programs. The CDU workload policy is available in the MPH resource files:

- **Teaching:** maximum teaching load of 9 credit hours/week (3 courses of 3 units each), and a preferred teaching load of 6 credit hours/week
- **Service:** 3 credit hours of protected time for service to the university and the community
- **Research:** 3 credit hours of protected time for research and scholarly activities
- **Administration:** release time for administrative work depending on the percent effort for the administrative responsibilities is granted by the program director or dean with the approval of the Provost (e.g., Program Director, Accreditation Responsibilities, Admissions Chair)

FTE calculations for core MPH faculty are available in the MPH resource files.

1.6. f. *A concise statement or chart concerning the availability of other personnel (administration and staff).*

Currently, the UPH program has four administrative staff who oversee the operation of the program. Below is an overview table of the administrative staff and their level of contributions to the Urban Public Health (MPH) program, as of August, 2011.

Table 1.6.f. Administrative Staff that support the Urban Public Health (MPH) Program

<table>
<thead>
<tr>
<th>Staff Person</th>
<th>Title</th>
<th>% Effort</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claudia Corleto</td>
<td>Administrative Assistant to the MPH Director</td>
<td>100%</td>
<td>Administrative assistant to the PD. Coordinates all activities, processes and procedures associated with the program. Director of the MPH Alumni follow-up unit.</td>
</tr>
<tr>
<td>Wanda Boyd*</td>
<td>Administrative Assistant</td>
<td>10%</td>
<td>Coordinates the MPH programs’ course evaluations, and course scheduling.</td>
</tr>
<tr>
<td>Linda Towles*</td>
<td>Manager, Student Education and Service Center</td>
<td>10%</td>
<td>Coordinates students’ online access of their CDU accounts, PowerCampus and BlackBoard.</td>
</tr>
<tr>
<td>Rita Sawyer, PhD*</td>
<td>Director of Admissions</td>
<td>10%</td>
<td>Coordinates MPH student recruitment activities and overseas the program’s application processes.</td>
</tr>
<tr>
<td>Sasha Heard</td>
<td>Retention Coordinator</td>
<td>10%</td>
<td>By working with the Program Director, she coordinates retention activities through a preventive approach. She identifies resources to retain students and systematically evaluates attrition.</td>
</tr>
</tbody>
</table>

* University staff, not in the MPH budget
The Urban Public Health director supervises the staff and administers the daily operation of the program. The director manages MPH faculty, staff, student career advising, in collaboration with core MPH faculty, and curricular matters pertaining to the Urban Public Health Program, and has ultimate responsibility for the academic integrity of the program.

1.6. g. A concise statement or chart concerning amount of space available to the program by purpose (offices, classrooms, common space for student use, etc.), by program and location.

The main campus is on approximately 11 acres of land within the unincorporated area of Willowbrook in South Los Angeles. Currently, the university campus is composed of three permanent two-story buildings and several smaller facilities, including some temporary buildings. The W.M. Keck Foundation building houses the COSH program offices, including the Urban Public Health program, the Student Education and Services Center (SESC), and nine classrooms. The W. Montague Cobb Medical Education building houses university administrative offices, the Health Sciences Library, Learning Resource Center (LRC), Clinical Simulation Center, and COM administrative offices. The new $50 million state-of-the-art Life Sciences Research and Nursing Education (LSRNE) building is a 63,922-square-foot, two-story building that houses the SON administrative offices, a clinical simulation center, three classrooms, a learning resource center, and research facilities. There are three learning centers across campus; two state-of-the art clinical science simulation/education technology centers; and numerous resources and facilities supporting biomedical, clinical, and translational research for faculty and students. Square footage of classrooms, labs, office space, general and special use areas of the Keck building, in which the Urban Public Health Program resides, are presented in the Facilities Master Plan 2011 - 2016 (Appendix D) and the Keck Building square footage spreadsheet (Appendix E).

The Urban Public Health program has its offices and reception area on the second floor of the Keck building. The program has three offices for MPH faculty, a reception kiosk for administrative staff, and an MPH room for use by MPH students.

1.6. h. A concise statement or floor plan concerning laboratory space, including kind, quantity and special features or special equipment.

Our MPH curriculum does not offer any courses that require a laboratory space.
1.6. i. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

Complimentary learning resources provided to students, faculty, and staff are housed in the Student Education and Service Center (SESC) located in the Keck Building. The SESC offers computer-assisted instruction in mathematics, writing, reading, and other curriculum supported subjects; free tutoring in most subjects for both individuals and small groups of students; instructional videotapes and computer disks that can be used at home or in the center, and Internet access and web-based learning programs. Students have access to the following equipment and resources:

- A main computer area with 24 workstations
- 8 computer stations in the Career Center
- Three group-study rooms with computer access
- Computer software programs that accommodate varying study needs

In 2010, the UPH program added an MPH resource room, located next to the MPH offices. The MPH resource room is equipped with desks, three computers, and a laser printer for the specific use of MPH students. Desk copies of most of the textbooks used in the MPH courses, and public health journals and textbooks of interest that students may need for their research work, are available in the MPH resource room. In addition, the resource room includes folders containing public information about the MPH program, and copies of alumni theses and capstone projects. MPH students use this room on a regular basis to work on their assignments and to be close to MPH faculty, in case they need the faculty and/or staff attention. In addition, the program has three offices for MPH faculty and a reception kiosk for administrative staff, all equipped with the latest computers, printers, and filing cabinets.

1.6. j. A concise statement of library/information resources available for program use, including description of library capabilities in providing digital (electronic) content, access mechanisms and guidance in using them, and document delivery services.

The Charles R. Drew University Health Sciences Library consists of over 7,500 print books and access to over 44,000 electronic books. In addition, the Library has a collection of over 600 volumes of journals and access to over 7,900 electronic journals, and a physical and electronic collection of over 1600 audio visual materials. Students and faculty can access these resources on campus, in the classroom and remotely. The Library has a robust collection of 35 electronic resources, including databases with full-text capability. In addition, the Library has laptop computers, digital photo cameras, video cameras and portable projectors for student activities. Also, the Library is equipped with 17 computer workstations, 19 study carrels and 3 group study rooms. The Library is opened 65 hours per week with extended hours of operation on select weekends. The Library uses the National
Library of Medicine’s classification scheme and select books in Public Health are placed on reserves. Currently, there are 78 journal titles in the area of Public Health; over 60 audio visual resources, and there are 453 books on Public Health. In addition, the Learning Resource Center is a learning area that houses 30 computer workstations that are used by faculty and students. Also, the Library prints posters for the MPH students for seminars, workshops and for Public Health Week. Finally, the Library provides information literacy instructions for students and provides information consultations for research assistance.

1.6. k. A concise statement describing community resources available for instruction, research and service, indicating those where formal agreements exist.

In addition to the practicum sites identified in table 2.4.b. with which the university has formal agreements, the program has access to university research resources for MPH faculty and student research and service needs and activities, such as Accelerating eXcellence In Translational Science (AXIS), the Center to Eliminate Cancer Health Disparities in partnership with the Jonsson Comprehensive Cancer Center at UCLA, the Research Centers in Minority Institutions (RCMI), and the Translational Research Network (RTRN).

1.6. l. A concise statement of the amount and source of “in-kind” academic contributions available for instruction, research and service, indicating where formal agreements exist.

In-kind academic contributions are represented by public health practitioners, as preceptors for the MPH students’ practicum experience, and faculty and public health professionals who give guest lectures in MPH courses and conduct workshops for the program’s public health workforce development activities. For example, Paul Robinson, PhD, was a guest lecturer in MPH 502 Health Disparities, Felix Aguilar, MD, MPH, Chief Medical Officer of the South Central Family Health Center and past president of Physicians for Social Responsibility-Los Angeles, was the featured speaker during the program’s National Public Health week events/activities, which the program has held annually since 2010. Featured speakers for the program’s Public Health Lecture Series Seminar in spring 2011, which is an open forum to all CDU and community members, included Lisa Smith, Dr.PH, MS, from the Los Angeles County Department of Health Services, Sexually Transmitted Disease Program, Nina Harawa, PhD, MPH, from the Medical Sciences Institute in COM, Paul Robinson, PhD, from the Geographic Information Systems (GIS) at CDU, and Fred Dominguez, MD, MPH from CDU’s Cardio-Metabolic Diseases Research Cluster. Trista Bingham, PhD, MPH, from the HIV Epidemiology Program at the Los Angeles Department of Public Health, and collaborating MPH faculty presented her research findings and public health work experiences with
underserved communities to MPH students in the MPH 524 Community Organization in Urban Settings course, which is offered in the summer semester.

1.6. m. Identification of outcome measures by which the program may judge the adequacy of its resources, along with data regarding the program’s performance against those measures for each of the last three years. At a minimum, the program must provide data on institutional expenditures per full-time-equivalent student, research dollars per full-time-equivalent faculty, and extramural funding (service or training) as a percent of the total budget.

The UPH program has had full institutional support since 2006 and has been fully funded by COSH appropriation to deliver all teaching, research and service activities. Table 1.6m below presents several outcome measures by which the MPH program assesses the adequacy of its resources.

Table 1.6m. Outcome Measures for Adequacy of Program Resources

<table>
<thead>
<tr>
<th>Outcome measure</th>
<th>Target</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student/Faculty Ratio (FTEF)</td>
<td>10</td>
<td>6.6</td>
<td>6.6</td>
<td>4.8</td>
</tr>
<tr>
<td>Institutional Expenses/FTE Student</td>
<td>$12,000</td>
<td>$392,404/29.5 students=$13,301.83</td>
<td>$337,809/21.5 students= $15,712</td>
<td>$282,230/19= $14,854.21</td>
</tr>
<tr>
<td>Average amount of scholarship funds available for students†</td>
<td>$25,000</td>
<td>$33,450</td>
<td>$32,825</td>
<td>$28,575</td>
</tr>
<tr>
<td>Extramural Funding per FTE faculty</td>
<td>N/A</td>
<td>$7,494</td>
<td>$8,447</td>
<td>$8,443</td>
</tr>
<tr>
<td>Extramural funding as a percentage of budget</td>
<td>N/A</td>
<td>8.6%</td>
<td>8.3%</td>
<td>12%</td>
</tr>
</tbody>
</table>

† Scholarship funds for MPH students include $25,000 from Title III funds and varying amounts from small endowments such as the Dumont Matching Scholarship Endowment, William Randolph Hearst Endowment, Roland Hayes Luckett Scholarship Award, Nathaniel and Valerie Dumont, AH:HCOP, General Scholarship Fund, and the Auxiliary to the National Medical Association.

1.6. n. Assessment of the extent to which this criterion is met.

This criterion is met with commentary. The UPH program is supported by the university and the College of Science and Health (COSH), enabling it to develop and grow. Staff, facilities, equipment and services to support educational activities of the program are in place, functional and appropriately financed. Although the student to faculty ratio is within the target outcome, we will increase the number of students and core MPH faculty in the program to achieve self-sustainability.

The UPH program has been successful in obtaining the necessary resources from the university to promote and sustain its activities. The program has the full support of CDU’s Senior Administration and will continue to pursue opportunities for additional support and resources.
Criterion 2.0 Instructional Programs
Criterion 2.1 Master of Public Health Degree

The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional masters degree.

2.1.a. An instructional matrix presenting all of the program’s degree programs and areas of specialization, including undergraduate, masters and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees and identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix.

Table 2.1.a. Instructional Matrix – Degree/Specialization

<table>
<thead>
<tr>
<th>Degree Conferred-Specialization</th>
<th>Academic</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masters of Public Health (MPH) -Urban Health Emphasis</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

2.1.b. The bulletin or other official publication, which describes all curricula offered by the program. If the university does not publish a bulletin or other official publication, the program must provide for each degree and area of specialization identified in the instructional matrix a printed description of the curriculum, including a list of required courses and their course descriptions.

Program’s Academic Standards and Policies: CDU’s UPH program is a five-semester cohort-based program of required courses, accepting full-time students for fall semester matriculation only. MPH classes are offered only once a year, and are held in the evenings from 6-9 pm, three days a week (Tuesdays, Wednesdays, and Thursdays). Accordingly, if a student does not successfully complete an MPH course due to inadequate academic performance, the student is required to repeat the course in the following year when the course is offered again, and accordingly, the student will not be able to register for the second year course being offered on the same evening, thus delaying the student’s graduation date for one year.

If a student does not successfully complete two (2) MPH courses within an academic year, the student is put on academic probation. A student on academic probation is required to repeat and successfully complete the failed courses in the following year when the courses are offered again, and accordingly, will not be able to register for the second year courses being offered on the same evening, thus delaying the student’s graduation date for one year. Probation is lifted when the
student successfully completes the repeated courses. A student on probation who fails another MPH course will be administratively dropped from the program, but will be given the option to re-apply to the program the following academic year.

Probation may be considered by the MPH program for the following reasons, but is not limited to:

- Failure to successfully complete two MPH courses with a letter grade of “B-” (80%).
- Record of excessive absences (three or more absences) and/or tardiness.
- Unsatisfactory removal of an “Incomplete” grade.
- The student is in violation of the program, college or university’s behavioral or professional standards.
- The student fails to meet the MPH program’s “Ethical Guidelines.”
- Failure to comply with any MPH program policies or regulations.

The MPH program probation is determined to be continuous until the MPH student is either in a good academic standing and/or has met the behavioral standards of the program. The student is notified in writing of their probationary status. The minimum standard(s) required to remove this probationary status is stated in the notice of probation to the student. The maximum time to degree completion is four (4) years. Students repeating one or more MPH courses are allowed to register as part-time students if all other MPH courses have been successfully completed.

The Urban Public Health (MPH) curriculum is published on the program’s website at http://www.cdrewu.edu/cosh/programs/graduate/urban-public-health/courses, with course descriptions available online at http://www.cdrewu.edu/cosh/programs/graduate/urban-public-health.descriptions. The MPH Student Orientation Handbook (Appendix B) is updated annually to reflect any curriculum, faculty, and academic policy modifications from the previous year. The following table describes the updated MPH curriculum for the academic year 2011-12. All courses listed are required for degree completion.
Table 2.1.b. Description of Required Courses for the Urban Health Public (MPH) Degree

<table>
<thead>
<tr>
<th>Course # and Title</th>
<th>Course Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPH 501 Urban Public Health Overview</td>
<td>The health of urban populations is examined as a system impacted by global/national trends, individual and societal factors, including private and public infrastructures, policies and markets. The contributions of multiple disciplines toward the amelioration of urban health problems are presented as a transdisciplinary approach, reflecting on history and future projections.</td>
</tr>
<tr>
<td>MPH 502 Racial and Ethnic Disparities in Health</td>
<td>This course offers an analysis and evaluation of various topics and issues on health disparities of underserved racial, ethnic or minority vulnerable populations as well as an analysis of research that describes, explains and examines variables influencing health disparities and intervention strategies to reduce these disparities.</td>
</tr>
<tr>
<td>MPH 511 Principles of Epidemiology (Previous Title: Evidence-Based Decision Methods I: Epidemiology)</td>
<td>Principles of Epidemiology focuses on the study of the distribution and determinants of urban health issues through the use of vital statistics data. The course provides students with the necessary skills to investigate the epidemiology of diseases as well as to critique population-based studies in urban public health.</td>
</tr>
<tr>
<td>MPH 512 Principles of Biostatistics (Previous Title: Evidence-Based Decision Methods II: Biostatistics)</td>
<td>Principles of Biostatistics introduces students to the statistical methods commonly used in public health research, including the appropriate uses and common misuses of health statistics. The course provides the students with the necessary skills to analyze interpret and critique urban public health research studies.</td>
</tr>
<tr>
<td>MPH 513 Program Planning &amp; Evaluation (Previous Title: Evidence-Based Decision Methods III: Program Planning &amp; Evaluation)</td>
<td>Program Planning and Evaluation builds on previously-learned skills of epidemiology, biostatistics, and social and behavioral theories in public health. The course provides students with the necessary skills to plan, design, implement and evaluate public health programs for improving health in urban settings.</td>
</tr>
<tr>
<td>MPH 520 Public Health Biology</td>
<td>This course addresses the basic biologic principles in the definition, monitoring and promoting health or preventing disease. It introduces population biology and the ecological principles underlying public health. The course focuses on specific diseases of viral, bacterial, and environmental origin. It uses specific examples of each type to develop the general principles that govern interactions among susceptible organisms and etiologic agents.</td>
</tr>
<tr>
<td>MPH 521 Environmental Determinants of Health</td>
<td>Urban environmental factors, including social, physical and chemical factors are examined as determinants of health, with a particular emphasis on urban communities and strategies for reducing or eliminating ambient, workplace, and residential environmental threats.</td>
</tr>
<tr>
<td>Course # and Title</td>
<td>Course Description</td>
</tr>
<tr>
<td>Course # and Title</td>
<td>Course Description</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------------</td>
</tr>
</tbody>
</table>
| MPH 595 Culminating Experience (CE)* | The CE is a Credit/No Credit course offered in the last semester before graduation. Students choose from the following CE options that stem from research and practice involving a specific public health issue. Students are required to choose which of the MPH competencies they will address in their chosen option:  
595 (a). Capstone Project: provides an opportunity to integrate technical and professional knowledge and management/leadership tools into a comprehensive and written report on prioritized urban public health issues from local, national, and global perspectives. Working as an interdisciplinary team, students prioritize; recommend interventions, and evaluation methods to an external decision-making body.  
595 (b). Thesis: Students apply methods of research to the study of urban public health issues culminating in a monograph embodying original research. The monograph is formally presented in a public forum to a thesis committee, and must be potentially publishable or have public health impact.  
595 (c). Grant Proposal: addresses an urban public health problem, and includes a needs assessment of the target population, the goals of the proposed study, its methodology, how it will be performed in detail, including budget and timeline |

* The CE options for academic year 2010-11 included one more option, a Practice-Based Report, however, based on student feedback and MPH faculty consensus, the MPH Program Committee voted to remove this option from the CE course requirements for the next academic year.

2.1.c. **Assessment of the extent to which this criterion is met.**

This criterion is met. The program offers a generalist MPH degree with emphasis in urban public health. All MPH courses have been developed with the program mission, goals and objectives in mind. All the MPH classes reflect the major knowledge areas of public health with an emphasis on urban public health issues. The program administration will continue monitoring the national discussion regarding educational and performance competencies for MPH students and revisit program goals, objectives, competencies, and performance measures relative to such expectations.
Criterion 2.2 Program Length

An MPH degree program or equivalent professional masters degree must be at least 42 semester credit units in length.

2.2.a. Definition of a credit with regard to classroom/contact hours.
For a lecture, one semester credit equals 15 hours of classroom/contact hours per regular semester (fall and spring). For courses/lectures offered in the summer semester (12 weeks), one semester credit equals 1 hour and 15 minutes of classroom/contact hours per week. The majority of the MPH courses in the curriculum are 3 semester credits, i.e. 45 contact hours, except for MPH 520 Public Health Biology and MPH 530 Public Health Seminar courses, which are 2 semester credits, and one semester credit, respectively.

2.2.b. Information about the minimum degree requirements for all professional degree curricula shown in the instructional matrix. If the program or university uses a unit of academic credit or an academic term different than the standard semester or quarter, this should be explained and an equivalency presented in a table or narrative.
The minimum MPH degree requirement for the Urban Public Health program is 42 semester units of MPH graduate courses. Currently, all MPH courses offered are required for degree completion.

2.2.c. Information about the number of MPH degrees awarded for less than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.
No MPH student was awarded an MPH degree for less than 42 semester credit units, or equivalent, over each of the last three years (2008 to 2010).

2.2.d. Assessment of the extent to which this criterion is met.
This criterion is met. Based on the CEPH guidelines, an MPH program should consist of, at a minimum, 42 semester units. The UPH program at CDU adheres to these guidelines. There have been no waivers given for work or other experience. The content covered in our MPH courses adequately covers the areas of public health principles, concepts, skills, and values that have been set for this program, and the CEPH criterion for instruction.
Criterion 2.3 Public Health Core Knowledge

All professional degree students must demonstrate an understanding of the public health core knowledge.

2.3.a. Identification of the means by which the program assures that all professional degree students have a broad understanding of 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.

In the summer of 2009, the MPH Program Committee voted unanimously that starting fall semester, 2009, the MPH curriculum would be a cohort-based, 5 semester, competency-based sequenced curriculum of 42 semester units, accepting full-time students for fall semester matriculation only. This decision will be revisited as the program progresses and comprehensive evaluation data becomes available.

The MPH curriculum is comprised of 13 in-class courses, plus a Public Health Practicum (300 hours requirement) and a Culminating Experience requirement. The courses in the MPH curriculum address all the competencies in the five broad areas of knowledge basic to public health (Epidemiology, Biostatistics, Environmental Health, Social and Behavioral Sciences, and Public Health Administration), plus knowledge and competencies focused on urban health issues, public health research, planning and evaluation methods, and interdisciplinary/cross-cutting competencies. Table 2.1.b. presents a description of the MPH curriculum.

