REVIEW FOR ACCREDITATION

OF THE

PUBLIC HEALTH PROGRAM

AT THE

CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
October 5-6, 2011

SITE VISIT TEAM:
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# Table of Contents

Introduction ................................................................................................................................................... 1  
Characteristics of a Public Health Program ................................................................................................. 3  
1.0 THE PUBLIC HEALTH PROGRAM. ....................................................................................................... 4  
   1.1 Mission. ............................................................................................................................................... 4  
   1.2 Evaluation and Planning ...................................................................................................................... 5  
   1.3 Institutional Environment ..................................................................................................................... 6  
   1.4 Organization and Administration ......................................................................................................... 8  
   1.5 Governance ....................................................................................................................................... 10  
   1.6 Resources ......................................................................................................................................... 12  
2.0 INSTRUCTIONAL PROGRAMS. .......................................................................................................... 15  
   2.1 Master of Public Health Degree ........................................................................................................ 15  
   2.2 Program Length .................................................................................................................................. 15  
   2.3 Public Health Core Knowledge .......................................................................................................... 16  
   2.4 Practical Skills ................................................................................................................................... 17  
   2.5 Culminating Experience ..................................................................................................................... 18  
   2.6 Required Competencies .................................................................................................................... 19  
   2.7 Assessment Procedures. ..................................................................................................................... 20  
   2.8 Academic Degrees. ............................................................................................................................ 22  
   2.9 Doctoral Degrees ............................................................................................................................... 22  
   2.10 Joint Degrees. .................................................................................................................................. 22  
   2.11 Distance Education or Executive Degree Programs. ...................................................................... 22  
3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE. ............................................. 23  
   3.1 Research. .......................................................................................................................................... 23  
   3.2 Service ............................................................................................................................................... 24  
   3.3 Workforce Development .................................................................................................................... 25  
4.0 FACULTY, STAFF AND STUDENTS. .................................................................................................. 26  
   4.1 Faculty Qualifications ........................................................................................................................ 26  
   4.2 Faculty Policies and Procedures ......................................................................................................... 26  
   4.3 Faculty and Staff Diversity ................................................................................................................... 27  
   4.4 Student Recruitment and Admissions ............................................................................................... 28  
   4.5 Student Diversity ............................................................................................................................... 29  
   4.6 Advising and Career Counseling ....................................................................................................... 30  
Agenda ........................................................................................................................................................ 32
Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the MPH Program in Urban Public Health at Charles R. Drew University of Medicine and Science (CDU). The report assesses the program’s compliance with the *Accreditation Criteria for Public Health Programs, amended June 2005*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in October 2011 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives, and to verify information in the self-study document by reviewing materials provided on site in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

Following nearly a decade of community-based advocacy for improved medical services, the university was incorporated in August 1966. The university is named in honor of Dr. Charles R. Drew, an African American physician known for his pioneering work in blood preservation. The institution’s location in the Watts-Willowbrook section of South Los Angeles provides a unique academic environment given the corresponding diversity and complexity of the community. The university conducts education, patient care and research programs and is committed to training physicians and allied health professionals to provide care to underserved populations. The 6.5-acre on-site campus includes three major facilities on the south side of E. 118th Street including the W.M. Keck Foundation building for the College of Science and Health.

The university contributes to the diversity of the nation’s healthcare workforce: it has graduated more than 400 physicians, 2,000 physician assistants, 2,500 physician specialists and many other health professionals. More than 80% of graduates are ethnic minorities and more than 70% continue to work in underserved communities 10 years after graduation.

CDU’s academic programs are organized into three colleges or schools: the College of Science and Health, the College of Medicine and the Mervyn M. Dymally School of Nursing. The MPH program is housed in the College of Science and Health along with a bachelor of science in life sciences, an associate degree in health information technology and radiography and certificate programs in clinical coding and post-baccalaureate pre-medicine. A number of other programs in the college have been put on hiatus due to viability and sustainability issues.

The MPH program was established in 2006 in response to the need for a program that specifically addresses urban health issues in underserved communities in Southern California, particularly in Service Planning Area (SPA) 6. SPA 6 has been designated as the largest underserved neighborhood in the nation,
and the MPH program seeks to recruit students from this community and other underserved urban areas with the aim that graduates return and serve the health needs of their communities.

The program was developed to accommodate the needs of working adults who want to begin or advance a career in public health. Accordingly, MPH courses are offered on Tuesdays, Wednesdays and Thursdays from 6 pm to 9 pm. Currently, the program offers a cohort-based, sequenced curriculum that accepts full-time students for fall matriculation only.