MPH program courses are strategically sequenced so that as students progress through the coursework as a cohort they systematically gain knowledge, skills, and increasing levels of the program’s competencies. Table 2.6.b. presents the program’s curriculum map showing the expected increase in competency levels (Competency Introduced, Developed and Mastered) as students progress through the curriculum.

2.3.b. Assessment of the extent to which this criterion is met.

This criterion is met. The curriculum includes courses which address the five broad areas of knowledge basic to public health, a knowledge base which is further reinforced in the breadth of the curriculum courses. Evidence can be found among the learning objectives that are included in the syllabi for each course directly corresponding to one of the five disciplines.
Criterion 2.4 Practical Skills

All professional 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 the students’ areas of specialization.

2.4.a. Description of the program’s policies and procedures regarding practice placements, including selection of sites, methods for approving preceptors, approaches for faculty supervision of students, means of evaluating practice placement sites, preceptor qualifications and criteria for waiving the experience.

Originally, the Public Health Practicum experience/internship required all MPH students to complete 120 hours of a practice-based experience in an urban health setting for 3 semester credit units. However, in the summer of 2009, under the new program leadership, and based on research of standards for practicum experience/internship hours required in other MPH programs, the time requirement for the practicum experience was increased to 300 hours of practice-based experience in an urban public/community health setting. In addition, at the end of the practicum experience, students are required to submit a formalized report, to the practicum coordinator, as well as make an oral presentation to the MPH faculty (a new requirement starting AY 2010-11) which highlights what they have accomplished by working at the site.

Based on feedback from the CEPH consultation visit representative, the program modified the practicum requirements for the AY 2010-11 to more accurately reflect the program’s core competencies being addressed in their practicum experience/internship. Prior to starting their practicum experience, students are now required to develop goals and objectives which are measurable and which the preceptor reviews in evaluating the students’ accomplishing the stated goals and objectives. The updated MPH Student Orientation Handbook (Appendix B) and PH practicum experience syllabus for AY 2010-11 reflect the modifications of the practicum experience requirements, both of which are available in the MPH resources files for the CEH site visitors.

Starting summer 2009, Ms. Cynthia Davis, then a secondary MPH faculty, took on the responsibility of the practicum coordinator based on her experience in developing, implementing and evaluating multiple community outreach programs for CDU over the past 26 years. Ms. Davis has implemented several public health programs in community-based settings including HIV mobile testing programs throughout South Los Angeles and Los Angeles County as well as
HIV/AIDS education and risk reduction intervention programs held on site at local community-based organizations serving at risk community residents. In addition, Ms. Davis arranged for students to be trained to work as California State certified HIV pretest and posttest counselors, which consisted of a 40 hour training course conducted by the nonprofit group AIDS Healthcare Foundation. Once certified, the MPH students were available to work on the University's HIV mobile testing van project which offers free HIV testing services targeting at risk populations residing in South Los Angeles. These students were also engaged in community outreach to encourage community residents to seek out HIV testing services.

In fall, 2010, due to her extensive experience in the field, Ms. Davis became a core/primary MPH faculty member teaching a total of three MPH classes, MPH 501 Overview of Public Health, MPH 502 Racial and Ethnic Health Disparities, and MPH 524 Community Organization in Urban Settings, mentoring MPH students’ capstone and grant proposal projects of their Culminating Experience course, plus coordinating the PH practicum experience course.

Currently, evaluation of the practicum experience is conducted through a number of surveys, including the preceptor’s evaluation of student’s performance, student evaluation of the practicum site and individual preceptor, and the student’s evaluation of the practicum coordinator. In addition, the students’ practicum deliverables and oral presentations of their practicum experience is evaluated by the practicum coordinator using a rubric based on the practicum syllabus requirements. The practicum grade is a Pass/Not Pass grade, based on the student achieving a 75% or better score on the preceptor evaluation survey of the student’s performance and the student’s oral presentation of his/her practicum experience (3 or better on a 4-point rating scale), and an 80% or better score on the rubric evaluating the practicum deliverables (4 or better on a 5-point rating scale). Results of the practicum evaluations and the new practicum grading rubric are available in the MPH resource files.

The practicum coordinator works closely with potential preceptors to determine the appropriateness of the preceptor and of any associated practicum projects and whether a win-win relationship is possible between CDU and the specific agency.

Preceptors are identified through several sources: 1) past work with CDU’s MPH students, 2) availability of research or program projects for MPH students, 3) connection with their
respective community and with the CDU community, and 4) student identification of potential preceptors and practicum sites.

Students’ practicum sites vary based on students’ public health interests; however, the practicum course requires that all public health practicum sites specifically address urban health issues. The program has a list of approved practicum sites, but students are given the choice to select their own sites if the list the program provides does not address their public health practice interest. Students’ choice of practicum site, when not included on the program-approved list of sites, must first be approved by the MPH practicum coordinator before the student can start his or her practicum. The practicum coordinator ensures that practicum sites chosen by the students are aligned with programmatic requirements, and is further responsible for assuring that the site and site preceptors are qualified to help students gain appropriate public health practice-based skills and competencies in urban health settings.

The Urban Public Health program grants no waivers for the practicum experience, even if the student is currently working in a public health agency.

While each practicum will be topic-driven and hence different, the objectives and format will generally be the same. The learning objectives of the Public Health Practicum are aimed at providing students the following opportunities:

1. Apply and test public health concepts and theories in practice settings;
2. Implement one or more of the ten essential services of public health;
3. Utilize problem-solving skills to assess and analyze public health issues;
4. Propose and, to the extent possible, implement effective intervention strategies;
5. Justify the importance of interdisciplinary teamwork to address public health problems; and
6. Learn to function successfully as a public health professional in a work setting.

The above objectives are aimed at achieving at least one of the following skills/competencies that correspond to the program’s core competencies:

- Analytic Assessment Skills
- Basic Public Health Sciences Skills
- Community Dimensions of Practice Skills
- Cultural Competency Skills
− Policy Development/Program Planning Skills
− Financial Planning and Management Skills
− Leadership and Systems Thinking Skills
− Communication Skills

The MPH practicum sites for the past two academic years have ranged from research and community service units at CDU, to community health clinics, local health department sites, and community outreach programs. Starting in academic year 2009-10, affiliation agreements between the practicum site and the program must be completed before the student can commence their practicum experience.
### 2.4.b. Identification of agencies and preceptors used for practice experiences for students, by specialty area, for the last two academic years.

Table 2.4.b. Agencies and Preceptors used for the Practicum Experiences, AY 2009-10 through 2011-12

<table>
<thead>
<tr>
<th>AY 2009-10 (Class of 2010)</th>
<th>Agency/Organization</th>
<th>Location</th>
<th>Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Outreach Program</td>
<td>Community Outreach Program HIV/AIDS; CDU Mobile Unit</td>
<td>Lynwood, CA</td>
<td>Cynthia Davis, MPH</td>
</tr>
<tr>
<td>CDU, Research Department</td>
<td>CDU, Research Department Project: “Characteristics of Sober Living Homes on US Veteran Males ages 40-60 with High prevalence of Substance Abuse and Housing problems in Los Angeles, CA”</td>
<td>Los Angeles, CA</td>
<td>Kevin Heslin, PhD</td>
</tr>
<tr>
<td>University of Southern California, Child Obesity</td>
<td>University of Southern California, Child Obesity</td>
<td>Los Angeles, CA</td>
<td>Marc Weigensberg, MD, and Quintilla Avila, MPH</td>
</tr>
<tr>
<td>CDU, Research Department</td>
<td>CDU, Research Department Project: “Understanding Female Partners of Bisexual Men”</td>
<td>Los Angeles, CA</td>
<td>Nina Harawa, PhD., MPH Assistant Professor</td>
</tr>
<tr>
<td>African-American Health Institute of San Bernardino County</td>
<td>African-American Health Institute of San Bernardino County</td>
<td>San Bernardino, CA</td>
<td>V. Diane Woods, DrPH, MSN, RN Director</td>
</tr>
<tr>
<td>Grandma’s Hands Birthing Project</td>
<td>Grandma’s Hands Birthing Project</td>
<td>Los Angeles, CA</td>
<td>Lillian Mobley, Honorary Doctorate; Director, Lillian Mobley Senior Citizen Center</td>
</tr>
<tr>
<td>Weingart YMCA</td>
<td>Weingart YMCA Project” “Healthy Lifestyle Program”</td>
<td>Los Angeles, CA</td>
<td>Mykoi Lewis, MS Director</td>
</tr>
<tr>
<td>Beverly Hills Clinic</td>
<td>Beverly Hills Clinic Project: “Cushing Syndrome: A Hormonal Disorder”</td>
<td>Los Angeles, CA</td>
<td>Theodore Friedman, MD, PhD</td>
</tr>
<tr>
<td>Long Beach Department of Health Education</td>
<td>Long Beach Department of Health Education Project: “Miller Family Health Education Center “</td>
<td>Long Beach, CA</td>
<td>Laurie Gruschka, MPH Director</td>
</tr>
<tr>
<td>Black AIDS Institute</td>
<td>Black AIDS Institute</td>
<td>Los Angeles, CA</td>
<td>Charlie Baran, MPH Director of Program</td>
</tr>
<tr>
<td>Mental Health of American Los Angeles</td>
<td>Mental Health of American Los Angeles</td>
<td>Long Beach, CA</td>
<td>Eugenia Boiadjiiea, Licensed Clinical Social Worker (LCSW)</td>
</tr>
<tr>
<td>Aqua Thera Wellness Center</td>
<td>Aqua Thera Wellness Center</td>
<td>Los Angeles, CA</td>
<td>Dr. Bertram Ogbona</td>
</tr>
<tr>
<td>UCLA Eye Institute</td>
<td>UCLA Eye Institute</td>
<td>Torrance, CA</td>
<td>Colin McCannell, MD</td>
</tr>
<tr>
<td>CDU HIV/AIDS Education and Outreach Project</td>
<td>CDU HIV/AIDS Education and Outreach Project</td>
<td>Lynwood, CA</td>
<td>Cynthia Davis, MPH</td>
</tr>
<tr>
<td>Black Women for Wellness Los Angeles (BWWLA)</td>
<td>Black Women for Wellness Los Angeles (BWWLA)</td>
<td>Los Angeles, CA</td>
<td>Janette Robinson-Flint, Executive Director, BWWLA</td>
</tr>
<tr>
<td>Los Angeles Trade Technical College</td>
<td>Los Angeles Trade Technical College</td>
<td>Los Angeles, CA</td>
<td>Dorothy Smith, MSC</td>
</tr>
<tr>
<td>Los Angeles County Department of Public Health/Watts Healthcare Corporation</td>
<td>Los Angeles County Department of Public Health/Watts Healthcare Corporation</td>
<td>Los Angeles, CA</td>
<td>Erika Martinez, MPH</td>
</tr>
</tbody>
</table>
2.4.c. **Data on the number of students receiving a waiver of the practice experience for each of the last three years.**

No MPH students received a waiver of the practicum experience during any of the last three years.

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

N/A

2.4.e. **Assessment of the extent to which this criterion is met.**

This criterion is met. CDU’s UPH program maintains a comprehensive public health practicum/internship program that is designed to provide students with a high-quality practicum experience that supports each student’s professional goals and attainment of the MPH core competencies. The practicum serves as a major contributor to competency development for all students and is implemented through a well-established system and guided by a set of clear policies and procedures that are readily available to all students beginning with their matriculation to the UPH program and continuing through to graduation.
Criterion 2.5 Culminating Experience

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

2.5.a. Identification of the culminating experience required for each degree program.

Originally the Culminating Experience (CE) required students in their second year to choose either a 3-semester credit thesis option (Thesis I and Thesis II) or a 3-semester unit capstone project to be completed in the semester before graduation. Students who chose the capstone project option were required to enroll in an MPH elective course to satisfy the 42 semester unit requirement for graduation. Since the current MPH curriculum does not include elective courses, a new 3-semester credit CE course, MPH 595, was developed to replace the thesis and capstone project courses, and is offered in the semester before graduation. The CE is a Credit/No Credit course that all students are required to take for graduation. For the class of 2011 (spring 2011), students had the choice one of the following CE options:

- **Capstone Project**: Working as a team, students prioritize, recommend interventions and evaluation methods to an external decision-making body.
- **Thesis**: Students apply methods of research to the study of urban public health issues culminating in a monograph embodying original research.
- **Grant Proposal**: Addresses an urban public health problem, and includes a needs assessment of the target population, the goals of the proposed study, its methodology, and how it will be performed in detail, including budget and timeline.

Based on graduating students’ feedback and choices of their CE projects, and from feedback from MPH faculty mentors, the MPH program Committee voted to remove the “Practice-Based Report” CE choice for future cohorts.

Students are required to choose which of the MPH competencies they will address in their chosen CE option before starting their projects. All students are required to make an oral presentation of their CE option in an open forum to faculty, students, and community members, and also submit a written deliverable of their chosen option.

When students are working in teams, as in the capstone project and grant proposal, the CE mentor, meets with each individual student during the semester to assess each student’s
contributions to the group project, and also meet with the group closer to the end of the semester to assess the timeliness and completion of the projects.

Students’ CE deliverables are evaluated by MPH faculty using rubrics specific for each option, which also include an assessment of the overall: 1) organization, clarity and rigor, 2) inclusion of pertinent information, appropriate application of the program’s competencies, and 4) relevance to urban public health. Students have to achieve an 80% or better on their respective rubrics to receive credit for the CE course.

Appendix F presents the CE syllabus for AY 2010-11, which includes a detailed description and timeline for each CE option. Copies of students’ CE projects/theses are available in the MPH resource files for the CEPH site visitors.

2.5.b. **Assessment of the extent to which this criterion is met.**
This criterion is met. The program has a detailed syllabus addressing all the requirements for each of the culminating experience options. Culminating experience projects/thesis and oral presentation are required for degree completion by all program graduates. Based on students’ feedback and enrollment in the Culminating Experience options, the Practice-Based Report option will be eliminated from the curriculum for the academic year 2011-12.
Criterion 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 educational programs.

2.6.a. Identification of core public health competencies that all MPH or equivalent professional masters degree students are expected to achieve through their courses of study.

In the summer of 2009, under the auspices of the new program director, an updated set of assessable MPH competencies was developed. The development of the current eight MPH competencies was guided by recommendations from the Association of Schools of Public Health (ASPH) Master of Public Health (MPH) core competencies (Version 2.3, 2006), and the Council on Linkages Between Academia and Public Health Practice. Each MPH competency, though broad, inherently encompasses and addresses the skills recommended by the Council on Linkages Between Academia and Public Health Practice, skills which are assessed via objective measures across the MPH curriculum.

Upon completion of Urban Public Health (MPH) Program, our MPH graduates will be able to:

1. Identify community health problems and ethnic/racial health disparities using epidemiological, biostatistical and community monitoring methods.
2. Appraise the literature to identify the risk/protective factors influencing the health status of ethnically diverse populations.
3. Apply basic theories, concepts and models from a range of social, scientific and behavioral disciplines that are used in public health research and practice.
4. Identify and appraise public health programs, policy and advocacy processes for improving the health status of underserved urban populations.
5. Plan, develop and evaluate public health programs/interventions & policies responsive to the diverse cultural values and traditions of communities being served.
6. Apply principles of leadership and management that include the mobilization of community partnerships to administer public health programs and solve health problems.
7. Inform and educate communities about the availability of and access to needed health services.
8. Demonstrate effective written and communication skills for public health practice that inform, educate and empower targeted audiences.
2.6.b. A matrix that identifies the learning experiences by which the core public health competencies are met. If this is common across the program, a single matrix will suffice. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

Table 2.6.b. presents the UPH program’s current instructional matrix/curriculum map. MPH students’ expected level of achievement of the core public health competencies is indicated by, I, competency *Introduced*; D, competency is being *Developed*; and M, competency *Mastered*. The curriculum’s sequence of course offerings was designed such that students would achieve mastery of all MPH core competencies by graduation.
Table 2.6.b. Instructional Matrix/Curriculum Map for the professional MPH degree with emphasis on urban health

<table>
<thead>
<tr>
<th>CDU’s MPH Sequenced Curriculum: 5 semesters of 42 units for graduation</th>
<th>MPH Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>2</td>
</tr>
</tbody>
</table>
<|---|---|---|---|---|---|---|---|
| **Fall I** | **MPH 501: Urban PH Overview (3 units)** | I | I | I | 1 | 1 | 1 |
| | MPH 502: Health Disparities (3 units) | I | I | I | I | 1 | 1 |
| | MPH 511: Principles of Epidemiology (3 units) (Previously EBDM I: Epidemiology) | I/D | I/D | I | 1 | 1 | 1 |
| **Spring I** | MPH 512: Principles of Biostatistics (3 units) (Previously EBDM II: Biostatistics) | I/D | I/D | I | 1 | 1 | 1 |
| | MPH 521: Env. Determin. of Health (3 units) | D | D | D | D | 1 | D |
| | MPH 522: Social & Behav. Theories in PH (3 units) (Previously Soc. & Beh. Determin. of Health) | D | D | D/M | D/M | D | D | D |
| **Sum** | MPH 520: PH Biology (2 units) | D | D | D | D | 1 | D |
| | MPH 590: Practicum (3 units/300 hours) | D/M | D/M | D/M | D/M | D/M | D/M | D/M | D/M |

Applied Skills/Competencies varies by Practicum Experience and Site

| **Fall II** | MPH 523: Health Management, & Systems (3 units) | D/M | D/M | D/M | D/M | D/M | D/M | D/M | D/M |
| | MPH 513: Program, Planning & Evaluation (3 units) (Previously EBDM III: Prog. Planning & Evaluation) | M | D/M | M | D/M | M | D/M | M | M |
| | MPH 580: Evidence-Based PH (3 units) | M | M | M | M | M | M | M | M |
| **Spring II** | MPH 525: Health Policy & Leadership (3 units) | M | M | M | M | M | M | M | M |
| | MPH 530: PH Seminar (1 unit) | M | M | M | M | M | M | M | M |
| | MPH 595: Culminating Experience (CE): (3 units) a) Capstone Project; b) Thesis; c) Grant Proposal | MPH competencies addressed, at a mastered level, varies by chosen Culminating Experience Option |

Note: I: Introduced   D: Developed   M: Mastered
2.6.c. Identification of a set of competencies for each specialty area identified in the instructional matrix, including professional and academic degree curricula.

We offer a generalist MPH degree with emphasis on urban public health issues. Core competencies identified in 2.6.a. apply to all students matriculating within our program.

2.6.d. A description of the manner in which competencies are developed, used and made available to students.

In the summer of 2009, under the direction of the new program director, the MPH Program Committee reviewed, assessed and evaluated the 2008-09 MPH competencies. Based on that evaluation, the committee voted and approved modification of the previous MPH competencies to reflect the current needs of the public health workforce, and to make them more assessable. The committee used the ten Essential Public Health Services, the Association of Schools of Public Health (ASPH) master’s degree in public health core competencies (Version 2.3, 2006), and the Council on Linkages between Academia and Public Health Practice (Council on Linkages) Core Public Health Competencies as guides in the development of the new MPH competencies. Furthermore, the University Academic Program Review Committee reviewed and assessed the new MPH competencies during the interim university program review process conducted in 2009-10. Recommendations to improve the competencies, e.g., utilizing action verbs from Bloom’s Taxonomy to a greater degree, were taken back to the MPH Program Committee which voted to revise the competencies in line with the recommendations given.

The MPH Curriculum and Outcomes Assessment Committee recommended that all MPH course objectives should be revised by MPH faculty to ensure that at least two (2) of the course objectives are aligned to at least one of the MPH competencies and at least one (1) University Student Learning Outcome (USLO), and that appropriate measurement tools are used to assess course objectives, a practice designed to help accurately assess aligned MPH competencies. The MPH Curriculum and Outcomes Assessment Committee developed a table tool that each MPH faculty uses to align individual course objectives with program competencies, including the type of assessment tool(s) used (Appendix G). Completed tables are available in each MPH course notebook in the program’s resource files.

The UPH program makes its MPH competencies available to the public through our promotional and recruitment materials including the CDU Catalog (http://www.cdrewu.edu/Catalog), the MPH Student Orientation Handbook (Appendix B), the program’s brochure (Appendix C), and the program’s website (http://www.cdrewu.edu/cosh/programs/graduate/urban-public-health). The MPH competencies are also posted in the MPH resource room.
2.6.e. A description of the manner in which the program periodically assesses the changing needs of public health practice and uses this information to establish the competencies for its educational programs.

Dr. Islam, the program director, periodically reviews the Council on Linkages between Academia and Public Health Practice (Council on Linkages) website to stay current with the published changing needs in public health practice and core public health competencies. Additionally, in January, 2011, Dr. Islam joined the newly formed California Public Health Alliance for Workforce Excellence (CPHAWE), an alliance comprised of leadership from public health agencies, academic institutions, and non-governmental organizations created to develop and serve the public health workforce in California, and she volunteered to be a member of the CPHAWE Competency Subcommittee, which is charged with strengthening and building the existing and emerging competencies of California's public health workforce. The goals of the CPHAWE Competency Subcommittee are to strengthen the existing California public health workforce competencies related to core public health functions, and to understand the emerging functions and roles of public health and prepare the workforce with the competencies required.