The MPH program enrolled its first students in fall 2006 and graduated 61 students in the last four years. This is the program’s first CEPH accreditation review.
To be considered eligible for accreditation review by CEPH, a public health program shall demonstrate the following characteristics:

a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education.

b. The program and its faculty shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.

c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research, and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem-solving, and fosters the development of professional public health concepts and values.

d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards, and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.

e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. As a minimum, the program shall offer the Master of Public Health (MPH) degree.

f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the public health program at CDU. The program is located in a regionally-accredited university, and program faculty have the same rights, privileges and status as other professional programs at CDU. The program is designed to focus on underserved, urban communities and to encourage development of public health values through instruction, research and service opportunities. Interdisciplinary coordination, cooperation and collaboration are encouraged and supported at all levels of the university. Faculty from the College of Medicine contribute to the program’s teaching, research and service activities. The organizational structure values public health service and embraces a public health vision, goals and values. Resources are sufficient for the program to fulfill its mission, goals and objectives and program and university leadership are prepared to increase resources as the program grows. The program has developed evaluation mechanisms to ensure that instruction aligns with public health practice needs; however, much of the implementation began in 2009, resulting in limited data. As the program becomes more established, it will be easier to evaluate the program’s goals and objectives.
1.0 THE PUBLIC HEALTH PROGRAM.

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.

This criterion is met. The MPH Program Committee initiated the development of the current mission, goals and objectives in summer 2009. Input was provided by the MPH-CEPH Self-Study Advisory Committee, whose members included representatives of the constituent groups supporting the program — MPH faculty, students, alumni and staff, CDU senior administration and community members — and by the College of Science and Health’s Education and Academic Policy Committee, which annually reviews and provides feedback about goals and objectives to all programs in the college. The MPH program’s mission statement follows:

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.

The MPH program’s mission reflects the broader missions of the university and the college to educate professionals who will work to address health disparities in underserved communities. The mission is supported by one goal each in the areas of instruction, research and service.

Each goal has from three to five objectives specific to accomplishing that goal. Based on feedback from the MPH and college committees, the MPH 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. The MPH program’s mission, goals and objectives are available to the public in its promotional and recruitment materials and are included in the university catalog, the MPH Student Orientation Handbook, the program’s website and program brochures distributed at community outreach events, conferences and community forums. The MPH program’s mission, goals and objectives are also posted in the MPH resource room, which is used by students. During the development process, MPH faculty assured that appropriate metrics and tools were identified to assess progress toward meeting the objectives. Faculty told site visitors that the process has also helped focus how classroom instruction and materials support accomplishing the MPH goals and objectives. As a new program, it will be important for the goals and objectives to be monitored and updated as the program grows to assure that they continue to support the urban health mission.

The MPH Program Committee used input from program constituents to develop a draft values statement and then solicited feedback to finalize the document. The values statement is incorporated into program course curricula, objectives, assignments, discussions, practica and research and community service
settings. The program’s values statement, along with detailed descriptions of the components included under each point, is reviewed and discussed with incoming students during orientation. The core values statement follows:

Through its pursuit of exemplary education, research, and community service, the MPH program embraces and commits to the following values:
1. Social Justice and Health Equity
2. Respect for Cultural Diversity
3. Community Responsibility and Service
4. Excellence, Professionalism, Leadership, and Integrity

The values are considered by the program to be broad principles that may evolve as the demands of training the public health workforce change. The MPH program also has adopted and supports the public health code of ethics published by the American Public Health Association (APHA).

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.

This criterion is met. The MPH program has benefitted from an institution-wide academic review process put in place in response to CDU’s recent regional accreditation review, which is discussed in greater detail in Criterion 1.3. Every degree-granting program at CDU now undergoes a comprehensive biannual review under the auspices of the institution’s Academic Program Review Committee to assess the quality, currency and effectiveness of all academic programs within the university.

The MPH Curriculum and Outcomes Committee is the responsible entity for monitoring and evaluating the overall efforts of the program to achieve its mission, goals and objectives, and for proposing action required for improvement. The committee uses data from the university and college as well as from the MPH program to develop a report submitted to the MPH Program Committee at the end of the academic year with any recommendations for changes. The MPH Program Committee solicits input from program constituents and makes a determination about which recommendations should be implemented the next academic year. These recommendations are then presented to the college’s Education and Academic Policy Committee for review and to the university’s Academic Program Review Committee for final approval. The MPH Program Committee implements the approved changes each year and performs ongoing monitoring at monthly meetings to ensure that any issues are addressed immediately.

The self-study provides details about each goal and objective outcome measure, target performance levels, data source(s) and results from academic years 2009-2010 (when available), 2010-2011 and 2011-2012 (when available). Site visitors deemed that the objectives and measures provide a comprehensive assessment of the instructional, service and research components of the MPH program.
As a new program, it will be important to continue to assess performance against these measures and to make adjustments to meet future needs.

The CEPH self-study process began in summer 2008 under the auspices of the previous program director and was completed under the direction of the current program director, who assumed the position in summer 2009. The MPH program solicited active participation in the self-study development through of a number of committees: 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. An Alumni Follow-Up Unit was created during the preparation of the document; this unit will continue to provide outreach to and seek input from program graduates. All constituents of the program were represented in the self-study development including college and university faculty, staff and administrators with whom the program collaborates. Additionally, the draft document was made available electronically, via e-mail to all program constituents and input was solicited from anyone interested in contributing.

The self-study presents an assessment of the manner in which the program establishes, implements, assesses and refines its mission, goals and objectives. Data are clearly presented in CEPH templates and other helpful formats, and the self-study provides adequate information for site visitors. The self-study document includes thoughtful reflections on the strengths and weaknesses of the program in the four criteria included in the CEPH review. The document was well-written and included appropriate documentation in appendices and through links to background and other informational resources. Students, alumni and members of the community serving on the MPH-CEPH Self-Study Advisory Committee told site visitors they were actively involved in providing input and making suggestions that were incorporated into the self-study as it was being developed.

1.3 Institutional Environment.

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

This criterion is met. The university is fully accredited by the Western Association of Schools and Colleges (WASC). WASC placed the university on probation in 2009, but due to positive progress since then, WASC lifted the probationary status in July 2011. In addition to the university's institutional accreditation, six individual programs are accredited by specialized and professional accrediting bodies.

CDU is a 45-year-old, private, nonprofit, nonsectarian, minority-serving medical and health sciences institution located in Los Angeles, California. The university is the only designated minority-serving health sciences university in a county with a population of more than 10 million residents, 70% of whom are from minority communities. It is one of the few universities in the United States that holds a dual designation of being recognized as a Historically Black Graduate Institution (HBGI) and as a Hispanic Service Health
Professions School, serving approximately 324 students. Reflective of the university’s mission, the CDU student body is highly diverse. The composition is 39% black, 21% Asian, 21% Hispanic, 9% white and 10% other.

Academic programs are organized into three colleges or schools, including the College of Science and Health, the College of Medicine and the Mervyn M. Dymally School of Nursing. The MPH program is located in the College of Science and Health. Figure 1 presents the university’s organizational structure.

Clear and well-defined reporting lines have been established for the MPH program within the university’s organizational structure. Programmatic accountability flows from the MPH director, through appropriate channels, to the university president, culminating with the Board of Trustees. 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 curricular changes, faculty and staff recruitment, retention, rights and responsibilities. The program director has direct access to the college dean, as well as to all levels of university administration.

The MPH program budget is part of the overall college budget. The MPH program director submits budget projections to the dean, based on historical data with modifications informed by the institutional, college- and program-level reviews and programmatic needs, optimizing academic quality and programmatic/financial sustainability. The process is transparent, and follows the flow of accountability up to the president, who determines allocations in consultation with the appropriate senior-level administration.

The program is an integral part of the university, and has the same level of independence and status accorded to other professional programs at the institution.
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.

This criterion is met. The program is administratively located within the College of Science and Health. The program is under the leadership of a program director who reports directly to the college dean.
Budgetary decisions are made at the department level, based on need and discussion with the program director. Daily operations of the program are the responsibility of the program director.

The university, college and MPH program support and encourage interdisciplinary coordination, cooperation and collaboration. The MPH program is one of seven institutions that comprise the Consortium of African-American Public Health Programs for the nation. A number of university faculty from the university’s College of Medicine contribute to the program’s teaching, research and service activities.

The MPH program is committed to fair and ethical dealings for all faculty, staff and students, as evidenced by written policies and procedures. A formal procedure for handling student grievances is documented in the university catalog. Complaints against other students are reported to the appropriate college’s director of student education and services. Complaints against a staff member are reported to the staff member’s supervisor, unless uncomfortable or inappropriate for the student, at which time the student must contact the College of Science and Health dean. Complaints regarding a college policy or action that allegedly violates student rights are reported to the program director, and if not satisfied, the student may request a hearing before the Student Academic Performance, Promotion and Judiciary Committee. No official or formal student grievances or complaints have been submitted in the last three years.

The program provides an organizational setting conducive to teaching and learning, research and service. There is evidence of interdisciplinary communication, cooperation and collaboration, and the organizational structure supports the work of program constituents. Figure 2 presents the program’s committee structure.
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.

This criterion is met. The program has a well-defined governance structure that supports faculty, staff and student involvement in decision making. The MPH program has five standing committees and one unit that give program stakeholders formal opportunities to contribute to program policy development. The program director guides policy development with the final decision for any new policy delegated to the MPH Program Committee. The committee, responsible for the academic and programmatic oversight of the MPH program, is chaired by the program director and includes all core MPH faculty, representatives of the MPH Student Association (MPHSA), staff, and, when possible, alumni. Other program committee chairs provide updates from their committee meetings and/or bring issues concerning the program that require MPH Program Committee approval. The committee meets monthly or more often as needed.

The Curriculum and Outcomes Committee is chaired by the program director and includes all core MPH faculty. The committee is responsible for a) initiating all revisions to the MPH curriculum and moving suggested revisions through the College of Science and Health review and approval process, b) coordinating MPH course schedules and the assignment of faculty to courses, c) assessment and
The Research and Grants Committee includes core MPH faculty and students. At the time of the site visit, the committee was in the process of being restructured to also include CDU research faculty. The college is recruiting a director of research to assist all programs in the college with research development and implementation. The MPH program also is recruiting for a new core faculty member who is an experienced researcher to assist both students and faculty in increasing research productivity and skill-building opportunities. Committee responsibilities include responding to grant and contract requests 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 and encouraging faculty and student participation in forums, seminars and other activities with the public health community. Both faculty and students shared with site visitors that they were excited about having the added support and opportunities for strengthening the program’s research training and research portfolio.