During the past few months, the MPH Curriculum and Outcomes Committee developed three (3) new public health practice surveys, the California Public Health Needs Assessment and Training survey, a new Preceptor’s Survey, and an Employer Survey, to inform the adequacy of the UPH program’s competencies and assess the training needs of the public health workforce, evaluate our students’ performance during their practicum experience, and evaluate our graduates performance in the work field.

The “California Public Health Needs Assessment and Training” survey was administered electronically via SurveyMonkey to 44 public health practitioners CPHAWE members in June, 2011. As of August, 30th, 2011, we have results from 6 of the 44 CPHAWE members (13.6% response rate) solicited to respond to the survey.

In July, 2011, the MPH Curriculum and Outcomes Committee modified the previous “Preceptor’s Evaluation of Student Performance” survey to include an assessment of the student’s demonstration of the UPH program’s competencies and the various public health skills during the student’s practicum experience, and added an open-ended question that seeks preceptors’ feedback and recommendations for other public health competencies/skills that the preceptor encounters in his/her public health practice and feels should be included in CDU’s
UPH program competencies. The new preceptor survey will be administered in September, 2011, when almost all the 2010 cohort would have completed their practicum experience.

A new employer survey was developed and administered in July 2011, to the supervisors of our MPH alumni who are/were employed in the public health workforce. The employer survey was facilitated by the responses we received from the alumni survey of 2010 and 2011 which requested the contact information of the MPH graduate’s immediate supervisor, to facilitate the administration of the employer survey. Based on the information supplied by our alumni respondents, 23 employers were surveyed. As of August 30th 2011, we have results from 8 of the 23 employers (35% response rate) solicited to respond to the survey. Of the employers responding, 87.5% indicated that they were very satisfied or extremely satisfied with the overall performance of CDU’s MPH graduate. This survey will remain open through December 2011, and we will send friendly reminders, once a month, asking our alumni employers to respond to the survey, in the hope that more employers will respond, so that we can have a meaningful analysis of the survey results.

As the results of the above surveys increase in number and become more meaningful, the MPH Program Committee will review any feedback/recommendations suggested, and make modifications to our current competencies, if need be, to ensure that the UPH program’s competencies address the current needs of the public health work-force.

Up to date results of the above surveys will be available in the MPH resource files for the CEPH site visitors.

2.6.f. Assessment of the extent to which this criterion is met.

This criterion is met with commentary. The program has developed a set of competencies guided by the Ten Essential Public Health Services, the ASPH MPH core competencies, and the Council on Linkages core public health competencies. MPH course objectives are aligned with the program’s competencies, and assessment tools are in place for each MPH course. The program has developed and administered the appropriate surveys to assess the changing needs of public health practice and intends to use this information to inform the UPH program’s competencies.
Criterion 2.7 Assessment Procedures

There shall be procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance.

2.7.a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies.

Monitoring and evaluating student progress in achieving the expected competencies are conducted through direct and indirect methods. The direct assessment methods include measurement tools, such as objective examinations, final papers, PowerPoint in-class presentations, group projects, critiques of public health articles, and the culminating experience deliverables and its associated oral presentation.

The MPH Program Committee discussed and agreed that satisfactory course grade would not accurately reflect the student’s achievement of a specific MPH competency since all our MPH courses assess a number of MPH competencies through different methods; accordingly, besides submitting the student’s final grade for a course, faculty submit an itemized grade table for each assessment tool used in the course to the Program Director, who also serves as chair of the Curriculum and Outcomes Assessment Committee.

Based on the MPH Program Committee’s consensus, the target outcome/criteria for success for students’ achievement of the MPH competencies was unanimously approved to be “At least 80% of students would score 80% or better on any direct assessment measuring students’ achievement of said competency.” At the end of each semester, the Curriculum and Outcomes Assessment Committee evaluates the itemized grade results for all courses offered in the previous semester. If outcome targets are not met, the Program Director and the course faculty instructor develop an action plan to address any weaknesses identified and improve the outcome for the next academic year.

Indirect assessment measures include student self-evaluation surveys on progress made in achieving MPH competencies relative to students’ previous level, and preceptors’ evaluation of students’ performance in practicum sites. In addition, each MPH faculty is required to submit a self-assessment of the course, their perception of how the students performed in the course, and any recommended changes/action plans that the instructor plans to implement when the course is offered again in the next academic year. Appendix H presents the evaluation results of the direct
and indirect assessments of the MPH competencies for the academic year (AY) 2009-10, including action plans for those that did not meet the target outcome. Evaluation results for the AY 2010-11 are available in the MPH resource files for the CEPH site visitors’ review.

Starting fall 2009, the program implemented its first baseline survey to assess the incoming cohort’s self-assessment of their competency level for each of the eight MPH competencies as well as for university learning outcomes. The survey is administered during the MPH orientation session. At the end of each semester, the program administers its own evaluation survey of the course, faculty, and MPH competencies, in addition to the college’s course evaluation survey, allowing students to self-evaluate their achievement of the MPH competencies. Students are asked, “Relative to your previous knowledge and skills (i.e. before taking this course), did this course increase your ability to:” followed by a list of the MPH competencies. The response choices are in a 5-point Likert scale format with answer options ranging from “Definitely Yes” to “Definitely No,” with an option of “N/A.” The baseline survey is used as a reference point to evaluate and track students’ progress in achieving higher levels of the MPH competencies as they advance through the program.

In spring 2010, the program implemented its first exit survey for our graduates. The exit survey includes a student’s self-evaluation of his/her achievement level of all MPH competencies by graduation.

Results of the above surveys are available in the on-site MPH resource files.
2.7.b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each degree 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 Achievement: Class of 2009 through Class of 2011

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target Outcome</th>
<th>Class of 2009</th>
<th>Class of 2010</th>
<th>Class of 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree Completion Rate: the proportion of full-time students matriculating in the fall semester who complete the MPH degree within 5 semesters.</td>
<td>At least 80% of fall matriculating fulltime students will complete the program within 5 semesters of fall matriculation</td>
<td>82% (9/11 students)</td>
<td>92% (12/13 students)</td>
<td>71% (10/14 student)*</td>
</tr>
<tr>
<td>Job Placement Rate: the proportion of MPH graduates employed or pursuing further higher education, within 12 months of degree completion</td>
<td>At least 80% of MPH graduates responding will be employed or pursuing further higher education, within 12 months of degree completion</td>
<td>92% (11/12 alumni responding)**</td>
<td>92% (12/13 graduates responding) ‡</td>
<td>80% (8/10 graduates responding) ‡</td>
</tr>
<tr>
<td>The proportion of full-time students matriculating in the fall semester who complete the MPH degree with an overall GPA of 3.5 or better.</td>
<td>At least 50% of students will complete their MPH degree with an overall GPA of 3.5 or better.</td>
<td>80% (8/10 students)</td>
<td>92% (12/13 students)</td>
<td>64% (9/14 students)*</td>
</tr>
<tr>
<td>The number of full-time students who submit abstracts for oral presentations and/or posters presentations in PH events and/or conferences per year.</td>
<td>At least 10 MPH students will submit abstracts for oral presentations and/or posters presentations in PH events and/or conferences per year.</td>
<td>0</td>
<td>12§</td>
<td>15§</td>
</tr>
<tr>
<td>The proportion of graduates who indicate achieving a high level of CDU’s MPH competencies by graduation†</td>
<td>At least 80% of graduates responding will rate themselves at having achieved at least a developed state, or a 4 or better on a 5-point self-assessment scale, for their achievement of the MPH competencies upon graduation.</td>
<td>N/A†</td>
<td>89%‡</td>
<td>88%‡</td>
</tr>
<tr>
<td>The proportion of employers who indicate that they are very satisfied or extremely satisfied with the performance of CDU’s MPH graduate.</td>
<td>At least 80% of employers will indicate that they are very satisfied or extremely satisfied with the performance of CDU’s MPH graduate.</td>
<td>87.5% (7/8 employers responding indicated they were either very or extremely satisfied with the performance of CDU’s MPH graduate)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 3 of the 14 students from the fall 2009 matriculating cohort (class of 2011), dropped out of the program; one was accepted to medical school, one could not perform at a graduate level as expected, and one because the program applied for a one-year extension for the CEPH application deadline, plus one more student applied for a one-year leave of absence after completing 2 semesters.
The alumni survey conducted in July, 2010, did not have a question asking for the time frame of employment from graduation; but since the survey was administered one year after the graduation of the class of 2009, those who responded that they were employed or pursuing higher education at the time they answered the survey, were considered as having been employed and/or pursuing higher education within 12 months of graduation.

† The alumni survey conducted in July, 2010 did not include a list of MPH competencies since they were continuously being modified prior to fall 2009, therefore the Class of 2009 could not respond to this question; however, they were asked to rate whether the program prepared them to conduct the 10 Essential Public Health Services, and Public Health Practice content areas. Results of the alumni survey are available in the MPH resource files for the CEPH site visit team.

‡ Results are from the exit survey for that year

§ AY 2009-10: includes 10 students’ poster presentations during CDU’s National PH week events; 2 students’ abstracts were accepted one for an oral presentation and one for a poster presentation

AY 2010-11: includes 11 students’ poster presentations during CDU’s National PH week events; 3 students’ abstracts were accepted for oral presentations; one presented in 10th Annual International Conference on Health Economics, Management and Policy, June, 2011; two students abstracts were accepted for poster presentations in the APHA (Oct. 2011) and ICUH (Nov. 2011); 1 student submitted an abstract to the ICUH

2.7.c. If the outcome measures selected by the program do not include degree completion rates and job placement experience, then data for these two additional indicators must be provided, including experiential data for each of the three years. If degree completion rates, in the normal time period for degree completion, are less than 80%, an explanation must be provided. If job placement, within 12 months following award of the degree, is less than 80% of the graduates, an explanation must be provided.

Degree completion rates and job placement experience have been addressed in table 2.7.b.
2.7.d. A table showing the destination of graduates for each of the last three years. The table must include at least the number and percentage of graduates by program area each year going to a) government (state, local, federal), b) nonprofit organization, c) hospital or health care delivery facility, d) private practice, e) university or research institute, f) proprietary organization (industry, pharmaceutical company, consulting), g) further education, h) non-health related employment, or i) not employed. See CEPH Data Template D.

Of the 51 MPH graduates, including fall and spring matriculation, fulltime and part-time students (graduates of 2008, 2009, 2010), we have follow-up information on job placement for 34 alumni (67% response rate). Class of 2010 did not reach the performance indicator target time period of 12 months, thus the “not employed” percent category is still high at 21%. Information for the class of 2011 is from their exit survey, of which all 10 graduates responded to (100% response rate).

Table 2.7.d. Destination of Graduates 2008-2010

<table>
<thead>
<tr>
<th>Class of</th>
<th>Total # of Spring &amp; Summer Graduates</th>
<th># of Alumni/Recent Graduates Responding (%)</th>
<th>Gov. Agency</th>
<th>NGOs</th>
<th>Health Care Delivery</th>
<th>Private Practice</th>
<th>University Research</th>
<th>Proprietary</th>
<th>Further Education</th>
<th>Non-Health Related</th>
<th>Not Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>2008</td>
<td>18</td>
<td>8 (44%)</td>
<td>2</td>
<td>11%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>1</td>
<td>6%</td>
<td>0</td>
</tr>
<tr>
<td>2009</td>
<td>18</td>
<td>13 (72%)</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>3</td>
<td>17%</td>
<td>1</td>
<td>6%</td>
<td>5</td>
</tr>
<tr>
<td>2010†</td>
<td>15</td>
<td>13 (87%)</td>
<td>0</td>
<td>0%</td>
<td>1</td>
<td>7%</td>
<td>2</td>
<td>13%</td>
<td>0</td>
<td>0%</td>
<td>4</td>
</tr>
<tr>
<td>2011*</td>
<td>10</td>
<td>10 (100%)</td>
<td>0</td>
<td>0%</td>
<td>3</td>
<td>30%</td>
<td>2</td>
<td>20%</td>
<td>1</td>
<td>10%</td>
<td>0</td>
</tr>
</tbody>
</table>

† Results are from the 2010 exit survey, thus some graduates were not employed yet
* Results from the 2011 exit survey, thus some graduates were not employed yet
2.7.e. In public health fields where there is certification of professional competence, data on the performance of the program’s graduates on these national examinations for each of the last three years.

The UPH program offers a generalist degree with emphasis on urban public health, and does not require a certification of professional competence.

2.7.f. Data describing results from periodic assessments of alumni and employers of graduates regarding the ability of the program’s graduates to effectively perform the competencies in a practice setting.

In July 2010, the program administered its first alumni survey to assess alumni’s satisfaction with the UPH program, their self-rating for achieving the MPH competencies, their current employment status and type of organization they are employed in, to determine whether they are pursuing further higher education, and to solicit their recommendations for program improvement. Results of the alumni survey are available in the MPH resource room.

Of the 51 MPH alumni, 34 responded (67% response rate). Of those responding, 89% indicated that CDU’s MPH curriculum prepared them either “well” or “very well” for their current position. When asked whether the MPH curriculum offered during their matriculation prepared them well for the ten Essential Public Health Services, at least 80% of alumni responded “well” or “very well” for 8 of the 10 Essential Services, and “poorly” or “average” for Essential Public Health Services number 5 “Develop policies and plans that support individual and community health efforts” and 6 “Enforce laws and regulations that protect health and ensure safety”; and when asked about whether the MPH curriculum prepared them for public health practice areas, approximately 90% of responding alumni indicated “well” or “very well,” except for the Research and Evaluation Methods Skills. Most of the alumni that responded “poorly” or “average” were from the first two cohorts when the program was still developing and undergoing many changes. Results of the alumni survey are available in the MPH resource files.

Based on analysis of alumni survey answers and recommendations, the MPH Program Committee voted for and approved a new Public Health Seminar course (1 unit) to be offered the second spring semester, where CDU research faculty would present their research studies, including study design, data collection, and evaluation methods. Additionally, the MPH Program Committee voted to increase the research skills requirements across MPH courses and to allow students to conduct their practicum experience with CDU research faculty, if public health research was their career focus.
The program also administers a preceptor evaluation survey of students’ performance during the practicum experience - this survey is currently being modified to reflect the most current MPH competencies and will solicit preceptor’s recommendations for public health skills and competencies culled from individual professional practice, and which may be lacking in our MPH curriculum. 100% of students were rated at 3 or better on a 4-point scale assessing the preceptor’s evaluation of the student’s performance during their practicum experience. Results of the preceptor evaluation survey for the Class 2010 is available in the MPH resource files.

We are currently developing surveys for employers of our MPH alumni, and the public health workforce employers in general, with a timeline target of July, 2011, for implementation.

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

This criterion is met with commentary. Apart from not meeting the target outcome for degree completion rate for the Class of 2009, and not yet surveying employers of the program’s graduates to assess their professional competence, the program was able to meet its target outcomes as evidenced by the increasing percentage of students graduating with an above average overall GPA, the increase in degree completion rates within the recommended 5 semesters, and the high job placement and/or further higher education rates of our graduates.
Criterion 2.8 Academic Degrees

If the program also offers curricula for 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.

2.8.a. Identification of all academic degree programs, by degree and area of specialization

N/A. The UPH program is a professional degree; we do not offer an academic degree.

2.8.b. Identification of the means by which the program assures that students in research curricula acquire a public health orientation.

N/A

2.8.c. Identification of the culminating experience required for each degree program.

N/A

2.8.d. Assessment of the extent to which this criterion is met.

N/A
Criterion 2.9 Doctoral Degrees

2.9.a. Identification of all doctoral programs, offered by the program, by degree and area of specialization.
   N/A

2.9.b. Data on the number of active students in each doctoral degree program, as well as applications, acceptances, enrollments and graduates for the last 3 years
   N/A

2.9.c. Assessment of the extent to which this criterion is met
   N/A
Criterion 2.10 Joint Degrees

2.10.a. Identification of joint degree programs offered by the program and a description of the requirements for each

   N/A

2.10.b. Assessment of the extent to which this criterion is met

   N/A
Criterion 2.11 Distance Education or Executive Degree Programs

2.11.a. Degree programs in a format other than regular, on-site courses
   N/A

2.11.b. Distance education or executive degree programs
   N/A

2.11.c. Assessment of the extent to which this criterion is met
   N/A
Criterion 3.0 Creation, Application and Advancement of Knowledge
Criterion 3.1 Research

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

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

University Research Activities

Given how the institution is located in South Los Angeles, one of the largest urban underserved neighborhoods in nation, CDU researchers are uniquely positioned to contribute to health disparities research. As evident by the dearth of resources yet abundance of poor health, South Los Angeles research priorities are not the same as other neighborhoods. CDU’s research priorities are organized around the need to address this underserved area. Research and scholarly activity at CDU is high, with the University generating an impressive amount of scholarly activity relative to its size. Members of the CDU faculty produce and apply knowledge across all of its scholarly disciplines, collaborate with colleagues locally, nationally, and globally, and actively mentor students on research projects. External funding such as federal research grants, foundation grants, and public and private contracts supports much of this work.

CDU Research Activities

CDU research focuses on key health disparities issues. CDU has had tremendous growth in research with an increase in its annual research funding from $5.7 million in 1998 to $399 million in 2011. CDU now ranks in the top 7% for the level of funding from over 3,000 NIH-funded institutions and in the top 50 Private Research Universities as rated by the Center for Measuring University Performance.

The CDU Research Enterprise is dedicated to closing the gap on health care disparities among underserved and ethnic minority populations and so much more. The important work done by our researchers brings attention to health issues and diseases that disproportionately affect minorities and the poor. Diabetes, hypertension, cancer, reproductive health, chronic kidney disease, neuro-psychiatric disorders and HIV/AIDS are just a few of the areas where CDU researchers, faculty, graduate students, and staff members make a difference.
Our nationally and internationally renowned researchers are breaking new ground, integrating research advances into the basic sciences and setting new standards in healthcare disparities research for underserved communities. In July 2007, the University was awarded a $9.5 million NIH-NCRR grant to lead a Research Centers in Minority Institutions (RCMI) Translational Research Network to reduce health disparities and strengthen the research capacity of each of the 18 partner institution across the consortia.

As discussed in 1.3.a.

**CDU Research Centers**

- The Center for Biomedical Informatics
- Charles R. Drew University Center for AIDS Research, Educational Services
- HIV Identification, Prevention and Treatment Services
- The Center for Health Improvement of Minority Elderly in partnership with UCLA
- The Charles R. Drew University/UCLA Excellence in Partnerships for Community Outreach, Research on Health Disparities and Training (EXPORT) Center
- The Clinical and Translational Sciences Institute in partnership with UCLA
- The Charles R. Drew University/UCLA Comprehensive Cancer Center
- Minority Biomedical Research Support for Continuous Research Excellence (MBRS-SCORE)
- Charles R. Drew University/UCLA Reproductive Science Research Center
- RCMI Translational Research Network (RTRN)
- RCMI Infrastructure for Clinical and Translational Research (RCTR)/Accelerating eXcellence In Translation Science (AXIS)

**Research Partnerships**

- **University of California, Los Angeles (UCLA)** – Since its inception, the University has conducted more than 70 collaborative projects to date numerous collaborative research projects with UCLA.
- **RAND** – Both RAND and UCLA are strong research partners with the University. The depth and breadth of these collaborations has accelerated during the last 10 years, with most activities focused on health disparities work. Additionally, these collaborations have created an environment where senior scientists have committed to support the development of junior faculty at Charles R. Drew University.
• **RCMI-funded institutions** – The newly funded RCMI Translational Research Network (RTRN), led by the Charles R. Drew University represents a groundbreaking effort to integrate clinical, biomedical, and behavioral researchers with providers and community leaders into novel geographic and ethnically diverse research partnerships.

• **Community Ties and Partnerships** – The University has a number of strong partnerships and collaborations with community organizations and successfully engages surrounding communities in participatory-driven research. This work includes over 100 ongoing partnerships including programs to communicate research-based information to increase public awareness of health issues; efforts to improve the transfer of evidence-based knowledge to community-based healthcare providers; supporting, enhancing, and actively engaging in ongoing and new community-based participatory research efforts, with a range of partners, including the South Central Family Health Center, the Nickerson Gardens Housing Project, and the Oasis HIV Clinic, among others.

The UPH Program, as part of the larger research driven University, is well situated within an environment that encourages and executes cutting edge and broad based multi- and trans-disciplinary research. Throughout the years, MPH core faculty and students have been integrated within the larger University research framework through collaborations with CDU research faculty and partnerships with strategic community-based organizations. As is evidenced by the type of research that is conducted, the UPH faculty and students are uniquely exposed to research activities that are primarily concerned with urban health disparities issues and the advancement of public health knowledge. CDU research grapples with the health issues of the surrounding South Los Angeles community, and since the surrounding neighborhood is one of the largest urban neighborhoods in the nation, CDU research continuously investigates the feasibility of new interventions and prioritizes innovative methods to examine root causes of health disparities. The UPH faculty and students contribute to and benefit greatly from the steadfast pioneering research conducted at CDU.

This relationship is demonstrated through core faculty research activities. The collaborative research conducted between core, collaborating, and University-wide researchers has positively influenced both faculty and student research. For example, Dr. Amani, MPH core faculty, engages in a variety of research questions, all central to health disparities. She is a lead investigator on a few HIV research projects (currently in data collection, data analysis, and manuscript preparation phases) and collaborating with other investigators on numerous projects.
that are both in data analysis and manuscript preparation phases. For the most part, her original research is part of her larger research agenda to better understand the role biomedicine has played in ameliorating health disparities. For example, two of Dr. Amani’s projects incorporate her epidemiological and HIV expertise and her growing interest in social theories on medicalization, stigmatization, race, gender, class, sexuality, and science. Preliminary work on one of her projects has already been presented in May 2010 in the “HIV Research: The Next Generation 2010” conference at UCLA. Additionally, Dr. Amani has developed an innovative method to examine the relationship between Body Mass Index and Sexually Transmitted Diseases. The technique she is using is an extension of her dissertation work and the underlying theoretical framework is rooted in syndemic theory – an exploration of causal factors beyond disease manifestation and rooted in structural inequalities. Other ongoing research activities involve community based organizations and Los Angeles County on topics such as youth who have been released from juvenile camp facilities and school based health centers. In terms of collaborations with other CDU faculty, Dr. Amani is working in collaboration with Dr. Nina Harawa, MPH collaborating faculty, on the writing of a manuscript based on primary data collection and analysis already completed by Dr. Harawa. The manuscript is an assessment of the potential effectiveness of in-custody condom distribution to self-identified males who have sex with males. As part of CDU’s strategic plan, the University is committed to supporting core MPH faculty’s research activities and integrating them into the larger research structure of the University. Recently, both the University and the UPH program self-evaluated the research plans and agendas of the core faculty. As a result of this inquiry, the Program Director, COSH Dean, and Provost are creating a new Research Director position within the program. Additionally, the program is in the process of revamping the Research Committee to directly connect it to larger University wide programs, resources, and expertise. Up until recently, the Research Committee reviews faculty research proposals before they are submitted to CDU’s Office of Sponsored Programs. The Research committee Chair works with faculty and outside sources to provide information on availability of research funding, assists in the preparation of grant and contract proposals, facilitates acquisition of research compliance approvals, and reports research activity updates at the MPH Program Committee meetings. The newly restructured Research Committee and the Research Director will be responsible for the development of MPH faculty’s and MPH student’s research agenda, the identification and
solicitation of grant funding in support of the MPH program research agenda, function as liaison to relevant external funding agencies, conduct grant funded research, facilitate and support research development for core MPH faculty, coordinate MPH faculty research activities, assist in the development of the infrastructure in support of MPH student research, and assist in implementing MPH student research. The restructuring is intended to both increase departmental focus on research and to integrate the program more clearly and directly into the larger University-wide research activities.

3.1.b. A description of current community-based research activities and/or those undertaken in collaboration with health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

MPH faculty complement participates in a range of community-based research projects that address the health needs of underserved populations. These projects draw heavily on collaboration with local community organizations as a mechanism to empower communities to work collectively to address their unique health needs.

Dr. Bita Amani, core MPH faculty, is a junior faculty and is in the process of applying for grants in conjunction with community collaborators. For example, Dr. Amani is currently working with the Center for Health Justice to conduct a needs assessment on health services for juveniles who are incarcerated and/or have been formerly incarcerated. The Center for Health Justice is a community-based organization providing HIV prevention and treatment education and support to incarcerated populations in Los Angeles County. Abstracts of the preliminary findings from this research have been accepted to both the 2011 American Public Health Association Conference and the 2011 International Conference of Urban Health. In addition, Dr. Amani is currently working with AIDS Research Alliance (ARA) and UCLA on ongoing research studies regarding women’s anal sex practices and attitudes toward microbicides and HIV research. ARA is a community-based organization that conducts HIV/AIDS research and offers education services to those people living with HIV/AIDS. An abstract of these findings was recently accepted and presented at the 2011 International Society for Sexually Transmitted Diseases Research Conference.

The community-based research activities of Dr. Nina Harawa, MPH collaborating faculty, has focused on the distribution and determinates of risk behaviors and STD/HIV disease in underserved and often hidden populations, and on developing effective prevention programs for these groups. These populations have included jail inmates, homosexual and bisexual African
American men, at-risk African American and Latina women, female sex workers and male-to-female transgenders. Much of this research has involved partnering with local community groups in order to ensure the buy-in of the target population, to design culturally appropriate study protocols and surveys, to ensure that the data are interpreted in a manner that appropriately addresses relevant research questions, and to disseminate findings in a way that will help to shape policy and practice affecting these communities. Dr. Harawa is also the Organizer/Presenter for “Breaking the Silence” (BTS) Community Forum, a research grant funded by the National Institutes of Health (NIH), National Institutes for General Medical Sciences (NIGMS) to help study the significant impact on female partners of bisexual men and their implications for HIV/STD risk for African American and Latino adult women. The BTS Community Forum is endorsed and sponsored by the UPH program, and our MPH students volunteer in the event. In addition, other core faculty members, such as Dr. Islam and Dr. Amani participate in the planning of this event.

Another example is the community-based research of work of Dr. Bingham, MPH collaborating faculty; Dr. Bingham, currently serves as PI on four HIV epidemiologic research studies. One study is a randomized controlled trial (RCT) being conducted with recently released HIV+ inmates of the Los Angeles County jails. On this project, Dr. Bingham works with a community partner, the Center for Health Justice, a community-based organization that provides HIV prevention and treatment education and support to incarcerated populations in Los Angeles County. The second RCT is being conducted in partnership with a local black gay men’s organization, in the Meantime Men’s Group, Inc., to evaluate a “homegrown” small group HIV prevention intervention. Dr. Bingham also leads two Los Angeles-based projects that are part of larger, national CDC-funded efforts. National HIV Behavioral Surveillance enrolls, interviews and provides HIV testing to three HIV risk populations in alternating years: men who have sex with men; injecting drug users; and heterosexuals living in high HIV/AIDS morbidity areas. Finally, Dr. Bingham is PI on the HIV Incidence Surveillance effort, which attempts to estimate the rate of new HIV infections in the Los Angeles County population.

For a complete list of MPH faculty community-based research, please refer to table 3.1.c.
3.1.c. A list of current research activity of all primary and secondary faculty identified in 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years. This data must be presented in table format and include at least the following: a) principal investigator, 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. Only research funding should be reported here; extramural funding for service or training grants should be reported elsewhere.

Table 3.1.c. Research Activity of Primary and Secondary MPH Faculty:

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Principal Investigator &amp; Department or Concentration*</th>
<th>Funding Source</th>
<th>Funding Period Start/End</th>
<th>Amount Total Award</th>
<th>Amount 2008</th>
<th>Amount 2009</th>
<th>Amount 2010</th>
<th>Community-Based Y/N</th>
<th>Student Participation Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contextual factors surrounding non-coital activities and the risk of STIs/HIV</td>
<td>Marjan Javanbakht, UCLA (Senior PI) Bita Amani, UPH program (Research Associate)</td>
<td>UCLA AIDS Institute and the UCLA Center for AIDS Research</td>
<td>7/1/2010-12/31/2011</td>
<td>$24,516</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Women’s Attitudes towards Microbicides and Clinical Trials</td>
<td>Joelle Brown, UCLA (Senior coPI) Marjan Hezareh, Aids Research Alliance (Senior coPI) Bita Amani, UPH program (Research Associate and Project Coordinator)</td>
<td>California HIV/AIDS Research Program</td>
<td>7/1/2008-12/31/2009</td>
<td>$311,013</td>
<td>$154,860</td>
<td>$156,153</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Released Incarcerated Youth: Mental Health Focused School-Based Intervention</td>
<td>Center for Health Justice Bita Amani, UPH program (Research Associate)</td>
<td>None</td>
<td></td>
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<td>Y</td>
<td>Y</td>
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<tr>
<td>Shared Risk Factors for BMI and STI among US Young Adults</td>
<td>Bita Amani, UPH program (PI)</td>
<td>UCLA Center for AIDS Research</td>
<td>7/1/2008-7/1/2009</td>
<td>$5,000</td>
<td>5,000</td>
<td></td>
<td></td>
<td>N</td>
<td>N</td>
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<tr>
<td>HIV, Muslims, Biomedical Literature</td>
<td>Bita Amani, UPH program (PI)</td>
<td>None</td>
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<td>N</td>
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<tr>
<td>Project Name</td>
<td>Principal Investigator &amp; Department or Concentration*</td>
<td>Funding Source</td>
<td>Funding Period Start/End</td>
<td>Amount Total Award</td>
<td>Amount 2008</td>
<td>Amount 2009</td>
<td>Amount 2010</td>
<td>Community-Based Y/N</td>
<td>Student Participation Y/N</td>
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<tr>
<td>Analysis of the Impact of Condom Distribution Policies in Jail Settings</td>
<td>Arleen Leibowitz, UCLA (Senior PI)</td>
<td>California HIV Research Program (University of California)</td>
<td>7/1/2008-12/31/2009</td>
<td>$124,990</td>
<td>$62,495</td>
<td>$62,495</td>
<td></td>
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<tr>
<td></td>
<td>Nina Harawa, CDU Research Dept. (Senior coPI)</td>
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<td></td>
<td>Bita Amani, UPH program (Research Associate)</td>
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<tr>
<td>Reducing HIV Risk Behaviors and Increasing Sexual Communication Skills in African American Women with At-Risk Male Partners</td>
<td>Nina Harawa, CDU Research Dept. (PI)</td>
<td>California HIV Research Program (University of California)</td>
<td>10/01/07-07/01/08</td>
<td>$250,000</td>
<td></td>
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<td>Y</td>
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<tr>
<td>Understanding Female Partners of Bisexual Men: Implications for HIV/STD Risk in Women of Color</td>
<td>Nina Harawa, CDU Research Dept. (PI)</td>
<td>National Institute of Health-National Institute of General Medical Sciences (NIH-NIGMS)</td>
<td>07/01/08-06/30/11</td>
<td>$317,250</td>
<td>$105,750</td>
<td>$105,750</td>
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<tr>
<td>Reducing HIV Risk Behaviors and Psychosocial Stressors among Bisexual African American Men</td>
<td>Keith Norris, CDU Research Dept. (PI)</td>
<td>NIH-National Center on Minority Health and Health Disparities (NCMHD)</td>
<td>09/30/07 - 05/31/12</td>
<td>$1,112,918</td>
<td>$271,825</td>
<td>$439,254</td>
<td>$401,839</td>
<td>Y</td>
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<tr>
<td></td>
<td>Nina Harawa, CDU Research Dept. (Project Leader)</td>
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<tr>
<td>The Health Justice MILE HIV Prevention Intervention for Post-Incarcerated Bisexual</td>
<td>Ricky Bluthenthal, CSUDH† (Senior PI)</td>
<td>CDC</td>
<td>09/30/08-09/29/12</td>
<td>$400,000</td>
<td>$243,467</td>
<td>$243,467</td>
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<tr>
<td></td>
<td>Nina Harawa, CDU Research Dept. (Junior PI)</td>
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<tr>
<td>Project Name</td>
<td>Principal Investigator &amp; Department or Concentration*</td>
<td>Funding Source</td>
<td>Funding Period Start/End</td>
<td>Amount Total Award</td>
<td>Amount 2008</td>
<td>Amount 2009</td>
<td>Amount 2010</td>
<td>Community-Based Y/N</td>
<td>Student Participation Y/N</td>
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<tr>
<td>African American Men</td>
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<tr>
<td>Neighborhood Structure and Cardiovascular Disease</td>
<td><em>Paul Robinson, CDU Medical Geographic Information Systems (GIS)</em> (PI)</td>
<td>NIH/ NHLBI</td>
<td>08/01/09-07/31/11</td>
<td>$140,000</td>
<td>70,000</td>
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<td>N</td>
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<td>Environmental Determinants of Metabolic Syndrome Related Behavior</td>
<td><em>Paul Robinson, CDU GIS (PI)</em></td>
<td>NIH/ NIGMS</td>
<td>04/01/09-03/30/13</td>
<td>$420,000</td>
<td>$105,000</td>
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<td>N</td>
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<td>Environmental Determinants of DASH diet adherence</td>
<td><em>Paul Robinson, CDU GIS (PI)</em></td>
<td>NIH/ NCCR</td>
<td></td>
<td>$34,000</td>
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<td></td>
<td>$12,000</td>
<td>Y</td>
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<td>Improving Linkages to Care of Recently Released HIV+ Inmates</td>
<td><em>Trista Bingham, CDU AXIS and Los Angeles Department of Public Health (LADPH) (PI)</em></td>
<td>California HIV Research Program (University of California)</td>
<td>04/01/09-03/31/12</td>
<td>$350,000</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td>N</td>
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<td>HIV Incidence Surveillance</td>
<td><em>Trista Bingham, CDU AXIS, LADPH (PI)</em></td>
<td>CDC</td>
<td>01/01/08-12/31/12</td>
<td>Ongoing</td>
<td>$400,000</td>
<td>$400,000</td>
<td>$400,000</td>
<td>N</td>
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<td>National HIV Behavioral Surveillance</td>
<td><em>Trista Bingham, CDU AXIS, LADPH (PI)</em></td>
<td>CDC</td>
<td>01/01/03-12/31/15</td>
<td>Ongoing</td>
<td>$438,000</td>
<td>$438,000</td>
<td>$438,000</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>My Life My Style Evaluation Project</td>
<td><em>Trista Bingham, CDU AXIS, LADPH (PI)</em></td>
<td>CDC</td>
<td>05/01/10-04/30/15</td>
<td>$2 million</td>
<td>N/A</td>
<td>N/A</td>
<td>$200,000</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>Multi-Disciplinary Investigational Intervention on Reducing Polypharmacy and Enhancing Adherence to Drug Regimens Among African American Elderly Persons</td>
<td><em>Mohsen Bazargan, Gail. Orum, CDU</em></td>
<td>CMS</td>
<td>09/30/09-09/30/12</td>
<td>$200,000</td>
<td>N/A</td>
<td>$100,00</td>
<td>$100,00</td>
<td>Y</td>
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<tr>
<td>Project Name</td>
<td>Principal Investigator &amp; Department or Concentration*</td>
<td>Funding Source</td>
<td>Funding Period Start/End</td>
<td>Amount Total</td>
<td>Amount 2008</td>
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<td>Community-Based Y/N</td>
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<tr>
<td>The Cancer Outreach, Prevention and Control Program</td>
<td>Jay Vadgama, Mohsen Bazargan; CDU</td>
<td>NCI</td>
<td>07/30/09-07/30/14</td>
<td>$470,128</td>
<td>N/A</td>
<td>$90,000</td>
<td>$110,000</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Effectiveness of Interactive Gaming for Obesity prevention among Minority</td>
<td>David Martins, C. Ani, Mohsen Bazargan; CDU</td>
<td>NIH NCRR</td>
<td>09/30/09-09/30/12</td>
<td>$250,000</td>
<td>N/A</td>
<td>$125,000</td>
<td>$125,000</td>
<td>y</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
**Bold** is for primary/core MPH faculty
*Italics* is for secondary/collaborating MPH faculty
† CSUDH: California State University, Dominguez Hills
3.1.d. Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program's performance against those measures for each of the last three years. For example, programs may track dollar amounts of research funding, significance of findings (eg, citation references), extent of research translation (eg, adoption by policy or statute), dissemination (eg, publications in peer-reviewed publications, presentations at professional meetings, and other indicators).

Table 3.1.d. Outcome Measures for Evaluating Success of Research Activities

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>AY 2009-10</th>
<th>AY 2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of students who use, conduct and evaluate urban-relevant health disparities research by graduation</td>
<td>100% of students will have conducted, used or evaluated urban-relevant health disparities research by graduation</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>The number of students sponsored by the program to attend local and national public health conferences annually</td>
<td>At least 2 annually</td>
<td>1 student was sponsored by the program to attend the APHA</td>
<td>4 students were sponsored by the program to attend the APHA and the ICUH conferences *</td>
</tr>
<tr>
<td>The proportion of students who complete the Human Research Ethics Training Certification by graduation</td>
<td>100% of graduates will complete the Human Research Ethics Training Certification.</td>
<td>N/A</td>
<td>100%</td>
</tr>
<tr>
<td>Number of grant proposals for urban health disparities research and/or service submitted by MPH faculty complement per year</td>
<td>At least 4 grant proposals submission per year</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Number of peer-reviewed publications, professional reports, abstracts, poster presentations, and guest lectures addressing urban-relevant health disparities research, submitted by MPH Faculty Complement per year. **</td>
<td>At least 10 per year</td>
<td>27§</td>
<td>23§</td>
</tr>
<tr>
<td>Number of MPH students’ submissions of abstracts for oral or posters presentations in PH events and/or conferences per year.</td>
<td>At least 10 MPH students’ submissions per year</td>
<td>12†</td>
<td>15††</td>
</tr>
</tbody>
</table>

Note: the requirement for completion of the Human Research Ethics Training Certification by graduation was initiated in the 2010-11 academic year.

** Does not include AXIS researcher who have yet to guest lecture in the MPH courses.
§ Faculty complement’s scholarly/research activities are listed in the faculty’s updated CVs, and are available in the MPH resource files for the CEPH site visitors.
† AY 2009-10: includes 10 students’ poster presentations during CDU’s National PH week events; 2 students’ abstracts were accepted one for an oral presentation and one for a poster presentation.
†† AY 2010-11: includes 11 students’ poster presentations during CDU’s National PH week events; 3 students’ abstracts were accepted for oral presentations; one presented in 10th Annual International Conference on Health Economics, Management and Policy, June, 2011; two students abstracts were accepted for poster presentations in the APHA (Oct. 2011) and ICUH (Nov. 2011); 1 student submitted an abstract to the ICUH.
3.1.e. A description of student involvement in research.

MPH Students are exposed to research activity beyond what is required of them in their coursework. Primarily, students gain exposure and access to research activity by connecting with researchers within the larger institution who are already engaged in research and through program centered activities that encourage and highlight student research interests and achievements.

CDU is an established research institution with substantial research funding. Uniquely, the primary focus of the researchers at CDU is health disparities related research. Over the past two years, the program has encouraged the MPH students to link up with both university-wide and non-institutional research programs, and some students have been very successful at connecting with researchers and being a part of the CDU research activity. For example, two students from the 2010 cohort, Ms. Lauren Senkbeil and Ms. Nichole Nicholas, are working with Dr. Jay Vadgama, chief of the CDU’s Division of Cancer Research and Training, on cancer research activities. They attend his regularly scheduled journal clubs and research meetings. Both students have been assigned to CDU research mentors and have been integrated within the research process.

Ms. Nichole Nicholas is working under the supervision of Dr. David Martins from the Division of Cancer Research and Training and Director of the Division of Research and Education. She is responsible for the literature searches, data collection and entry, and is contributing to a research paper. Additionally, students are conducting research with non-CDU researchers. In addition, Ms. Lauren Senkbeil, 2010 cohort, does data collection and entry for Children’s Hospital in Los Angeles on an influenza vaccine project comparing flu symptoms in elementary school children who received vaccines to those who did not. Another two students from the 2010 cohort, Mr. Denis Wadzani and Ms. Ijeoma Ike, are volunteering as research assistants in the Prostate Education Project (P.E.P) research study coordinated by CDU, UCLA, and Yale University. They are responsible for data collection and coding, preliminary analyses, data inferences and coordinating weekly meetings to ensure program evaluation.

Dr. Bita Amani, through her community ties, helped to establish thesis projects for Ms. Denisha Clark, Ms. Francisca Obiora, and Ms. Priya Rideau, Class of 2011, for their thesis research. Ms. Clark is worked with a neighborhood clinic, UMMA, on an evaluation of school based centers,
and Ms. Obiora and Ms. Rideau worked with a local community based organization, Center for Health Justice, on issues of health services for incarcerated youth for their thesis project.

Dr. Nina Harawa, MPH secondary MPH faculty, has five ongoing research projects some of which involve CDU’s MPH students. MPH student, Ms. Raniyah Abdus-Samad, Class of 2011, used data from Phase 1 of the project “Understanding Female Partners of Bisexual Men: Implications for HIV/STD Risk in Women of Color” for her MPH thesis. Ms. Abdus-Samad also authored a secondary analysis comparing HIV+ testers with unidentified sexual risk to three comparison groups. She is currently in the process of preparing a manuscript for publication based on this thesis. Dr. Harawa also received an additional NIH-NIGMS ARRA supplement for the same research project for the period 9/30/09 through 6/30/11, in which two other MPH students, Ms. Dolores Fleming and Ms. Alana Russaw (Class of 2010) were involved -- one assisted with participant recruitment, and the other assisted with both recruitment and development of the qualitative interview guide for the project.