The Admissions Committee includes MPH core faculty and staff. It is responsible for establishing admissions standards, making recommendations regarding student admissions and developing mechanisms that support student retention. Members of the MPH Admissions Committee assure a comprehensive and objective review of applications for admission and report recommendations related to admission to the MPH Program Committee. The committee also leads the MPH program collaboration with the CDU Enrollment Management Office to assist in the recruitment of MPH students.

The Alumni Follow-Up Unit is managed by the administrative assistant to the director. It is responsible for keeping a database of MPH alumni, maintaining contact with alumni on a regular basis and administering the MPH alumni survey. The Alumni Follow-Up Unit is also responsible for planning and overseeing the program’s annual end-of-year networking celebration for current students, MPH alumni, faculty and college and university senior administrators.

In addition to supporting governance of the program, core faculty members are active in college- and university-level work. The self-study provided information about the standing and ad hoc committees on which the core faculty members serve, which include the university’s Organizational Structure Committee, the Academic Senate’s Compensation, Workload and Contracts Committee, the College of Medicine’s Communications Committee and the College of Science and Health’s Education and Academic Policy Committee.
Each faculty member has several committee appointments within the program as well as with the college and the university. The site visit team noted that the number of assignments seemed large for such a small faculty complement. Core faculty told site visitors that serving on the committees was a good way to stay involved with the many issues confronting a growing program. They also said that college and university service was particularly useful in understanding key administrative and policy processes that impact MPH program operations. The program director indicated that faculty sometimes have to prioritize workload on the committees to allow them to meet critical deadlines; however, all agreed that service on committees was important and worth the extra effort. As the program grows, it will be important to monitor committee workload so that it continues to be a valued addition and not a burden to program faculty.

The five MPH program standing committees include representatives from all constituents of the program. In addition, the ad hoc MPH-CEPH Self-Study Advisory Committee, a 17-member group including MPH students and alumni, MPH faculty and staff, CDU senior administrators and community members, will transition to become the Urban Public Health Program Advisory Committee. In its new role, the committee will provide advice and recommendations on all aspects of the program. This committee will provide links to the community to help guide the program as it matures.

Individual students serve as members of the MPH Program Committee. In 2010, the MPHSA was formed to provide networking, mentoring and social events as well as opportunities to give more formal and organized input about the program’s decision-making processes. Students also contribute to program evaluation through course evaluations and baseline, exit and alumni surveys. Students and alumni with whom the site visit team met indicated that their input to faculty about program issues was listened to and acted on. They also said that the MPHSA is helping to expand and organize formal input to the program.

1.6 Resources.

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

This criterion is met. The MPH program budget is proposed by the program director to the college dean after consultation with MPH core faculty and staff. The dean reviews and modifies the proposed budget, then presents it to university senior management for review, after which it moves on to the finance subcommittee of the Board of Trustees for preliminary approval. Tuition revenues go to the university, which allocates a budget to the MPH program based on need.

Table 1 presents the program’s six-year budget for 2006-2007 through 2011-2012. Overall, the program’s operational budget decreased 12.5% during the five-year period between 2006-2007 and
2010-2011; however, this trend reversed toward positive growth of 26.6% for the 2011-2012 academic year.

### Table 1. 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</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Year 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>$237,093</td>
<td>$377,837</td>
<td>$358,679</td>
<td>$310,088</td>
<td>$249,114</td>
<td>$354,280</td>
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<td>State Appropriation</td>
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<td>$251,875</td>
<td>$167,097</td>
<td>$175,000</td>
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<td>University Funds $237,093</td>
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<td>$310,088</td>
<td>$249,114</td>
<td>$354,280</td>
<td></td>
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<tr>
<td>Grants/Contracts§</td>
<td>$134,567</td>
<td>$60,235</td>
<td>$25,275</td>
<td>$251,875</td>
<td>$167,097</td>
<td>$175,000</td>
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<tr>
<td>Indirect Cost Recovery</td>
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<td>Endowment</td>
<td>$8,450</td>
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<td>$2,000</td>
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<td></td>
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<tr>
<td>Gifts</td>
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<tr>
<td>Other (explain)</td>
<td>$8,450</td>
<td>$4,450</td>
<td>$2,000</td>
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<tr>
<td>Total Sources of Funds/MPH Operational Budget</td>
<td>$371,660</td>
<td>$438,072</td>
<td>$392,404</td>
<td>$566,413</td>
<td>$418,211</td>
<td>$529,280</td>
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**Expenditures**

<table>
<thead>
<tr>
<th>Expenditures</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Year 6</th>
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</thead>
<tbody>
<tr>
<td>Faculty Salaries†</td>
<td>$279,362</td>
<td>$269,362</td>
<td>$256,362</td>
<td>$221,035</td>
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<tr>
<td>Staff Salaries</td>
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<td>$32,000</td>
<td>$16,016</td>
<td>$16,016</td>
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<td>Fringe Benefits (Faculty &amp; Staff)</td>
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<td>$73,834</td>
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<td>Operations</td>
<td>$9,588</td>
<td>$6,950</td>
<td>$3,450</td>
<td>$5,950</td>
<td>$5,000</td>
<td>$10,000</td>
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<td>Travel</td>
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<td>Student Support‡</td>
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<td>$33,725</td>
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<td>$175,000</td>
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<tr>
<td>University Tax</td>
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<td>$33,725</td>
<td>$256,325</td>
<td>$169,097</td>
<td>$175,000</td>
<td></td>
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<tr>
<td>Other (CEPH Accreditation Fees/Expenses)</td>
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<td>$4,010</td>
<td>$3,765</td>
<td>$5,000</td>
<td></td>
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<tr>
<td>Total Expenditures</td>
<td>$371,660</td>
<td>$438,072</td>
<td>$392,404</td>
<td>$566,413</td>
<td>$418,211</td>
<td>$529,280</td>
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**Total Sources – Total Expenditures**

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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</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 auxiliary to the National Medical Association.