In an effort to continuously expose students to research opportunities, the program has institutionalized a process through which this can be made easier. Twice a semester, our program faculty will hold informational seminars for the students that directly connect them with University wide researchers. Specifically, the informational seminars will be conducted in collaboration with faculty from the Accelerating Excellence in Translational Science (AXIS) program. The main purpose of AXIS is to conduct clinical and translational research that focuses on health disparities. In line with their mission, part of AXIS’ responsibilities include increasing MPH student’s research skills and integrating them into research projects. AXIS is an institution wide resource supporting research across the University, and so, a formal collaboration between the MPH program and AXIS will enhance, and more importantly, institutionalize the inclusion of students into the larger University research structure.

Within the program, MPH students are continuously encouraged by the MPH director and MPH faculty to submit abstracts of their research work to local, national, and international conferences. The following are a few examples of our students research accomplishments:

- Mr. Alberto Pina’s, Class of 2012, abstract “Mechanism of Change: Addressing Social and Health Inequities in Rural and Urban Slums” has been accepted for a poster
presentation in the International Conference of Urban Health (ICUH), on November 1-5, 2011, in Belo Horizonte, Brazil.

- Ms. Priya Rideau, Class of 2011, coauthored a paper with MPH core faculty, Dr. Amani, titled “The Health of Incarcerated Youth: Implications for Reentry Programs,” which has been accepted for a poster presentation in the International Conference of Urban Health (ICUH), on November 1-5, 2011, in Belo Horizonte, Brazil.

- Ms. Priya Rideau and Ms. Francisca Obiora, Class of 2011, coauthored a paper with MPH core faculty, Dr. Amani, and other UCLA faculty, titled “A needs assessment of prevention services available for incarcerated youth in Los Angeles County,” which has been accepted for a poster presentation in the APHA conference, October 29-November 2, 2011, in Washington DC.

- The thesis abstract of Ms. Denishia Clark, Class of 2011, “Are School-Based Health Centers Sustainable in California?,” Class of 2011, was accepted for an oral presentation in the 10th Annual International Conference on Health Economics, Management & Policy, 27-30 June, 2011, in Athens, Greece. The program will sponsor her registration and trip to attend the conference and present her abstract.

- Ms. Raniyah Abdus-Samad’s, Class 2011, abstract “Mobilizing Civil Society for HIV Prevention in Resource-Poor Contexts within High-Income Nations: Three Case Studies of Black Mobilization in the Southern United States” was accepted for a poster presentation at the International AIDS Conference, Vienna, Austria on 8/2010, and her abstract “The Need for HIV/AIDS Scientific Literacy Programs in Black Communities: Lessons Learned” was accepted for a workshop at the United States Conference on AIDS-National Minority AIDS Council, 10/2010, Orlando, FL.

- The thesis abstract of Ms. Nacole Smith, Class of 2010, was accepted for an oral presentation in the APHA conference in 2009, and the program sponsored her travel and lodging to present her abstract in the APHA conference.

- Ms. Alana Russaw, Class of 2010, was accepted to the Dr. James A. Ferguson Emerging Infectious Diseases Fellowship Program.

In an effort to systematically encourage a culture of research within the program, in April, 2010, under the auspices of the new program director, MPH students were encouraged to present posters of a salient public health disparity issue during National Public Health Week. This event
is open to the community and all CDU employees and students. CDU’s senior administration attends the poster session and poses questions to MPH students regarding the public health issue presented. Similar to a conference setting, this event is a chance to not only hallmark students’ professional interests and realms of inquiry, but it is also a chance for them to receive feedback from University wide faculty and researchers. In this way, they gain exposure to not only presenting a research question and findings, but they also learn how to talk to a larger audience about their work. Qualitative feedback from MPH students, CDU faculty, and community members has been very positive, and students expressed that the poster session was a fruitful experience that encouraged them to submit their abstracts to national and international conferences. It also further reinforces concepts taught in the classroom regarding scientific methodologies and inquiry.

The program has also implemented procedures to take research done within the course setting beyond the classroom. For example, in the MPH Culminating Experience course, students conduct extensive research in the form of a thesis, a capstone project, or a grant proposal option. At the end of the semester, in addition to submitting a final report, the students are required to present their findings in an open forum that includes CDU faculty, students, staff, and community. At this point of their academic career, the students are quite familiar with giving presentations to their cohort of peers, but, in this final culminating presentation, they sharpen their presenting skills and are required to explain and justify the methods they undertook, their analysis, and their recommendations for both public health practice and research to a larger audience well versed in both the topics they are presenting on and research methods. This formal open forum gives them much needed practice of the art of talking about research.

3.1.f. Assessment of the extent to which this criterion is met.

This criterion is met with commentary. Although the program’s research activity was minimal prior to the 2009-10 academic year, the program’s active efforts and encouragement of MPH faculty and students to pursue health disparities research is evident by our ability to achieve our research target outcomes. However, there is a need to recruit more core MPH faculty in order to have more equitable distribution of teaching workload. Nonetheless, contributions of MPH collaborating faculty’s research activities since fall 2009 have opened the door to new collaborative research opportunities for our core faculty and students.
Criterion 3.2 Service

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

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

The UPH program was developed in response to a need for a public health program that specifically addresses urban health issues in Southern California, especially in Service Planning Area Six (SPA 6), one of the most socioeconomically and medically underserved communities in all of Los Angeles County. The mission of the UPH program embodies a commitment to community service targeting the determinants of health disparities in underserved communities.

As stated under section 1.5.a., CDU faculty is required to participate in university and community service. The CDU service policy is to maintain this mandatory requirement while being flexible about the domain of service as long as both the University and community service is clearly demonstrated.

University service can include but is not limited to active membership on one or more of the following standing committees:

- COSH Faculty Association Committee
- COSH Educational Effectiveness and Academic Policy Committee
- COSH Faculty Appointment and Promotion Committee
- COSH Faculty Concerns and Grievance Committee
- COSH Student Affairs Committee
- Academic Senate (AS) Legislative Council Committee
- AS Academic Personnel Committee
- AS Academic Programs Committee
- AS Academic Rights, Privileges & Grievances Committee
- AS Budget, Finance & Development Committee
- AS Clinical & Community Programs Committee
- AS Ceremonies & Special Events Committee
- AS Research Committee
COSH actively maintains a list of community agencies, clinics, and other health care organizations that are of known need or suitability for service activities. In many instances, MPH faculty find additional needs for community service related to their own area of expertise. The UPH program has formal affiliation agreements with numerous public health and community-based organizations/agencies which support the practicum experiences/internships for our MPH students. These affiliation agreements are available on-site in the MPH resource files.

3.2.b. A list of the program’s current service activities, including identification of the community groups and nature of the activity, over the last three years.

The following table lists the UPH program’s community service activities from 2009 through 2011.

<table>
<thead>
<tr>
<th>MPH Faculty</th>
<th>UPH Program’s Service Activities</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Sondos Islam, representing the UPH Program</td>
<td>Program endorsement of the 2nd Annual South L.A. Health and Human Rights Conference; panel discussion about the status of health care in the US and human rights (MPH students participated)</td>
<td>Member: California Public Health Alliance for Workforce Excellence (CPHAWE)</td>
<td>Member: CPHAWE Sun-Committee Workgroup on PH Competencies</td>
<td>Organizer: National Public Health Week Activities/Events free to CDU and all surrounding communities, which included student poster sessions, screening of public health documentary movies, and Guest Speakers addressing salient PH issues</td>
</tr>
<tr>
<td>Dr. Bita Amani</td>
<td>Invited Guest Speaker, Medicine in the Movies: “Why us left behind and</td>
<td>Regular Attendee: Black Health Task Force</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>MPH Faculty</th>
<th>UPH Program’s Service Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>2009</strong></td>
</tr>
<tr>
<td>Ms. Cynthia Davis</td>
<td>Invited Guest Speaker, Medicine in the Movies: “Why us left behind and dying?” King Drew High School</td>
</tr>
<tr>
<td></td>
<td>Member of Planning Committee: Breaking the Silence Education Conferences (focus on HIV/STD education and prevention for local women of color)</td>
</tr>
<tr>
<td>Dr. Nina Harawa</td>
<td>The Young Women’s HIV/STD Mobilization Project: Moving Beyond the Messaging (service grant from the Federal Office of Women’s Health; 9/1/10 to 8/31/13)</td>
</tr>
<tr>
<td></td>
<td>Reaching the Underserved: HIV Rapid Testing Targeting At-Risk Ethnic Minorities (service grant 8/1/09 to 7/31/10) (MPH students participate)</td>
</tr>
<tr>
<td></td>
<td>Drew University HIV/AIDS Education and Outreach Project (service grant 4/1/09 to 4/30/10)</td>
</tr>
<tr>
<td></td>
<td>Enhanced Case Management Project (service grant from MAC AIDS Fund, 7/1/10 to 6/30/11)</td>
</tr>
<tr>
<td></td>
<td>Drew University HIV/AIDS Education and Outreach (service grant from AIDS Healthcare Foundation, 4/1/10 to 7/31/10) (MPH students participate)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Besides serving on various CDU, COSH, and Program committees, MPH faculty have received a number of service grants to conduct community outreach activities for HIV/AIDS awareness, education, services, and outreach. MPH faculty and students also volunteer their time and effort to participate in various public health and community service activities, as presented in table 3.2.b.

For the past three years, Assistant Professor Cynthia Davis, currently core MPH faculty, has spearheaded the majority of community service-related activities of the Urban Public Health (MPH) program. Ms. Davis has worked at the university since 1984 developing community-based service programs which have a focus on HIV/AIDS education, awareness, and risk reduction targeting medically underserved populations. She developed the first pilot mobile HIV demonstration project for the Los Angeles County Office of AIDS Programs and Policy in 1991, and this pilot demonstration project was so successful that the Los Angeles County Office of AIDS Programs and Policy replicated the project and there are currently eleven Health Department funded mobile HIV testing projects serving at risk populations throughout Los Angeles County.

Ms. Cynthia Davis, MPH, has arranged for students who have an interest in HIV screening and community outreach to become certified as HIV Counselors and Testers (HCT) by one of two state funded certifying agencies in Los Angeles County: the Los Angeles County Office of AIDS Programs and Policy and AIDS Healthcare Foundation. The HCT training certification program consists of a week-long 40 hour training and certification program and follow-up observations for all individuals successfully completing the training. These individuals have to maintain their HCT certification by participating in an annual HCT training update as well as by completing a minimum number of hours of continuing education training. To date, approximately six MPH students successfully completed the HCT training under the auspices of Ms. Davis’ mobile testing project. These students have subsequently worked on her mobile HIV testing van as certified HCT counselors, providing both the standard HIV screening HIV antibody test as well as the new HIV rapid 20 minutes test.

Ms. Davis has also worked with a local radio station called KLHJ 102.3 FM, owned and operated by celebrity artist Stevie Wonder. Professor Davis has assisted KLJH radio station in implementing an annual Women’s Health Forum which focuses on major health disparities.
impacting women of color residing in South Los Angeles for the past eleven years. This forum was initiated in 2000 at a local African American church and initially had approximately 600 attendees. The 11th Annual KJLH Women’s Health Forum was held on Saturday, April 2, 2011 and had over 7,000 attendees. She coordinated all of the free HIV and STD screening services at this annual forum for the past eleven years utilizing her HIV mobile van as well as mobile vans funded by both public and private sector agencies to ensure that the conference attendees could obtain free HIV and STD screening tests. For the last three years, Professor Davis has been able to solicit the participation of our MPH students to volunteer at this event to assist with HIV and STD screening services as well as to be stationed at an informational booth to hand out HIV/AIDS-related educational literature, as well as free male and female condoms and promotional and recruitment materials about the Urban Public Health (MPH) program.

Ms. Davis also works closely with local residential drug treatment facilities throughout South Los Angeles which serve at risk male and female parolees as well as former substance abusers. She has used her connections with these programs to develop field placement sites at residential drug treatment facilities for our MPH students to complete their Practicum field placement experience. Currently, there is one MPH student who is volunteering at one of these sites called His Sheltering Arms, which is located in the heart of South Los Angeles where the student goes on Wednesday and Friday mornings from 10:00 AM to 11:45 AM to facilitate workshops on substance abuse prevention as well as HIV/AIDS education, reproductive health, and other sexual health education topics. Another MPH candidate worked at a residential drug treatment facility last year called First To Serve, which serves recently released prison parolees, both male and female, to facilitate a similar curriculum. For most of these educational interventions, pretest, post-test, and workshop evaluation forms are collected from workshop attendees in order to evaluate the effectiveness of the educational interventions.

Ms. Davis has successfully collaborated with literally hundreds of community-based health and human service organizations over the past 26 years and has developed relationships which have made it easier for the UPH program to obtain signed affiliation agreements with community-based sites for our students to complete their practicum field placement assignments. Additionally, she has worked successfully with numerous local African American churches over the past 26 years in her community outreach and community mobilization efforts. Currently, she is working with a mega-church called Crenshaw Christian Center which is located at 7900
Vermont Avenue in Los Angeles. Professor Davis was asked to join the church’s HIV/AIDS Ministry in order to provide technical assistance in helping the HIV/AIDS ministry meet the unmet needs of its 25,000 member congregation as well as the unmet needs of the surrounding community. UPH program students have participated in HIV screening and outreach activities at Crenshaw Christian Center while completing their practicum requirements in the last two years and have also had the opportunity to participate in routine volunteer and service-related activities as well. For the past two years, Ms. Davis has coordinated HIV screening at the church as well as coordinated the planning and implementation of several community forums held at the church. These community forums coincided with National Black HIV/AIDS Awareness Day, National HIV Testing Day, and National World AIDS Day. To date, over 300 church members have obtained HIV screening services arranged by Professor Davis who coordinated these outreach and screening services with staff from the Magic Johnson Foundation, the Los Angeles County STD Program Office, the Los Angeles County Office of AIDS Programs and Policy, and AIDS Healthcare Foundation, which is the largest non-profit HIV service organization in the United States.

Ms. Davis is a Board member of AIDS Healthcare Foundation and has served on its board for the past 21 years helping to identify unmet needs of medically underserved populations residing in Los Angeles County in order to bring much needed HIV/AIDS-related services and resources to South Los Angeles. For example, she was instrumental in the development of the first HIV/AIDS hospice in Los Angeles County called the Carl Bean Hospice, which was built and opened in South Los Angeles in 1989. She was also instrumental in the development of the first HIV dedicated clinic targeting women of color, which opened in 1991 at T.H.E. Clinic, a local federally qualified 330 comprehensive health clinic.

Ms. Davis is currently collaborating with the Delta Sigma Theta Sorority Inc. Farwest Region, a national African American sorority with over 900 chapters and almost one million members nation-wide and internationally. She helped the National Delta Sigma Theta Sorority, Inc. write a grant which received three years funding at $250,000 per year from the federal Office of Women’s Health, to develop a culturally relevant HIV community outreach and HIV/STD testing program targeting African American women aged 12 to 25 who are members of their organization as well as targeting at risk African American women in the community-at-large. The project covers eight western states and two pacific islands.
3.2.c. 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.

Table 3.2c. Outcome Measures for Evaluating Success of Program Service Activities, 2009-2011

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>AY 2009-10</th>
<th>AY 2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of MPH students who conduct their practicum training in public health/community health settings that promote health to underserved populations.</td>
<td>At least 50% of MPH students will conduct their practicum training in public health/community health settings that promote health to underserved populations.</td>
<td>Class of 2010: 75% (9/12)</td>
<td>Class of 2011: 80% (8/10)</td>
</tr>
<tr>
<td>The proportion of MPH students who choose a capstone project or grant proposal as their Culminating Experience option.</td>
<td>At least 50% of students will choose to conduct a capstone or grant proposal addressing community health issues in an underserved community as their culminating experience option.</td>
<td>Class of 2010: 42% (5/12 students)</td>
<td>Class of 2011: 50% (5/10 students)</td>
</tr>
<tr>
<td>The proportion of MPH faculty who participate in community health settings/services that promote health to underserved populations.</td>
<td>At least 2 MPH faculty will participate in community health settings/services that promote health to underserved populations, at least once a year</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

3.2.d. A description of student involvement in service.

All MPH students provide service through their Practicum Experience, including MPH students who choose the capstone project as their Culminating Experience option, where they respond to a community organization’s needs for the development of an urban public health program that addresses these needs. For a more detailed description of student involvement in community service, please refer to criterion 3.2.a.

3.2.e. Assessment of the extent to which this criterion is met.

This criterion is met. The Urban Public Health Program faculty and students are actively engaged in community service that has direct impact on local communities. Despite the challenge of academic requirements and workload, both students and faculty have demonstrated dedication to public health service.
Criterion 3.3 Workforce Development

The program shall engage in activities that support the professional development of the public health workforce.

3.3.a A description of the program’s continuing education activities, including policies, needs assessment, procedures, practices, and evaluation that support continuing education and workforce development strategies.

Based on recommendations from the CEPH workshop in July, 2010 (attended by the program director and administrative assistant), and from the CEPH consultation visit in October, 2010, the MPH Program Committee voted for and approved modification of the program’s service goal to include support for the development of a well-trained and professional public health workforce, “To promote the participation of MPH students and MPH faculty in community health services that address health disparities in urban underserved populations, and to support the development of a well-trained and professional public health workforce.” The objective to achieve this part of our service goal is to plan and implement at least four (4) public health workforce development activities annually which address the educational and training needs of the local public/community health professionals.

Accordingly, in the spring semester, 2011, the MPH Program Committee solicited feedback from community members affiliated with CDU, MPH faculty, students, and alumni, regarding public health topics that should be addressed in the planning of the public health workforce development activities. Based on the feedback received, the UPH program offered and co-sponsored ten public health workforce development events which focused on salient public health issues in the local community during the spring and summer of 2011. In addition, as discussed in criterion 2.6.e., in June, 2011 we administered the “California Public Health Needs Assessment and Training” (Appendix ) to 44 public health practitioner CPHAWE members via SurveyMonkey. The survey solicited responses and comments regarding the relative importance of each of the following public health skills in their worksite: 1) analytic/assessment skills, 2) public health sciences skills, 3) cultural competency skills, 4) policy development/program planning skills, 5) communication skills, 6) community dimension of practice skills, 7) financial planning and management skills, and 8) leadership and system thinking skills, in addition to the specific training needs of their public health workforce. As of August 30th, 2011, we have results from 6 of the 44 members (13.6% response rate). 80% of respondents indicated that they work in
a health department (local, state or federal agencies), and 20% in community-based organization. 100% of respondents indicated that they would be interested in attending a training workshop sponsored by the UPH program with the following topics being of most interest (80% of respondents): Community Needs Assessment Methods, Grant Writing, Program Planning and Evaluation, Symposia on Current Public Health Topics, and Cultural Competency for an Ethnically Diverse Workforce.

In addition, two similar surveys, the MPH alumni’s Employer Survey (Appendix) and a new modified Preceptor Survey (Appendix), were administered soliciting responses and comments regarding the relevance of each of the above public health skills in their worksite. The employer survey will remain open until the end of the fall semester in the hope of receiving more responses from the employers. At the start of the spring semester, 2012, and based on the results of the above surveys, the MPH Program Committee will revisit the public health skills addressed in our program’s competencies and will discuss whether there is a need to modify the UPH program’s competencies to focus more on the most relevant public health skills as indicated by the respondents. Results of the above mentioned surveys, as of October 1st, 2011, will be available in the MPH resource files.

The UPH program does not yet offer its own continuing education (CE) units for public health professionals, however, we collaborated with the Master of Public Health Program at the Claremont Graduate School in offering Continuing Education Contact Hours (CECH) for health professionals in two of our public health workforce development events, 1) Community Engagement Colloquia Series: A Social Justice Model for Eliminating Health Disparities, and 2) Facing Our Fears: Women and Girls Taking Action in the Fight Against HIV/AIDS.

In order to be current with the California public health workforce needs, Dr. Islam, the program director, joined the California Public Health Alliance for Workforce Excellence (CPHAWE), in its inaugural meeting in Sacramento, California, in January, 2011. The CPHAWE is an alliance comprised of leadership from public health agencies, academic institutions, and non-governmental organizations created to develop and serve the public health workforce in California. Its purpose is to create and maintain excellence in California’s public health workforce through strategic planning and coordination with key partners and stakeholders. CPHAWE’s primary goals are: 1) Assessment: define and enumerate the current public health
(PH) workforce, 2) *Current Competencies*: strengthen the existing competence of the PH workforce, 3) *Emerging Competencies*: understand emerging roles and prepare PH workforce, 4) *Workforce Capacity*: increase availability of qualified and diverse candidates, 5) *Recruitment*: develop approaches to increase recruitment, and 6) *Retention*: identify factors that affect retention and promote promising practices.

Dr. Islam also volunteered to be a member of the CPHAWE Competency Subcommittee, which is charged with strengthening and building the existing and emerging competencies of California's public health workforce. The goals of the CPHAWE Competency Subcommittee are to strengthen the existing California public health workforce competencies related to core public health functions, and to understand the emerging functions and roles of public health and prepare the workforce with the competencies required.

To achieve that goal, the CPHAWE Competency Subcommittee will survey the public health professionals, in October, 2011, to assess the emerging needs of the California public health workforce. As the results of the CPHAWE Competency Subcommittee become available, Dr. Islam will present them to the MPH Program Committee for discussion and possible modifications of the program’s MPH competencies to ensure that the UPH program’s competencies address the current and emerging needs of public health practice.

**Future plans:** the MPH Program Committee will review and discuss the possibility of allowing local public health professionals to audit some of our MPH courses that may enhance their public health workforce skills.

Table 3.3.a. Outcome Measures for Evaluating PH Workforce Development Activities AY 2010-11

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target Outcome</th>
<th>AY 2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of workforce development activities per year.</td>
<td>At least 4 public health workforce development activities will be conducted annually.</td>
<td>10</td>
</tr>
<tr>
<td>The program’s membership and/or participation in Public Health Workforce Development Associations.</td>
<td>The program will be an active member in at least one Public Health Workforce Development Association.</td>
<td>1 (CPHAWE)*</td>
</tr>
</tbody>
</table>

* The program is a member in the: California Public Health Alliance for Workforce Excellence (CPHAWE)
3.3.b. Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.

N/A

3.3.c. A list of the continuing education programs offered by the program, including number of students served, for each of the last three years. Those that are offered in a distance learning format should be identified.

Although CDU offers Continuing Medical Education (CME) units via its medical school in the College of medicine, and Continuing Education (CE) units for health clinicians and nurse education credit via its Oasis clinic, CDU’s Pacific AIDS Education and Training Center (PAETC), and CDU’s Accelerating Excellence in Translational Science (AXIS), as mentioned in criterion 3.3.a., the UPH program does not yet offer its own Continuing Education Contact Hours (CECH) units for public health professionals, but we collaborated, and intend to continue collaborating with the MPH program at Claremont Graduate School to offer CECH (please see table 3.3.c.).

The UPH program conducted and co-sponsored ten public health workforce development activities/events in spring and summer, 2011, in an open forum format to all community members, CDU faculty and employees, MPH students and alumni, and public health professionals. The events were electronically broadcasted to the CDU community, and flyers and brochures were distributed to prospective attendees in the community and public health workforce. Copies of the broadcast announcements, flyers and brochures are available in the MPH resource files.

The public health workforce development events were a vehicle to 1) provide timely information of salient public health issues to public health professionals and the surrounding community, 2) provide networking opportunities between CDU faculty and researchers, public health professionals, and the surrounding community, and 3) build relationships between the public health community and CDU students, faculty and staff.

The public health workforce development events were held at the CDU campus, and conducted by CDU faculty, UCLA faculty, and public health professionals. The events were very well received by the attendees, which ranged from 12 to 70 depending on the public health topic. Evaluations were conducted to assess the degree to which the seminar/activity/workshop met the learning needs of the participants, and to solicit feedback and recommendations for future
seminars/workshops topics. Copies of the evaluations are available in the MPH resource files for the CEPH site visitors.

The following table lists the date, title of topic and presenter, if CE units were offered, and the number of attendees for each public health workforce development activity that the UPH program conducted from March 2011 through June, 2011.

### Table 3.3.c. UPH Program’s Public Health Workforce Development Activities, 2011

<table>
<thead>
<tr>
<th>Date</th>
<th>Title and Presenter</th>
<th>CE Units</th>
<th># of Attendee’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 10th, 2011</td>
<td>FACING OUR FEARS “Women and Girls Taking Action in the Fight Against HIV/AIDS”</td>
<td>Yes</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>In collaboration with Delta Sigma Theta Sorority Inc. Farwest Region, during the National Women and Girls HIV/AIDS Awareness Day</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Nina Harawa, PhD, MPH, CDU</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Veronica Quezada, RN, LA County general Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Tony Wafford, National Director of Health &amp; Wellness, National Action Network</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>– LaShonder Spencer, Assistant Professor of Pediatrics, Associate Director, MCA Clinic, Division of Infectious Diseases, USC.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 7th, 2011</td>
<td>“Community Emergency Preparedness: Collaborative Opportunities for Community, University, Local Government, and Partnerships”</td>
<td>No</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>– Dr. Fred Dominguez, MD, MPH, CDU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 9th, 2011</td>
<td>What You Don’t Know You Don’t Know! Safety in the Community</td>
<td>No</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>– Loretta Jones, M.A., CDU Community Faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 14th</td>
<td>“Rapid Assessment in Los Angeles County Department of Public Health: Data, Surveys, Codebooks (Oh my!)!”</td>
<td>No</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>– Dr. Lisa Smith, DrPH, LA County Division of Chronic Disease and Injury Prevention/UCLA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 21st</td>
<td>“Career Development Workshop”</td>
<td>No</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>– Toni ELBoushi, D.M., HR Director, CDU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April 11th</td>
<td>“Geographic Information System (GIS) in Public Health”</td>
<td>No</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>– Paul Robinson, PhD, CDU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April 18th</td>
<td>“HIV Risk Among African-American Women”</td>
<td>No</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>– Nina Harawa, PhD, MPH, CDU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April 25, 2011</td>
<td>“Environment Health Issues in Children”</td>
<td>No</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>– Hozeva Divian, PhD, UCLA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June 18, 2011</td>
<td>Community Engagement Colloquia Series: “A Social Justice Model For Eliminating Health Disparities”</td>
<td>Yes</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>– Rueben C. Warren, DDS, DPH, MPH</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>“Public Health is Social Justice”</td>
<td></td>
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<td></td>
<td>– Linda Wallace Pate, Esq</td>
<td></td>
<td></td>
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<tr>
<td>June 24, 2011</td>
<td>The State of AIDS in Black L.A.</td>
<td>No</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td>– Presented by members of the Black AIDS Institute, UCLA Care Center, CDU</td>
<td></td>
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</tbody>
</table>
3.3.d. A list of other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.

We collaborated with the Claremont Graduate University, Master of Public Health Program in offering Continuing Education Contact Hours (CECH) in a number of our PH workforce development activities.

3.3.e. Assessment of the extent to which this criterion is met.

This criterion is met. Although the UPH program started its workforce development activities in early spring, 2011, we were able to exceed our target outcomes for the academic year 2010-11 by implementing ten workforce development activities during the spring and summer semesters of 2011. In addition, by collaborating with the Claremont Graduate University Master of Public Health Program, we were able to offer Continuing Education Contact Hours (CECH) for public health professionals, and by joining the CPHAWE, the UPH program is positioned to have access to the most up-to-date knowledge of the emerging needs of the California public health workforce, and to update the program’s competencies accordingly. In addition, results of the California public health needs assessment and training survey, the employer survey, and the new modified preceptor survey will aid us in updating our program’s competencies and offering the needed public health workforce development and training activities.
Criterion 4.0  Faculty, Staff and Students
Criterion 4.1 Faculty Qualifications

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

4.1.a. A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit.

Table 4.1.a. Current Core/Primary Faculty Supporting Degree Offerings of the UPH program for AY 2011-12

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Academic Rank</th>
<th>Classification</th>
<th>FTE or % Time</th>
<th>Gender</th>
<th>Race or Ethnicity</th>
<th>Graduate Degrees Earned</th>
<th>Institution</th>
<th>Discipline in which degrees were earned</th>
<th>Teaching Area</th>
<th>Research Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sondos Islam</td>
<td>Associate Professor</td>
<td>Teaching Research</td>
<td>100%</td>
<td>F</td>
<td>Middle-Eastern</td>
<td>PhD MPH MS</td>
<td>USC Univ. of Washington</td>
<td>Preventive Medicine/Health Behavior Research MPH/Epidemiology &amp; Biostatistics Microbiology &amp; Immunology</td>
<td>-Epidemiology</td>
<td>-Program Planning and Evaluation</td>
</tr>
<tr>
<td></td>
<td>MPH Director</td>
<td>Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-Social and Behavioral Sciences</td>
<td>-Health Disparities among Immigrant Populations</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-Program Planning and Evaluation</td>
<td>-Culturally Tailoring of Behavioral Interventions</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-Critical Review of Literature</td>
<td>-Risk factors of smoking among Middle-Eastern adolescents</td>
<td></td>
</tr>
<tr>
<td>Bita Amani</td>
<td>Assistant Professor</td>
<td>Teaching Research</td>
<td>100%</td>
<td>F</td>
<td>Middle-Eastern</td>
<td>PhD MHS</td>
<td>Johns Hopkins University</td>
<td>Epidemiology, Community Health Sciences Reproductive Biology</td>
<td>-Overview of Urban Public Health</td>
<td>-Reproductive Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-Epidemiology</td>
<td>-HIV/AIDS</td>
<td>-Methodological Biases</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>-Biostatistics</td>
<td>-Historical examinations of health disparities</td>
<td>-Ecosocial Methods</td>
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<td></td>
<td></td>
<td>-Environmental Health</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-Thesis Chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cynthia Davis</td>
<td>Assistant Professor</td>
<td>Teaching Research</td>
<td>75%</td>
<td>F</td>
<td>African American</td>
<td>MPH</td>
<td>UCLA</td>
<td>Community Health</td>
<td>-Health Disparities</td>
<td>-HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-Comm. Organization</td>
<td>-Capstone Project &amp; Grant Proposal</td>
<td></td>
</tr>
</tbody>
</table>
4.1.b. If the program uses other faculty in its teaching programs (adjunct, part-time, secondary appointments, etc), summary data on their qualifications should be provided in table format.

Table 4.1.b. presents the MPH collaborating faculty for the AY 2011-12. A complete list of MPH complement faculty since program inception is available in the MPH resource files.

Table 4.1.b. MPH Collaborating Faculty Used to Support Teaching in the UPH program for AY 2011-12

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Academic Rank</th>
<th>Current Employer</th>
<th>% Effort</th>
<th>Gender</th>
<th>Race</th>
<th>Graduate Degrees Earned</th>
<th>Discipline</th>
<th>Contribution to the Teaching Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yasser Aman</td>
<td>Adjunct Assistant Professor</td>
<td>UMMA Clinic</td>
<td>30%</td>
<td>M</td>
<td>Arab-American</td>
<td>Dr.PH/MPH</td>
<td>Health Policy and Management</td>
<td>MPH 523 Health Management &amp; Systems MPH 525 Health Policy &amp; Leadership</td>
</tr>
<tr>
<td>Nina Harawa</td>
<td>Associate Professor</td>
<td>CDU UCLA</td>
<td>15%</td>
<td>F</td>
<td>AA</td>
<td>PhD/MPH</td>
<td>Epidemiology</td>
<td>Guest Lecturer: MPH 502 Racial &amp; Ethnic Health Disparities MPH 530 PH Seminar MPH 595 MPH thesis mentor</td>
</tr>
<tr>
<td>Paul Robinson</td>
<td>Assistant Professor</td>
<td>CDU</td>
<td>10%</td>
<td>M</td>
<td>AA</td>
<td>PhD</td>
<td>Geography</td>
<td>Guest Lecturer: MPH 502 Racial &amp; Ethnic Health Disparities MPH 530 PH Seminar</td>
</tr>
<tr>
<td>Fred Dominguez</td>
<td>Assistant Professor</td>
<td>CDU L.A.D.P.H.</td>
<td>30%</td>
<td>M</td>
<td>Hispanic</td>
<td>MD/MPH</td>
<td>MD/MPH</td>
<td>MPH 520 PH Biology Guest Lecturer: MPH 530 PH Seminar</td>
</tr>
<tr>
<td>Lisa Smith</td>
<td>Adjunct Assistant Professor</td>
<td>UCLA LA County Division of Chronic Disease and Injury Prevention</td>
<td>5%</td>
<td>F</td>
<td>AA</td>
<td>Dr.PH</td>
<td>Public Health</td>
<td>Guest Lecturer: MPH 502 Racial &amp; Ethnic Health Disparities MPH 512 Principals of Biostatistics MPH 524 Community Organizations in Urban Setting MPH 530 PH Seminar</td>
</tr>
<tr>
<td>Trista Bingham</td>
<td>Assistant Professor</td>
<td>CDU L.A.D.P.H.</td>
<td>5%</td>
<td>F</td>
<td>W</td>
<td>PhD/MPH</td>
<td>Epidemiology</td>
<td>Guest Lecturer: MPH 502 Racial &amp; Ethnic Health Disparities MPH 524 Community Organizations in Urban Setting MPH 530 PH Seminar</td>
</tr>
<tr>
<td>Name</td>
<td>Title/Academic Rank</td>
<td>Current Employer</td>
<td>% Effort</td>
<td>Gender</td>
<td>Race</td>
<td>Graduate Degrees Earned</td>
<td>Discipline</td>
<td>Contribution to the Teaching Program</td>
</tr>
<tr>
<td>-------------------</td>
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</tr>
<tr>
<td>Mohsen Bazargan</td>
<td>Professor</td>
<td>CDU</td>
<td>10%</td>
<td>M</td>
<td>Iranian-American</td>
<td>PhD</td>
<td>Medical Sociology and Gerontology</td>
<td>Guest Lecturer: MPH 530 PH Seminar</td>
</tr>
</tbody>
</table>
| Magda Shaheen      |                     | CDU              | 10%      | F      | Middle-Eastern American | MD, PhD/MPH             | Epidemiology/Biostatistics/Public Health         | Public Health Workshop in Data Management
                                                      |                                   | Guest Lecturer: MPH 502 Racial & Ethnic Health Disparities
                                                      |                                   |                    |                          | MPH 512 Principles of Biostatistics              |
| Nell Forge         | Assistant Professor, Community Track Faculty | CDU | 5%    | F      | AA                        | PhD/MPH                 | Behavioral Sciences                               | Guest Lecturer: MPH 502 Racial & Ethnic Health Disparities
                                                      |                                   |                               |                          | MPH 524 Community Organizations in Urban Setting |
                                                      |                                   |                               |                          | MPH 530 PH Seminar                                      |
4.1.c. Description of the manner in which the faculty complements integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program.

Several members of our program’s faculty complement have held/hold positions within public health practice, community service, and global health programs/projects. They bring their expertise to the MPH students, CDU employees (faculty and staff), and the surrounding community, through guest lectures and workshops. For example:

**Dr. Sondos Islam**, UPH program director, brings with her a strong academic portfolio focused on health behavior research of ethnically diverse adolescent substance abuse, and the evaluation and analysis of tobacco control practices. Dr. Islam was the main evaluator for the professional report “Tobacco Corporation Retailer Education Materials to Reduce Tobacco Sales to Minors,” and co-authored the evaluation study “Targeting of Specific Populations by the Tobacco Industry” both of which were submitted to the California Department of Health Services/Tobacco Control Section (CDHS/TCS). Dr. Islam brings to her classes a hands-on knowledge and expertise in the evaluation of public health programs, research methodology for community needs assessments and cultural competencies in planning public health programs targeting diverse populations.

**Dr. Bita Amani**, MPH core faculty, brings with her a strong academic portfolio and committed application of her biomedical background to health disparities. Additionally, given her research interests and focus on the socio-political implications of health disparities and biomedical knowledge, she draws connections between classroom conversations and the larger mission, vision, and goals of the program.

**Ms. Cynthia Davis**, MPH core faculty, has more than 20 years of community service and outreach activities, which augment her teaching abilities and brings the program hands-on experience straight from the communities in which she serves. Since 2000, she has been actively involved in research efforts with senior faculty at CDU as well as UCLA. She was a co-investigator on a five-year multi-site national Special Project of National Significance (SPNS) Project funded by HRSA from 2001 to 2006. The researchers looked at access to care issues and clinical outcomes for HIV positive minorities who had dropped out of care. She is continuously looking to develop research partnerships with community partners to develop more effective community mobilization methodologies to enhance at risk individuals seeking
HIV/STD screening services as well as to link HIV positive individuals into care and treatment. She is currently seeking funding to pilot test an enhanced case management model targeting individuals who are HIV positive and have been recently released from prison and/or jail into the community.

Ms. Davis was featured and recognized nationally for her community service work with HIV/AIDS education and outreach activities on the Time Warner Cable TV Network during Women’s History month. In March, 2011, she received recognition for her contributions in National Women and Girls HIV/AIDS Awareness Day from the Los Angeles County Board of Supervisors, Congresswoman Laura Richardson, California 37th District, and Los Angeles County Board of Supervisors, among others, and in November, 2010, Ms. Davis was awarded the National Lifetime Cable TV Network Remarkable Women Recognition Award.

**Dr. Nina Harawa** is an Assistant Professor at CDU, Life Sciences Institute, and the PI and Co-PI on several research grants focusing on HIV/AIDS prevention, and community and individual effects on the risk of HIV/STD. Dr. Harawa is the Organizer/Presenter for “Breaking the Silence” (BTS) Community Forum, a research grant funded by the National Institutes of Health (NIH), National Institutes for General Medical Sciences (NIGMS) to help study the significant impact on female partners of bisexual men and their implications for HIV/STD risk for women of color. The NIH-funded research study involves African American and Latino adult women. The BTS Community Forum is endorsed and sponsored by the Urban Public Health (MPH) program, and our students volunteer in the event. Dr. Nina Harawa was also the practicum preceptor for Ms. Dolores Fleming, Class of 2010, and she is currently the thesis mentor for Ms. Raniyah AbduSamad, Class 2011.

**Dr. Lisa Smith** who served as director of the Epidemiology Unit in the Los Angeles County’s Sexually Transmitted Disease (STD) Program from 2002 to 2006 before being appointed to her current position as chief of the Surveillance, Epidemiology and Evaluation unit of the Los Angeles County’s Division of Chronic Disease and Injury Prevention, was a guest speaker in the Public Health Seminar Series conducted in the spring semester, 2011; her topic title was “Rapid Assessment in L.A. County Department of Public Health.”

**Dr. Paul Robinson** is an Assistant Professor at CDU, who serves as the Investigator in Informatics Core and the Director of the Medical Geographic Information Systems Laboratory at CDU. His research grants focus on the influence of neighborhoods and environments on
health related behaviors and outcomes. He currently has an award from the National Heart Lung and Blood Institute (NHLBI) to study the relationship between neighborhood structure and cardiovascular disease. Dr. Robinson brought his experience and expertise to the classroom when was a guest lecturer in MPH 502 Health Disparities in fall 2010. He was also a guest speaker in the Public Health Seminar Series conducted in the spring semester, 2011, where his topic was “GIS in Public Health.”

**Dr. Fred Dominguez** who is a Health Education Administrator, Division of Quality Assurance at the Los Angeles County Department of Public Health (DPH), where he is involved in survey questionnaire design, data analysis, GIS health determinants modeling, mapping and analysis, designing and implementing disaster preparedness training programs for facilitators, and analysis of DPH performance measures. Dr. Dominguez is also an Assistant Professor at CDU, Department of Family Medicine, where his main focus is on community-based participatory research, community disaster preparedness, adolescent obesity, and community mapping with GIS. He was a guest speaker in the Public Health Seminar Series conducted in the spring semester, 2011; his topic title was “Community Emergency Preparedness: Collaborative opportunities for community-university-local government partnerships.” Dr. Dominguez will teach MPH 520 Public Health Biology during the summer semester, 2011.

**Dr. Trista Bingham** works for the HIV Epidemiology Program, Los Angeles County Department of Public Health, and is the Epidemiologist and Chief of the Seroepidemiology Unit at the HIV Epidemiology Program. Dr. Bingham is the PI for the Context of HIV Infection Project "CHIP" which uses Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS) to identify persons with evidence of recent HIV infection and compare them to a group of HIV seronegatives in order to identify the contextual factors associated with recent HIV seroconversion, as well as missed opportunities to prevent more recent HIV transmission. Dr. Bingham will be a guest lecturer in MPH 524 Community Organization in Urban Settings during the summer semester, 2011.

**Dr. Nell Forge** is Community Engagement Program Director. She is a health disparities researcher with expertise in comparing racial and subgroup differences in access to services and exposure to neighborhood stressors. Her current research focuses on community-based participatory research capacity building, cancer outreach, prevention and control. She has prior
Dr. Mohsen Bazargan is Professor, President of Academic Senate and Director of Research at Department of Family Medicine at Charles R. Drew University of Medicine & Science. He is a Medical Sociologist with extensive training in the fields of aging, research methodology, evaluation, and statistics. He is currently Assistant Editor for the *Journal of the American Geriatric Society*. Dr. Bazargan entire research related activities are concentrated around the health status and health disparities experienced by racial/ethnic minorities and socio-economically disadvantaged populations. He has conducted several large population and community based studies on access and utilization of health services by underserved minority populations. Dr. Bazargan has published over 80 manuscripts and is currently funded by the Center for Medicare and Medicaid and NIH to conduct research and interventional study among minority populations. Finally, he serves as a board member of LA Net, a project of community partners working on health disparities.