§ Includes Service and Training Grants and 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.
The program includes three core faculty and nine adjunct, part-time and secondary faculty. Student headcount decreased over the last three years, from 34 total students in 2009-2010 to 25 students the following year and 19 students for 2010-2011; however, this trend has reversed, as 29 students matriculated into the program in the 2011-2012 cohort. The student-faculty ratio is currently 6.8:1.

The program has four administrative staff who oversee program operations, with one dedicated at 100% effort, while three others contribute 10% effort each to the program.

On-site discussions with faculty, students and administrative officials identified the need for additional faculty to meet the demands of the program as it grows. This need is being addressed with the hiring of a fourth faculty member for the program, expected to begin in spring 2012. Discussions with faculty also identified the need to hire additional administrative staff to support the program in the future.

The program is housed on the second floor of the W.M. Keck Foundation building. There are three offices for MPH faculty, a reception kiosk for administrative staff and a resource room for use by MPH students. The Keck building also houses the Student Education and Services Center and nine classrooms. The Student Education and Services Center provides students with access to a main computer area with 24 workstations, eight computer stations in the Career Center, three group-study rooms with computer access and computer software programs to accommodate varying study needs. The MPH resource room is equipped with desks, three computers, one laser printer, desk copies of most textbooks used in MPH courses, public health journals and textbooks of interest for research work, public information about the MPH program and copies of alumni theses and capstone projects.

The university library consists of over 7,500 print books and access to over 44,000 electronic books. It houses a collection of over 600 volumes of journals, access to over 7,900 electronic journals and a physical/electronic collection of over 1,600 audio visual materials. Currently, there are 78 journal titles, over 60 audio visual resources and 453 books pertaining to public health. Students and faculty can access these resources on campus, in the classroom and remotely. The Learning Resources Center houses 30 computer workstations for faculty and staff. The library prints posters for MPH students, provides information literacy instructions and offers information consultations for research assistance. The library also participates in community outreach, demonstrated by involvement with local health fairs. The librarian works in the evenings to accommodate the needs of MPH students who are on campus later than the traditional library hours.

In-kind academic contributions are represented by public health practitioners who serve as preceptors for MPH students’ practicum experiences, as well as by faculty and public health professionals who provide guest lectures and conduct workshops for development activities.
It was clear to site visitors that the university’s senior administration values and supports the program. The president, who joined the university in July 2011, noted that the existence of an MPH program was one of the deciding factors for coming to the university, and he is committed to ensuring that the program grows and thrives in the future.

The program has adequate resources to fulfill its stated mission and goals, along with associated instructional, research and service objectives. Facilities, equipment and services to support educational activities of the program are in place, functional and appropriately financed.

2.0 INSTRUCTIONAL PROGRAMS.

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. The program may offer a generalist MPH degree or an MPH with areas of specialization. The program, depending upon how it defines the unit of accreditation, may offer other degrees, professional and academic, if consistent with its mission and resources.

This criterion is met. The program offers a single professional MPH degree in urban public health, as shown in Table 2. The degree is a five-semester, cohort-based program that admits full-time students every fall semester. The MPH curriculum is composed of 13 sequenced courses, plus practicum and culminating experiences. In addition to courses in the five core public health knowledge areas, the curriculum includes courses about urban health, public health research and planning and evaluation methods.

<table>
<thead>
<tr>
<th>Table 2. Degree Offered</th>
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<tr>
<td></td>
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<tr>
<td>Masters Degrees</td>
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<tr>
<td>Urban Health</td>
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2.2 Program Length.

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

This criterion is met. The MPH degree requires 42 semester credit hours, and the program has not awarded any degrees for fewer than 42 credit hours in the last three years. At CDU, one semester credit equals 15 contact hours per regular semester (ie, fall and spring). One semester credit equals 75 minutes of contact per week for 12-week summer courses. Courses in the MPH curriculum are three
semester credits, with the exception of public health biology and a public health seminar, which are, respectively, two and one semester credits.

The program does not offer waivers, and all courses offered by the MPH program are required for degree completion.

2.3 Public Health Core Knowledge.

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

This criterion is met. In summer 2009, the MPH Program Committee voted unanimously that the MPH curriculum would be a cohort-based, five-semester, competency-sequenced curriculum of 42 semester units, accepting full-time students for fall semester matriculation only. The courses in the MPH curriculum address all the competencies in the five broad areas of knowledge basic to public health plus knowledge and competencies focused on urban health issues, public health research, planning and evaluation methods and interdisciplinary/cross-cutting competencies. Until program resources become available to add additional courses, the MPH curriculum includes no options for electives. Table 3 describes the five core courses required for all students.

On-site review of course syllabi confirmed that the content in the courses adequately addresses the core areas of public health as well as the urban public health concentration.

<table>
<thead>
<tr>
<th>Course # and Title</th>
<th>Core Areas Addressed</th>
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<tbody>
<tr>
<td>MPH 511 Principles of Epidemiology (Previous Title: Evidence-Based Decision Methods I: Epidemiology)</td>
<td>Distribution and determinants of urban health issues through the use of vital statistics data</td>
</tr>
<tr>
<td>MPH 512 Principles of Biostatistics (Previous Title: Evidence-Based Decision Methods II: Biostatistics)</td>
<td>Statistical methods commonly used in public health research, including the appropriate uses and common misuses of health statistics</td>
</tr>
<tr>
<td>MPH 521 Environmental Determinants of Health</td>
<td>Urban environmental factors, including social, physical and chemical factors, as determinants of health. Strategies for reducing or eliminating ambient, workplace and residential environmental threats</td>
</tr>
<tr>
<td>MPH 522 Social and Behavioral Theories in Public Health (Previous Title: Social and Behavioral Determinants of Health)</td>
<td>Social and behavioral theories influencing health-related behavior, and their application in public health programs</td>
</tr>
<tr>
<td>MPH 523 Health Management &amp; Systems</td>
<td>Healthcare delivery for populations as a multidisciplinary system of dynamic interactions among human and social systems, concerned with the delivery, quality and costs. Management of urban health systems addressing structure, process and outcomes of health services including costs, financing, organization, outcomes and accessibility of care</td>
</tr>
</tbody>
</table>
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.

This criterion is met with commentary. The practicum requirement for the MPH degree has evolved since 2009 from a 120-hour requirement to a 300-hour practice-based experience for all students in the program. A change implemented in 2010-2011 more closely links the program’s core competencies with the work done during the practicum experience. Six specific learning objectives for the practicum are listed in the self-study document. Prior to starting the practicum, students develop goals and measurable objectives, and a component of the preceptor’s evaluation is assessing the student’s accomplishment of the stated goals and objectives. Students also are required to submit a formal report to the practicum coordinator, and make an oral presentation to the MPH faculty that highlights what they accomplished by working at the site.

In 2009, a longtime secondary faculty member was hired to be a member of the core MPH faculty and assumed responsibility for practicum coordination. Brief information about the practicum requirements is included in the MPH Student Orientation Handbook with more extensive details and forms provided in the syllabus for the required public health practicum course. Evaluation of the practicum experience is conducted through 1) the preceptor’s evaluation of student performance, 2) student evaluation of the practicum site and individual preceptor and 3) the practicum coordinator’s evaluation of the student. In addition, the student’s practicum deliverables and oral presentation of the practicum experience are evaluated by the practicum coordinator based on the practicum syllabus requirements.

The self-study provides a list of placement sites used during the past two academic years as well as some planned placements for students completing the experience in academic year 2011-2012. The practicum coordinator works closely with potential preceptors to determine the appropriateness of the preceptor and of any associated practicum projects. 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. Although the list of sites is fairly broad, it is required that all public health practicum sites specifically address urban health issues. The program has a list of approved practicum sites, but students are also given the option to select their own sites. A student’s choice of site must be approved by the MPH practicum coordinator before the student can start his or her practicum. The coordinator ensures that the practicum site chosen by the student is aligned with programmatic requirements and that the site preceptor is qualified to help the student gain appropriate public health practice-based skills and competencies in an urban health setting. An affiliation agreement
between the practicum site and the program must be completed before the student can begin his or her practicum experience.

The MPH program grants no waivers for the practice experience, even if the student is currently working in a public health agency. There have been no past waivers granted for the practicum.

The first point of commentary relates to the faculty practicum coordinator at times serving as both preceptor and practicum course instructor. Part of the value of a practicum is to give the student exposure to public health professionals outside the university and to a variety of experiences. Having the practicum coordinator and preceptor as one person reduces student exposure to a new person and could create an issue if the student had a problem he or she needed to discuss. The current practicum coordinator and the program director told site visitors that they are aware of this issue and, beginning this academic year, will be assigning another faculty member to serve as the practicum coordinator for all students. The site visit team confirmed that students who have been supervised by a single practicum coordinator/preceptor have engaged in appropriate practice experiences with sites external to the university.

The second point of commentary relates to the lack of scheduled, formal interaction with the practicum coordinator, the preceptor and the student. As the program continues to grow and practica become more varied, it may become more difficult to appropriately evaluate students’ work if there is no direct interaction between the practicum coordinator and preceptor after the initial placement is approved.

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.

This criterion is met. The program has a structured and sequenced culminating experience required for all MPH students. During their second year, students are required to choose one of the following three-semester-credit options: capstone project, thesis or grant proposal. Historically, there was a fourth option entailing a practice-based report, but the MPH Program Committee voted to remove this choice, starting with the class of 2011, based on feedback from graduating students and MPH faculty mentors. The culminating experience is a credit/no-credit course, and has a syllabus that includes a detailed description and timeline for each option.