Dr. Yasser Aman, Dr.PH in Health Policy and Management, joined the CDU MPH faculty in fall 2011. He is the founding President and Chief Executive Officer (CEO) of the UMMA Community Clinic, in South Los Angeles, a non-profit community clinic with values aligned to those of the UPH program, including compassion, human dignity, social justice, and ethical conduct. The UMMA clinic promotes the well-being of underserved communities by providing accessible high quality healthcare for ethnically diverse underserved communities, regardless of ability to pay. His main responsibilities include the planning, organizing, directing and evaluating the health activities/programs of the health community center, and conducting community outreach activities, fund development, strategic planning, program policy, as well as operational, financial and administrative management. Dr. Aman brings hands-on expertise from the public health field in working with health access issues for underserved uninsured communities to the two MPH courses that he teaches MPH 523 Health Management and Systems, and MPH 525 Health Policy and Leadership. In terms of research, Dr. Aman was the Community Collaborating Principal Investigate in a community-participatory research study conducted by CDU and UCLA in collaboration with the UMMA COMMUNITY Clinic, “Breast Cancer Detection Practices among Muslim Women in Southern California.”
4.1.d. Identification of outcome measures by which the program may judge 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.

Table 4.1.d. Outcome Measures for Judging the Qualifications of MPH Faculty Complement

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>AY 2008-09</th>
<th>AY 2009-10</th>
<th>AY 2010-11</th>
<th>AY 2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of MPH faculty complement who hold terminal degrees, i.e. doctorate degrees</td>
<td>At least 75% of MPH faculty complement will hold terminal degrees.</td>
<td>77% (7/9)</td>
<td>60% (3/5)</td>
<td>77% (7/9)</td>
<td>87.5% (7/8)</td>
</tr>
<tr>
<td>The proportion of MPH faculty who receive a rating “very good” or “excellent,” on the students’ MPH course evaluations.</td>
<td>At least 80% of the MPH faculty will receive a rating “very good” or “excellent,” by at least 75% of the students, on the MPH course evaluations</td>
<td>N/A</td>
<td>100% (5/5)</td>
<td>60% (3/5)</td>
<td>Pending</td>
</tr>
<tr>
<td>The proportion of MPH faculty complement from ethnically diverse backgrounds</td>
<td>At least 80% of MPH faculty complement will be from diverse backgrounds</td>
<td>99% (8/9)</td>
<td>100% (5/5)</td>
<td>Approx. 89% (8/9)</td>
<td>100% (5/5)</td>
</tr>
<tr>
<td></td>
<td>AA: 55% (5/9)</td>
<td>Hispanic: 22% (2/9)</td>
<td>Other: 22% (2/9)</td>
<td>AA: 60% (3/5)</td>
<td>Hispanic: 11% (1/9)</td>
</tr>
<tr>
<td>The proportion of MPH faculty complement who receive funding for research or service, publish research, and/or present their research at scientific meetings and/or professional conferences</td>
<td>At least 50% of MPH faculty complement will receive funding for research or service, will publish research, and/or present their research at scientific meetings and/or professional conferences</td>
<td>55% (5/9)</td>
<td>40% (2/5)</td>
<td>55% (5/9)</td>
<td>12.5% as of August 30th, 2011 (1/8)</td>
</tr>
<tr>
<td></td>
<td>AA: 55% (5/9)</td>
<td>Hispanic: 11% (1/9)</td>
<td>Other: 22% (2/9)</td>
<td>AA: 62.5% (5/8)</td>
<td>Hispanic: 12.5% (1/8)</td>
</tr>
</tbody>
</table>

Note: Detailed information regarding MPH Faculty Complement’s funded grants, published research and/or presentations are referenced in the MPH faculty’s CVs which are available in the MPH resource files.

4.1.e. Assessment of the extent to which this criterion is met.

This criterion is met with commentary. The UPH program has a multi-disciplinary MPH complement faculty body that bring a multitude of expertise and a diversity of research interests and experiences to the MPH program, students, and the community. As evident by the faculty accomplishments, the program is very fortunate. Our core MPH faculty has a strong academic portfolio and years of community service and outreach activities that address health disparities.
and social justice issues among underserved communities. The following is a brief explanation of what we believe is our strengths and weaknesses for this criterion:

Although Ms. Cynthia Davis, core MPH faculty, does not yet hold a doctorate in public health (DrPH) degree, she has more than 26 years of community service and outreach activities that augment her teaching abilities and brings the program hands-on experience straight from the communities in which she serves. The UPH program is very proud and very fortunate to have Ms. Cynthia Davis as a member of our core MPH faculty. As a leading person in the field of community based health research, she has numerous awards. She was recently named “Lifetime’s Remarkable Woman.” As an internationally recognized researcher, interventionist, and activist, she embodies service.

Dr. Amani is a promising junior faculty member. To facilitate her career advancement in public health, CDU is committed to integrating her within the larger CDU research faculty development plan as evident by her selection as part of the University research faculty development cohort. She is also currently submitting a pilot project to the Accelerating eXcellence In Translation Science (AXIS) research project. This is beneficial to both her career advancement, as well as her contribution to the wealth of knowledge obtained by the students.

Since her 2009 appointment as the UPH program director, Dr. Islam has done a tremendous job in transforming the program by standardizing the program’s goals, objectives, outcome measures, assessment and evaluation processes. Her overriding responsibilities have been administrative, resulting in a 100% commitment of her time. Once the CEPH accreditation process is finalized, she will be able to focus more on grant writing and manuscript preparation and submissions. That said, Dr. Islam brings to her classes her knowledge and expertise in research methods for needs assessments, cultural competencies in planning public health programs targeting diverse populations, and evaluation of public health programs. Also, in recognition of her dedication, Dr. Islam was awarded “Faculty of the Year” by the CDU Faculty Senate in 2011.
Criterion 4.2 Faculty Policies and Procedures

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

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

The UPH program faculty are governed by CDU’s faculty rights and responsibilities as stated in the Faculty MOA (http://www.cdrewu.edu/assets/pdfs/MOA%20on%20Faculty%20RightsResponsibilities%2006-08-10.pdf), and detailed in the CDU Faculty Manual, 2001 (http://www.cdrewu.edu/assets/pdfs/FacultyManualFebruary2011/CDU%20Faculty%20Manual%202002-18-11.pdf). The Faculty Manual covers policies and procedures related to the following issues:

I. Faculty Rights and Responsibilities
II. Faculty Governance
III. Faculty Appointments and Promotions
IV. Faculty Contracts and Workload
V. Faculty Orientation and Development
VI. Faculty Employment
VII. Faculty Grievances and Complaints

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

Campus-wide faculty development is a high priority at CDU with resources provided by the College of Medicine and the Office of the Provost. Faculty development is provided in support of the three core values of the university: education and teaching; research and scholarship, and service excellence.

All faculty at CDU are expected to be educators. The CDU Office of Faculty Development (OFD) assists CDU faculty members in their academic careers, including the knowledge and skills needed for critical topics such as student advising, using evidence to teach (scholarly teaching), enhancing student learning (academic leadership), assessing student learning, and producing evidence from teaching (scholarship of teaching and learning). The OFD provides a
range of services to new and experienced faculty members and to programs and projects at CDU, including the Academic Boot Camp (ABC) for Academic & Clinical Faculty Members, Faculty and Professional Learning Communities (FLCs), and Individual and Group Consulting. Participants in the ABC have included research and teaching faculty members from all three colleges; administrators; program directors; deans of COM, COSH, and SON; and all of the COM Associate Deans. Analysis of student learning outcomes in combination with individual faculty and departmental needs drive the content and types of additional faculty development.

In CDU’s guided study approach to research faculty development, a department chair or a designee counselor assesses the faculty’s current and future needs in an annual or as-needed face-to-face meeting. In this session, individualized, career- and productivity-enhancing coursework and activities are identified through mutual agreement. General goals include a) increased scientific competency and funding competitiveness, usually represented by grant submissions and awards, and journal publications, b) addressing any education and training needs, and c) identifying incentives and mechanisms that may motivate the faculty member to participate in all training and development activities. This approach emphasizes active, expanded mentoring, e.g. a cooperative grant proposal or journal article under the leadership of a senior faculty member, and translational research as encouraging interdisciplinary and collaborative projects and research.

Junior faculty are also mentored and advised about how to succeed as a faculty member and progress through the academic ranks. It is expected that faculty will develop a regional or emerging national reputation to be considered for promotion from Assistant to Associate Professor. As an example of how that may be achieved, faculty is encouraged to not only participate in local, regional and professional societies and associations, but also to develop and secure leadership positions. Similarly, as faculty advance, they are expected to provide services such as reviewers for their discipline-specific programs and journals. Faculty learning communities are offered to CDU faculty as well as other activities such as mentoring.

In CDU’s guided study approach to research faculty development, a department chair or a designee counselor assesses the faculty’s current and future needs in an annual or as-needed face-to-face meeting. In this session, individualized, career- and productivity-enhancing coursework and activities are identified through mutual agreement. General goals include a)
increased scientific competency and funding competitiveness, usually represented by scientific
grant submissions and awards, and journal publications, b) addressing any education and training
needs, and c) identifying incentives and mechanisms that may motivate the faculty member to
participate in all training and development activities. This approach emphasizes active,
expanded mentoring, e.g. a cooperative grant proposal or journal article under the leadership of
a senior faculty member, and translational research as encouraging interdisciplinary and
collaborative projects and research.

Additionally, COSH supports faculty development by encouraging and supporting faculty to
attend conferences for the purpose of presenting their own research findings and gaining
exposure to the research of other public health researchers.

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

The COSH faculty appraisal procedure has three components: bottom up (student course
evaluations), horizontal (faculty peer evaluations), and top down (COSH Faculty Annual
Performance Review), that maintain a high degree of professionalism, respect and objectivity in
the observation process.

1. **COSH Annual Faculty Performance Review**: At the end of each academic year COSH
   faculty are required to complete an evaluation worksheet as a self-assessment tool to rate
   themselves in the three areas of instruction, research and service. Each faculty reviews
   his/hers previous year’s teaching, research, and service efforts, self-assesses the
   achievement targets set for themselves for the previous year, and states the next academic
   year’s teaching, research and service objectives/target outcomes. The faculty
   performance reviews are submitted to and reviewed by the COSH dean; if the faculty’s
   objectives were not achieved, the dean discusses and assists the faculty with the action
   plans to improve the achievement of their objectives for the next academic year.

2. **Faculty Peer Evaluation**: MPH faculty instructors are annually evaluated by their peers.
   The process of faculty peer evaluation involves faculty members reviewing each other’s
   teaching performance through classroom observation and examination of instructional
   materials and course design. The peer evaluation is documented using a rubric approved
   by the MPH Program Committee. Copies of the peer evaluation rubric are submitted to
   the program director and the MPH faculty being evaluated for his/her comments on the
evaluation. The program director discusses evaluation results with the faculty being observed and action plans for improvement of teaching performance are developed for the next academic year. The peer evaluation results are also used as part of the promotion dossier, if the faculty is up for a rank promotion. Copies of the faculty peer evaluation reviews are saved in the faculty files and are available for review by the CEPH site visit team.

3. **Student Evaluation of MPH Course and Instructor**: MPH students complete two course evaluation surveys during the last two weeks of the semester, a general one administered by COSH, and another program-specific survey which includes questions assessing the student’s competency/skill levels of the UPH program competencies. Both evaluations assess the faculty instructor’s performance in teaching and achieving course objectives, among other evaluation questions. The MPH student course evaluation survey includes open-ended questions where students comment on the instructor’s strengths and weaknesses and provide recommendations for improvement of teaching and delivery methods as well as questions regarding their achievement of the MPH competencies that were addressed in the course. The Program Director receives a copy of both evaluations during the first two weeks of the following semester, at which point, the Program Director submits a copy of the evaluation to the respective faculty and discusses any weaknesses and recommendations indicated by students with the respective faculty. The Program Director’s performance is assessed by the Dean or the Associate Dean of COSH.

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

Course evaluations are provided by the college and the program and are administered during the last two weeks of each semester, independent of the instructor. The course evaluation requests students to assess the course by providing constructive feedback about the course, course instructor, whether course objectives were met, and their individual achievement of the program’s competencies as applicable to the course. As mentioned in criterion 2.7.a., in addition to student course evaluations, each MPH faculty is asked to submit a self-assessment of their course, their perception of how the students performed in the course, and, based on their self-assessment, any recommended changes/action plans that the faculty instructor intends to implement to improve course outcomes in the next academic year.
The UPH program Director reviews both the COSH and program student course evaluations at the end of each semester and meets with the appropriate faculty member to discuss the results. While student course evaluations represent only one measure of teaching effectiveness, course evaluation items rated with scores which represent “NO” or “Definitely NOT” are highly scrutinized and signal the Program Director to work and communicate with the specific faculty member to discuss strategies for improving teaching effectiveness. Low course evaluation ratings often serve to identify issues that can be addressed to improve the overall course and can be taken into consideration in future teaching assignments.

In fall 2009, the Urban Public Health Program transitioned to web-based course evaluations using the SurveyMonkey application. An Exit Survey is also conducted with all MPH students to assess their satisfaction with instruction and general comments with regard to specific courses. SurveyMonkey results of MPH course evaluations since Fall 2009, and Exit Surveys for 2010 and 2011 MPH Graduates will be available for the CEPH site visit team.

4.2.e. Description of the emphasis given to community service activities in the promotion and tenure process.

CDU has an annual faculty contract system and does not offer tenure. CDU academic rank and promotion reviews are faculty driven and are based on promotion standards developed by the Appointment and Promotion (A&P) committee for each College/School and Academic Senate (AS). The COSH A&P (Appendix D) criteria for academic rank promotion includes community service activities reflected in a faculty activity report, a self-statement, and the requirement that at least one of the five letters of reference address service (either internal or external) performed by the candidate. The COSH A&P Policy is available in the MPH resource files.

4.2.f. Assessment of the extent to which this criterion is met.

This criterion is met. There are several mechanisms in place for evaluating MPH faculty to ensure continued and sustained faculty competency and development.
Criterion 4.3 Faculty and Staff Diversity

The program shall recruit, retain and promote a diverse faculty and staff, and shall offer equitable opportunities to qualified individuals regardless of age, gender, race, disability, sexual orientation, religion or national origin.

4.3.a. Summary demographic data on the program’s faculty, showing at least gender and ethnicity; faculty numbers should be consistent with those shown in the table in 4.1.a.

Table 4.3.a. Summary Demographic Data for Core and Other Faculty AY 2011-12

<table>
<thead>
<tr>
<th></th>
<th>Core Faculty</th>
<th>Other Faculty</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td># % Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># % African American Male</td>
<td>1</td>
<td>12.5</td>
<td>1</td>
</tr>
<tr>
<td># % Caucasian Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># % Hispanic/Latino Male</td>
<td>1</td>
<td>12.5</td>
<td>1</td>
</tr>
<tr>
<td># % Asian/Pacific Islander Male</td>
<td>1</td>
<td>12.5</td>
<td>1</td>
</tr>
<tr>
<td># % Native American/Alaska Native Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># % Other Male (Middle-Eastern American)</td>
<td>2</td>
<td>25.0</td>
<td>1</td>
</tr>
<tr>
<td># % International Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># % Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># % African American Female</td>
<td>1</td>
<td>33.3</td>
<td>3</td>
</tr>
<tr>
<td># % Caucasian Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># % Hispanic/Latino Female</td>
<td>1</td>
<td>12.5</td>
<td>1</td>
</tr>
<tr>
<td># % Asian/Pacific Islander Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># % Native American/Alaska Native Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># % Other Female (Middle-Eastern American)</td>
<td>2</td>
<td>66.7</td>
<td>2</td>
</tr>
<tr>
<td># % International Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>3</td>
<td>100%</td>
<td>8</td>
</tr>
</tbody>
</table>
4.3.b. **Summary demographic data on the program’s staff, showing at least gender and ethnicity. Data must be presented in table format.**

Table 4.3.b. Summary Demographic Data for CDU Full-Time Staff* supporting the UPH program

<table>
<thead>
<tr>
<th>Gender/Origin</th>
<th>Full-Time Staff (% effort)</th>
<th>Total FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American Male</td>
<td>3 (10% each)</td>
<td>30%</td>
</tr>
<tr>
<td>Caucasian Male</td>
<td>3</td>
<td>0%</td>
</tr>
<tr>
<td>Hispanic/Latino Male</td>
<td>2 (100% and 10%)</td>
<td>110%</td>
</tr>
<tr>
<td>Asian/Pacific Islander Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native American/Alaska Native Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown/Other Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>5</td>
<td>140%</td>
</tr>
<tr>
<td>African American Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian/Pacific Islander Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native American/Alaska Native Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown/Other Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Female</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Staff is defined as those individuals not defined as students or faculty

For CDU faculty and staff diversity, please see criterion 1.3.a.

4.3.c. **Description of policies and procedures regarding the program’s commitment to providing equitable opportunities without regard to age, gender, race, disability, sexual orientation, religion or national origin.**

The UPH program adheres to CDU’s policies and procedures regarding commitment to providing equitable opportunities without regard to age, gender, race, disability, sexual orientation, religion or national origin.

CDU is an equal opportunity employer and makes employment decisions on the basis of merit. University policy prohibits unlawful discrimination based on race, religion, color, sex, sexual orientation, actual or perceived gender identity, national origin or ancestry, citizenship status,
uniformed service member status, marital status, pregnancy, age, medical condition (cancer or HIV/AIDS-related), handicap, disability, association with an individual in a protected category or any other consideration made unlawful by federal, state or local laws. All employees are expected to work professionally and positively with persons of all backgrounds, cultures, races, ages and genders. Please refer to CDU’s Employee Handbook, available at http://www.cdrewu.edu/assets/pdfs/CDU%20Employee%20Handbook.pdf.

4.3.d. Description of recruitment and retention efforts used to attract and retain a diverse faculty and staff, along with information about how these efforts are evaluated and refined over time.

The UPH program adheres to CDU’s policies relative to personnel recruitment, selection, and advancement. Faculty positions are filled via a national search, and staff is recruited either from within and/or outside the CDU workforce to obtain qualified applicants. To support career progress of qualified internal candidates, internal recruitment may be utilized so long as it is consistent with equal employment and affirmative action objectives and results in a diverse pool of qualified applicants. It is generally not permissible to create a job for, or to offer one to, any individual unless the offer follows an announcement of the position and the screening and selection of all the applicants via a competitive process. CDU’s Faculty Manual, at http://www.cdrewu.edu/assets/pdfs/FacultyManualFebruary2011/FacultyManual.html, section IV, outlines faculty recruitment, selection, and advancement.

CDU is an equal opportunity employer and makes employment decisions on the basis of merit.

4.3.e. Description of efforts, other than recruitment and retention of core faculty, through which the program seeks to establish and maintain an environment that supports diversity.

The UPH program continuously promotes an environment that supports diversity of its faculty and student bodies as evidenced by our objectives to achieve our instructional, research and service goals, and the MPH curriculum. The UPH program’s emphasis is on urban health disparities, an area of particular interest to many underserved populations, and which reflects the profiles of our faculty and student bodies. Cultural competency is addressed in a number of MPH courses, including MPH 502 Health Disparities, MPH 522 Social and Behavioral Determinants of Health, and MPH 524 Community Organization in Urban Settings.
4.3.f. Identification of outcome measures by which the program may evaluate its success in achieving a diverse faculty and staff, along with data regarding the performance of the program against those measures for each of the last three years.

The Urban Public Health Program currently has four staff that attend to the needs of the program. All four are females, two self-identify as Hispanic, and two self-identify as African American. We believe that our staff body reflects our efforts in recruiting diverse staff.

Table 4.3.f. Outcome Measures for Evaluating Success in Achieving a Diverse Faculty and Staff

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of MPH faculty (core and complement) from diverse backgrounds</td>
<td>At least 80% of MPH faculty will be from diverse background</td>
<td>89%</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AA: 56% (5/9)</td>
<td>AA: 60% (3/5)</td>
<td>AA: 60% (6/10)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hispanic: 22% (2/9)</td>
<td>Hispanic: 60% (1/10)</td>
<td>Hispanic: 10% (1/10)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>White: 11% (1/9)</td>
<td>Other: 40% (2/5)</td>
<td>White: 10% (1/10)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other: 11% (1/9)</td>
<td></td>
<td>Other: 20% (2/10)</td>
</tr>
<tr>
<td>The proportion of MPH staff from diverse backgrounds</td>
<td>At least 50% of MPH staff will be from diverse background</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AA: 67% (2/3)</td>
<td>AA: 67% (2/3)</td>
<td>AA: 50% (2/4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hispanic: 33% (1/3)</td>
<td>Hispanic: 33% (1/3)</td>
<td>Hispanic: 50% (2/4)</td>
</tr>
</tbody>
</table>

Note: Total Faculty Headcount (Core and Complement) in 2008-09 = 9; 2009-10 = 5; 2010-11 = 10

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

This criterion is met. CDU’s policies regarding ethical and fair standards in recruitment, retention, and equal employment policies are clearly stated in the CDU Faculty and Employee manuals, and are posted online on the CDU website. All CDU employees (faculty and staff) are given these manuals when they are first employed at CDU, and they are also given updated version of these manuals, as they occur. The Urban Public Health Program has ethnically/racially diverse faculty and staff bodies. As our resources increase, the program will increase its efforts to recruit more male staff to the program.
Criterion 4.4 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.