All students are required to make an oral presentation of their culminating experience in an open forum to faculty, students and community members, and must also submit a written deliverable.
Student deliverables are evaluated by MPH faculty using rubrics specific for each option, including an assessment of overall organization, clarity, rigor, inclusion of pertinent information, appropriate application of program competencies and relevance to urban public health. Students must achieve a score of 80% or higher on their respective rubrics to receive credit for the culminating experience course.

During the site visit, current students and alumni acknowledged the value of the culminating experience, which clearly permits students to demonstrate skills and integrate knowledge acquired throughout the curriculum.

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.

This criterion is met. The program has developed a set of eight competencies to guide its MPH degree in urban public health. The competencies integrate an urban health focus with the five core public health knowledge areas. In addition, the competencies address health disparities, advocacy, leadership and communication skills.

In summer 2009, the program revised its competencies using recommendations from the Association of Schools of Public Health and the Council on Linkages Between Academia and Public Health Practice. The MPH Program Committee had determined that the competencies needed to be easier to assess and that they should better reflect the needs of the public health workforce, as determined by the Council on Linkages. The university’s Academic Program Review Committee reviewed and assessed the program’s modifications in 2009-2010. The committee provided recommendations to improve the competencies, such as using action verbs from Bloom’s Taxonomy to a greater degree. The MPH Program Committee voted to revise the competencies as suggested by the university-level committee.

Following the adoption of revised competencies, the MPH Curriculum and Outcomes Assessment Committee recommended that all MPH course learning objectives be revised to ensure that 1) at least two learning objectives are aligned with at least one MPH program competency and one university-level student learning outcome and 2) appropriate measurement tools are used to assess the course learning objectives and the aligned competencies. The committee developed a table that MPH faculty use to align individual learning objectives with program competencies.

The program director reviews the Council on Linkages’ website to stay current with the changing needs of the public health workforce. In addition, the program director joined the California Public Health Alliance for Workforce Excellence (CPHAWE) in January 2011. This alliance, which comprises leadership from public health agencies, academic institutions and non-governmental organizations, was created to
develop and serve the public health workforce in California. The program director serves on the alliance’s competency subcommittee, which is charged with strengthening the existing workforce’s competence related to core public health functions and understanding the emerging functions and roles of public health to prepare the workforce with the necessary competencies.

The program has a well-defined process for evaluating the competencies on a regular basis and making changes as needed. Competencies have been clearly mapped to the entire curriculum and students’ expected level of achievement is indicated as introduced, developed or mastered for each course. The sequence of the curriculum shows that students achieve mastery of each competency by successfully completing the program.

The MPH Curriculum and Outcomes Committee included questions about competency needs and attainment in three surveys it developed in 2011. Surveys are administered to public health practitioners who are members of CPHAWE, practicum preceptors and employers of MPH program graduates. At the time of the site visit, the survey administered to CPHAWE members had a response rate of 14%. The preceptor survey was administered in September 2011 and received five responses. The employer survey was administered in July 2011 to 23 employers of MPH graduates. Of the employers who had responded at the time of the site visit, more than 85% indicated they were either very satisfied or extremely satisfied with the competence of their employees.

The MPH competencies are available through the program’s promotional and recruitment materials, the CDU catalog, the MPH Student Orientation Handbook and the website. The competencies are also posted in the students’ MPH resource room. On-site review of course syllabi found clear identification of competencies and associated learning objectives.

Site visitors questioned the use of multiple terms for competencies and learning objectives and the potential for confusion among students. The program presents “Competencies/Program Student Learning Outcomes” and “Course Objectives/Course Student Learning Outcomes” to comply with CEPH and WASC requirements. Students who met with site visitors were familiar with the competencies, understood their purpose and their relationship to learning objectives and reported no confusion with terminology.

### 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.**

This criterion is met with commentary. The program assesses student attainment of competencies through a variety of direct and indirect means. Direct methods include objective examinations, papers, presentations, group projects, article critiques and the deliverables associated with the practicum and
culminating experiences. Indirect methods of assessment include student self-evaluations of competency mastery and preceptor evaluations of student performance at practicum sites. Beginning in fall 2009, the program implemented a baseline survey to assess the incoming cohort’s self-assessment of familiarity with the program’s competencies and the university’s learning outcomes.

To assess attainment of individual competencies within courses, faculty submit an itemized grade table to the program director for each assessment tool used in the course. The MPH Program Committee has set a target of “at least 80% of students will 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; if the target is not met, the program director and course instructor develop a plan to improve the outcome measures the next time the course is taught. Site visitors’ review of the itemized grade tables for academic years 2009-2010 and 2010-2011 showed a clear assessment process with identified action plans for the few measures that did not meet the 80% threshold. Students are also asked about competency attainment in every course evaluation, which is used to refine the design of the course.

One cohort has completed a baseline and exit survey that asks students to self-rate their achievement of the program’s competencies. While students report a fairly high level of ability upon beginning the program, which is likely attributed to previous public health work experience, students report higher attainment of each competency on the exit survey. Of all the competencies, students report the most improvement and the highest achievement in “identifying community health problems and ethnic/racial health disparities using epidemiological, biostatistical and community monitoring methods.”