4.4.a. Description of the program’s recruitment policies and procedures.

Students are actively recruited from among undergraduate and graduate students from the various California universities, such as the California State Universities, UCLA, UC Riverside, and USC, among others. In addition, our program tries to recruit persons already working in the public health sector, members of community-based organizations, and clinical professionals (MDs, Physician Assistants, and Nurses), ideally from ethnically/racially diverse underserved populations, who are interested in alleviating health disparities in urban settings, and serving the health needs of underserved urban populations.

The program staff, including CDU’s director of Admissions, Dr. Rita Sawyer, her staff, and MPH students participate in various recruitment activities both on and off campus, including various Public Health and Social Justice Conferences, program events during National Public Health Week, and public health workforce development events. In addition, recruiters from the CDU’s Enrollment Management Office have been provided materials to distribute to students, as they meet with a variety of college juniors and seniors. Faculty who attend local, state, national and international conferences are also given program brochures to be distributed to interested persons.

As the program receives requests for information, the Admissions Office immediately responds by mailing out a packet with the program brochure and CDU Graduate Application. Applications are also available online at http://www.cdrewu.edu/admissions/apply-now. As applications are received, acknowledgement letters and e-mail messages are sent to inform applicants of their application status. Efforts are made to meet with prospective applicants in person or by phone by the admissions counselors to respond to any admission and/or program inquiries.
4.4.b. Statement of admissions policies and procedures.
As stated in criterion 1.5.a., the UPH program Admissions committee considers the overall evidence of an applicant’s integrity, discipline, compassion, intellectual vigor, and interest in serving the health needs of underserved populations; it takes into consideration a number of criteria when reviewing the eligibility and qualifications of student applicants for admittance to the program. Eligibility requirements are posted online at http://www.cdrewu.edu/cosh/programs/graduate/urban-public-health/admissions, and in the program’s promotional brochure (Appendix C). The program accepts admission of full-time students for fall semester matriculation only. Admission and eligibility requirements include:

- The applicant’s overall GPA of 3.0 with an undergraduate degree from an accredited institution. However, due to our program instructional goal of recruiting students from underserved communities, who may not have had good opportunities to excel in undergraduate studies, this requirement may not be as stringent for students who received grades of “B” or better in undergraduate social science and community health courses but whose performance in the natural sciences undergraduate courses was not as strong, and therefore, reduced their overall GPA; the same applies for public health professionals who show evidence of strong commitment to community service to improve the health of underserved populations. In these cases, students are called for interviews with the Admissions committee to assess their overall potential and fit with the program’s mission and requirements;

- Official University Transcripts to verify undergraduate degree from a regionally accredited college or university, and from all colleges and universities attended;

- The applicant’s Graduate Record Examination (GRE) scores: although no minimal score is required for program admittance, the applicant’s performance on the GRE is used to indicate whether the student may be at risk in verbal, quantitative, and/or analytic skills that program faculty may need to give special attention to through extra tutoring sessions. The GRE requirement may be waived for applicants holding a graduate degree with a graduate GPA of 3.0 or higher and/or applicants who can provide official GMAT or MCAT scores taken within the last five years of the application date.

- Personal Goals Statement, which should address:
− Applicant’s interest in and potential for contributing to the field of public health, and how his/her interests are aligned with CDU’s mission and the Urban Public Health Program’s mission,
− Applicant’s career objectives, and if they include serving the health needs of underserved populations, and
− Applicant’s self-assessment of interpersonal skills, verbal and written skills, computer skills, and general preparation for succeeding in a graduate program in public health.

• Three letters of recommendation, with at least one from an individual who can provide information about the applicant’s academic ability.
• Curriculum Vitae or Resume
• 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).

To apply, an applicant must send the above required documents to the Admissions Office. Once complete, the applicant’s file is sent to the chair of the Admissions committee, who reviews the file and circulates it to the members of the committee. Each member reviews the file and makes one of the following recommendations: 1) admitted; 2) admitted conditionally (usually due to the pending status of one or more of the required documents); 3) interview requested; or 4) rejected. The majority decision takes precedence and applicants are notified of their admission decision by letter, once a decision has been rendered. Students who are rejected may write a letter of appeal to the Director who will present the appeal to the Admissions committee for consideration. The deadline for application is April 1st and is posted on the website; however, the program has a rolling admissions policy, i.e., the program accepts and reviews applications until the cohort class is filled. Currently, the program’s target number of students for fall 2011 is 20 students per cohort.
4.4.c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading, and the academic offerings of the program. If a program does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to website addresses may be included.

A number of materials have been produced for MPH program recruitment purposes, including:

a. The UPH program brochure which includes our vision, mission, goals, objectives, and the MPH competencies (Appendix C)

b. MPH Student Orientation Handbook, which includes the program’s vision, mission, goals, objectives, MPH competencies, the curriculum with a description of MPH courses, program policies, academic calendar, list of faculty, and the program’s ethical standards (Appendix B)

c. The Program website at http://www.cdrewu.edu/cosh/programs/graduate/urban-public-health

d. CDU Catalog at http://www.cdrewu.edu/Catalog

e. A table cover with the CDU logo and the UPH program’s name for exhibition at local and national conferences, and college/university fairs

f. Promotional pens, mouse pads, and bags

4.4.d. Quantitative information on the number of applicants, acceptances and enrollment, by specialty area, for each of the last three years.

Table 4.4.d. Quantitative Information on Applicants, Acceptances, and Enrollments in the Urban Public Health (MPH) Program, Fall 2009 to Fall 2011

<table>
<thead>
<tr>
<th>Urban Public Health (MPH) Program</th>
<th>Fall 2009</th>
<th>Fall 2010</th>
<th>Fall 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied</td>
<td>18</td>
<td>17</td>
<td>35</td>
</tr>
<tr>
<td>Accepted</td>
<td>16</td>
<td>17 †</td>
<td>31*</td>
</tr>
<tr>
<td>Enrolled</td>
<td>14</td>
<td>9</td>
<td>22**</td>
</tr>
</tbody>
</table>

† 2 students deferred to fall 2011
* of the 31 accepted students, 6 deferred to fall 2012
** 20 new matriculation + the 2 students who deferred from 2010 enrolled in 2011
Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students and a full-time equivalent conversion, for each of the last three years.

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. We anticipate the enrollment figures to increase as additional faculty is hired to support the curriculum, and after CEPH accreditation approval. Table 4.4.e. presents the total number of students (full-time, part-time, and full-time equivalent) enrolled in the MPH program at the start of the fall semester over the past three years (2008-2010).

Table 4.4.e. Quantitative Information on the number of students matriculating in the fall semester in the Urban Public Health (MPH) Program, Fall 2009 to Fall 2011

<table>
<thead>
<tr>
<th></th>
<th>Fall 2009</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HC FT</td>
<td>HC PT</td>
<td>FTE</td>
<td>HC FT</td>
<td>HC PT</td>
<td>FTE</td>
<td>HC FT</td>
</tr>
<tr>
<td>Urban Public Health (MPH) Program</td>
<td>14</td>
<td>0</td>
<td>14</td>
<td>9</td>
<td>0</td>
<td>9</td>
<td>21</td>
</tr>
</tbody>
</table>

Note: Starting fall 2009 the UPH program accepted full-time students only

HC FT = Head Count Full-time Students (9 units per semester)
HC PT = Part-time Students
FTE = Full-Time Equivalent
4.4.f. Identification of outcome measures 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 4.4.f. Outcome Measures for Evaluating Success in Enrolling a Qualified Student Body

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>2009 Cohort</th>
<th>2010 Cohort</th>
<th>2011 Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of accepted applicants who meet at least 3 of the 4 main qualifying criteria for admission to the program. †</td>
<td>At least 80% of accepted applicants will meet at least 3 of the 4 main qualifying criteria for admission to the program.</td>
<td>84% (16/19)</td>
<td>100% (17/17)</td>
<td>89% (31/35)</td>
</tr>
<tr>
<td>The proportion of matriculating MPH students from racially/ethnically diverse communities</td>
<td>At least 80% of new matriculating MPH students will be from racially/ethnically diverse communities</td>
<td>100%</td>
<td>100%</td>
<td>95% (21/22)</td>
</tr>
<tr>
<td>The proportion of new matriculating students who express intentions of working for an organization/agency which serves the health needs of underserved populations</td>
<td>At least 80% of new matriculating students will express intentions of working for an organization/agency which serves the health needs of underserved populations</td>
<td>100%</td>
<td>100%</td>
<td>79% (15/19)</td>
</tr>
</tbody>
</table>

† Admission’s criteria include 1) GPA scores, 2) GRE scores, 3) Personal goals statement/CV/Interview 4) Letters of Recommendation.

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

This criterion is met. The Program has an active recruitment and marketing process that is coordinated with CDU’s Office of Enrollment Management. Recruitment is an ongoing activity. The Program is directed at ethnically/racially diverse individuals from underserved communities whose intentions are to serve the health needs of underserved populations and/or are currently in the public health sector.
Criterion 4.5 Student Diversity

Stated application, admission, and degree-granting requirements and regulations shall be applied equitably to individual applicants and students regardless of age, gender, race, disability, sexual orientation, religion or national origin.

4.5.a. Description of policies, procedures and plans to achieve a diverse student population.

The Program endorses CDU’s policies and procedures regarding nondiscrimination; CDU does not discriminate on the basis of race, creed, ethnicity, color, sex, religion, national origin, marital status, sexual orientation, mental or physical disabilities, or age in any of its policies, practices, or procedures (University Catalog, 2009-11, page 9). As stated in the University Catalog, 2009-11 (page 1), CDU seeks a diverse student population:

“The University values cultural diversity in its faculty, staff and student body, as well as in its academic programs. The evolution of the University demonstrates its unique ability to create and carry out educational methods that accommodate a variety of learning styles. As a result of the demographic changes in the underserved communities, the range of knowledge and skills necessary to provide effective healthcare services to these communities has increased enormously. The challenge for the University has been to increase awareness and to recruit, educate and retain a diverse student body. Consequently, the University has implemented strong academic programs to meet the increasing and changing educational needs of current and potential students. The University believes that knowledge and compassion are essential for success in a multicultural institution. Therefore, development of a curriculum that includes courses focusing on multicultural issues affords an educational opportunity for our students to learn about themselves as well as about other groups and cultures. This approach to education enables our students to better appreciate themselves and the differences and commonalities of other groups and cultures. The University seeks to respond to the future needs of a diverse student body and changing community by identifying and committing specific resources to preparation, recruitment, and retention of interested students.”

The UPH program’s mission, goals, and value statements emphasize and affirm the program’s priority in seeking a minority and ethnically/racially diverse student body, as evidenced by our student body demographics in table 4.5.c. below.
4.5.b. Description of recruitment efforts used to attract a diverse student body, along with information about how these efforts are evaluated and refined over time.

As noted above, CDU has a formal plan to increase student diversity and a number of dedicated staff and offices focused on this issue. The MPH Program adheres to the diversity policies and plans established by CDU. Our instructional goal specifically targets students from underrepresented racially/ethnically diverse communities whose career interests lie in serving the health needs of underserved populations. Our catchment area is Service Planning Area (SPA) 6 in South Los Angeles where the majority population is comprised of Hispanics and African Americans.

4.5.c. Quantitative information on the demographic characteristics of the student body, including data on applicants and admissions, for each of the last three years.

Table 4.5.c. Demographic Characteristics of the UPH Program Student Body, Fall 2009 to Fall 2011 Cohorts

<table>
<thead>
<tr>
<th></th>
<th>2009 Cohort</th>
<th>2010 Cohort</th>
<th>2011 Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>African American</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied</td>
<td>10</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Accepted</td>
<td>10</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Enrolled</td>
<td>9</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Caucasian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enrolled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Accepted</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Enrolled</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Asian/ Pacific Islander</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Accepted</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Enrolled</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Native American/ Alaska Native</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enrolled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown/Other/Multi-Ethnic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Accepted</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Enrolled</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>International</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enrolled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied</td>
<td>2</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>Accepted</td>
<td>2</td>
<td>15</td>
<td>4</td>
</tr>
<tr>
<td>Enrolled</td>
<td>1</td>
<td>13</td>
<td>2</td>
</tr>
</tbody>
</table>

† Withdrew from the program within the first 3 weeks of matriculation to concentrate on his Post-Bac studies.
* 2 students from the accepted 2010 cohort deferred to 2011
** 2 students from the 2011 cohort withdrew, and the 2 students who deferred in 2010 enrolled in 2011
4.5.d. Identification of measures by which the program may evaluate its success in achieving a demographically diverse student body, along with data regarding the program’s performance against these measures for each of the last three years.

Since the inception of the Urban Public Health Program in 2006, and due to our mission and goals, our MPH student body has been and still is predominantly from racially/ethnically diverse communities, with female African American students representing the largest proportion.

Table 4.5.d. Outcome Measures for Evaluating Success in Achieving a Demographically Diverse Student Body, Fall 2008 to fall 2011 Cohorts

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>2008 Cohort</th>
<th>2009 Cohort</th>
<th>2010 Cohort</th>
<th>2011 Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of new matriculated MPH students from racially/ethnically diverse communities</td>
<td>At least 75% of new matriculating MPH students will be from racially/ethnically diverse communities</td>
<td>AA: 65% (11/17) Hispanic: 18% (3/17) Asian/ Pacific Islander: 6% (1/17) Other: 6% (1/17) International: 6% (1/17)</td>
<td>AA: 64% (9/14) Hispanic: 21% (3/14) Asian/ Pacific Islander: 14% (2/14)</td>
<td>AA: 78% (7/9) Hispanic: 22% (2/9)</td>
<td>AA: 59% (13/22) Hispanic: 18% (4/22) Asian/ Pacific Islander: 9% (2/22) Multi-Ethnic: 5% (1/22) Other: 5% (1/22)</td>
</tr>
</tbody>
</table>

4.5.e. Assessment of the extent to which this criterion is met.

This criterion is met with commentary. The UPH program has been and continues to be successful in recruiting a racially/ethnically diverse student body from under-represented communities to meet our instructional goal, objectives, and outcome measure for student diversity.
Criterion 4.6 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.

4.6.a. Description of the advising and career counseling services, including sample orientation materials such as student handbooks.

Once students are accepted into the program, they receive information regarding the College’s new student orientation session, which includes information sessions regarding COSH student resources, library information, and financial aid application processes.

The UPH program holds its own orientation session for the newly matriculated MPH students during the week preceding the start of the fall semester. MPH core faculty, MPHSA officers, MPH alumni representatives, and the director of library services participate in the MPH orientation session to answer any questions the new cohort may have. The program director welcomes the students and discusses issues related to program expectations, MPH curriculum, course descriptions, including the Practicum and Culminating Experience course requirements, MPH program competencies and public health ethical standards, program policies, and resources available to the MPH students. Students are given the updated MPH Student Orientation Handbook (Appendix B), which includes the program’s mission, vision, values, goals, and expected competencies upon graduation. It also includes the MPH curriculum and course descriptions, sequence of courses, a detailed explanation of the program’s policies, the academic calendar, contact information of MPH faculty and staff, and the APHA code of ethics for public health professionals that the program has adopted.

The director of library services explains the library resources available to graduate students, including research databases, research and statistical software available for student use, and how to access the online library resources. The MPHSA officers introduce themselves and are there to answer any questions regarding student life at CDU that the new cohort may have. Since the MPHSA constitution was finalized in late fall 2010, starting fall 2011, the MPHSA officers will give the newly matriculated students a copy of the MPHSA constitution and explain the association’s goals and objectives, activities, nomination and election procedures.

The new students also complete a baseline survey during the orientation session which includes an assessment of their knowledge and competency levels of the MPH competencies; results are
used as a reference/baseline point by which the program can assess their competency improvement levels as they progress through the curriculum.

Since fall 2009, the curriculum was modified such that all MPH courses offered are required for degree completion, i.e., the program currently has no tracks nor does it offer elective courses. Thus, all students within the same cohort take all the required courses in the sequence they are offered. Accordingly, academic advising is focused on advising students on their choice of practicum site and mentor, and advising them on which option to choose from for the Culminating Experience course, depending on their near career objectives, i.e., entering the public health workforce after graduation or pursuing further higher education. Up till now, the smaller cohort size allowed for all faculty to be accessible and in a position to advise all students. Given how the cohorts are growing, the UPH Program is in the process of assigning each student to a faculty advisor.

The MPH Practicum Coordinator/Instructor meets with all students on the first week of summer semester when they are enrolled in the Practicum Experience course to advise each student on the best and appropriate practicum site and mentor that would most benefit the student’s interest.

The program director and core MPH faculty meet with students during the first week of the second spring semester before graduation to further explain Culminating Experience (CE) options and requirements, and to advice each student on which CE option best fits their career objectives. Students who intend to pursue further higher education are advised to choose the thesis option, while those who intend to join the public health workforce upon graduation are advised to choose either the capstone project or the grant proposal. Based on the student’s option, the student is assigned a faculty mentor and/or academic advisor from within the program. Students are given the choice to change their option within the first three weeks of the semester, if they decide to change their career objectives.

MPH faculty, including the program director, is accessible to students for academic advising during their office hours or by appointment outside the faculty’s office hours. Also, Ms. Claudia Corleto, administrative assistant to the director, is very knowledgeable about the program’s policies and procedures; she knows our students by name and gets to know them quite well over their years in residency in the program. She is available during normal business hours as well as in the early evening when students arrive to attend class, since MPH classes are always held in
the evening hours, from 6-9 pm, to accommodate working adults. If MPH faculty is not available for students outside of faculty office hours, Ms. Corleto is available to answer any questions they may have, and/or schedule appointments between the student and faculty.

Primarily, career counseling sessions with MPH core faculty are conducted on an individual basis upon the student’s request. Additionally, to aid our students in their career objectives, the program offered a 3-hour career workshop session in spring 2011, as part of the Public Health Seminar series, conducted by Dr. Tony ElBoushi, the Human Resources Director. This workshop focused on public health career objectives, how to write a successful resume/curriculum vitae, how to dress and conduct yourself in a job interview, and salary negotiations. Given the positive feedback received from this workshop, we plan to have an annual career workshop every spring semester. Additionally, the Office of the Provost is implementing a series of formal graduate student workshops that focus on career development. The Public Health Seminar series also brings in individuals who advise the student’s on careers in public health. For example, Dr. Smith discussed Los Angeles County jobs with the students. The seminar series helps to build the student’s networks for future job placement. The program also regularly emails current students and alumni announcements of relevant public health job opportunities, as they become available. The announcements are also filed in the Public Health Job Opportunities folder available in the MPH resource files.

4.6.b. 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 submitted for each of the last three years.

Detailed description of the procedures for student grievance and complaints are addressed in section 1.4.e. and are available in the University Catalog (http://www.cdrewu.edu/Catalog).

Students may work with their student representatives on the MPHSA to address any concerns they may have. MPHSA representatives bring these concerns/issues to the MPH Program Committee meetings to be discussed and resolved. Students may also meet with the any of the MPH core faculty, including the Program Director, should they wish to their present concerns in a private forum.

MPH students are part of the program’s governance, and continuously provide feedback and recommendations regarding the program’s procedures and activities, but no official complaints or grievances have been submitted in the last three years. We always welcome students’
comments, concerns, and suggestions, and strive to improve the program to address any issues that may arise.

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

In spring 2011, program administration sent out the first student satisfaction survey to current students regarding their satisfaction with the program’s posting of public health job opportunities, calls for abstract submissions to national and international public health conferences, fellowship opportunities, career workshop services, advising and career counseling services, and solicited students’ recommendations to improve these services. We had an 84% response rate (16/19 current students in spring 2011). Overall, the highest dissatisfaction was in regards to the career counseling services. Accordingly, the program administration is currently discussing the need for a career counseling office for COSH graduates with the COSH dean and the Provost to improve the job placement of our graduates.

Exit and alumni surveys are also used to obtain information on student satisfaction with all aspects of the program, and to learn of ways in which the program may improve.

Results of the above surveys are available in the MPH resource files for the CEPH site visitors’ review.

4.6.d. **Assessment of the extent to which this criterion is met.**

This criterion is met with commentary. Although the nature of our cohort-based, sequenced MPH curriculum, with no electives offered, does not allow for much course specific advisement, MPH faculty do advise the students on their Practicum and Culminating Experience options. We do have a weakness in not having a university or college graduate career counseling office, and thus, it is left to MPH faculty take on this responsibility on an individual basis. Nonetheless, to address this issue for the class of 2011, a career counseling workshop was conducted in the spring semester, 2011, as part of the Public Health Seminar Series, to aid our graduating students in their employment efforts. The implementation of the advising and career counseling student satisfaction survey helped the program better address any concerns and/or recommendation the students may have, and may aided the program in providing evidence for COSH and CDU higher administration to establish a much needed graduate career counseling office.