The self-study presented graduation rates above the 80% target for the cohorts graduating in 2009 (82%) and 2010 (92%). In 2011, the graduation rate dropped to 71% due to the loss of four students from the cohort of 14 students. This attrition was due to one student leaving for medical school, one failing to perform at a graduate level, one unwilling to wait for CEPH accreditation and one taking a leave of absence. The student on leave has remained in contact with program leaders and is expected to return after completing a physician assistant program. Given that the program’s maximum time to graduation is four years, this student’s successful completion of the program would bring the 2009 cohort’s graduation rate close to 80%.

The program has met or exceeded its job placement rate target of 80% in each of the last three years. Of the 43 students who have graduated in the last three years, 36 (84%) have responded about their employment destination. Most alumni report that after graduation they are working in health care delivery, conducting university research or pursuing further education.
In addition to graduation and job placement rates, the program also uses the following outcome measures to assess students: proportion of students who graduate with a GPA of 3.5 or better and the number of students who submit abstracts for oral or poster presentations at public health conferences each year. Data presented in the self-study for the last three cohorts who have completed the program indicate that targets are being met.

The commentary relates to the recent implementation of a number of surveys. At the time of the site visit, a number of surveys were still open and accepting responses, making it difficult for site visitors to analyze response rates and overall trends. While site visitors understand the necessity of administering the surveys quickly to begin data collection, the program should develop a consistent timeline of survey administration to improve response rates and prevent redundant contact with constituents.

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.

This criterion is not applicable.

2.9 Doctoral Degrees.

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

This criterion is not applicable.

2.10 Joint Degrees.

If the program offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

This criterion is not applicable.

2.11 Distance Education or Executive Degree Programs.

If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these programs must a) be consistent with the mission of the program and within the program's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the program offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication, and student services. The program must have an ongoing program to evaluate the academic effectiveness of the format, to assess teaching and learning methodologies and to systematically use this information to stimulate program improvements.

This criterion is not applicable.
3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met with commentary. University research focuses on key health disparities issues, working to bring attention to health issues and diseases that disproportionately affect minorities and the poor. Areas of focus include diabetes, hypertension, cancer, reproductive health, chronic kidney disease, neuro-psychiatric disorders and HIV/AIDS. Annual research funding at the university has increased from $5.7 million in 1998 to $399 million in 2011. The institution ranks in the top 7% for 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.

MPH core faculty and students have been integrated within the larger university framework through collaborations with research faculty and partnerships with strategic community-based organizations. Program faculty and students are exposed to research activities that are primarily concerned with urban health disparities issues and the advancement of public health knowledge. Community research partners include the University of California, Los Angeles; RAND Corporation; Research Centers in Minority Institutions Translational Research Network; South Central Family Health Center; Nickerson Gardens Housing Project; and Oasis HIV Clinic.

A comprehensive array of community-based projects involve core and secondary faculty. Research topics include condom distribution, reduction of HIV risk behaviors, cardiovascular disease, environmental determinants of metabolic syndrome-related behavior, adherence to drug regimens among elderly African Americans, cancer outreach efforts and obesity prevention for minorities.

MPH students have multiple opportunities to participate in research. The culminating experience course provides the opportunity to conduct research via a thesis, capstone project or grant proposal, including the presentation of findings in an open forum that includes faculty, students, staff and community members. In addition, students are encouraged to present posters reflecting health disparity issues during National Public Health Week, giving them exposure to presentations and communications for a large audience.

Students are also encouraged to connect with university-wide and non-institutional research programs. For example, two students from the 2010-2011 cohort are working with the chief of the university’s Division of Cancer Research and Training on cancer-related activities. These students attend his
regularly scheduled journal clubs and research meetings. Both of these students have been assigned to a research mentor and have been integrated into the research process at the institution.

Program faculty host informational seminars twice per semester, enabling MPH students to meet university researchers for potential opportunities to become involved with faculty research projects. As noted during site visit interviews, research faculty are eager to teach and provide mentorship for MPH students.

The commentary pertains to the need to have a more balanced distribution of workload responsibilities, including time to conduct research. The self-study acknowledged this need, noting that research activity was minimal prior to the 2009-2010 academic year. During the site visit, faculty reflected that research has suffered due to their involvement with many other administrative tasks and responsibilities. Recruitment is currently underway for a fourth core faculty member who will serve to strengthen the department’s research agenda in the future. Additionally, a search is underway to fill a newly created director of research position for the college. This new hire will help faculty find the right grants for the program and college, and the dean told site visitors his or her first priority will be providing support for MPH faculty research.

### 3.2 Service.

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

This criterion is met with commentary. The MPH program was developed in response to a need for a public health program that specifically addresses urban health issues in Southern California. The program is committed to community service targeting the determinants of health disparities in underserved communities. CDU faculty are required to participate in university and community service. The university’s faculty service policy is flexible about the type of service as long as both university and community service is clearly demonstrated during annual performance reviews. Individual service activities have increased from four to 26 distinct events per year for the faculty members listed in the self-study.

One faculty member leads most of the service activities for the program in addition to serving as the practicum coordinator. The majority of the faculty service opportunities noted in the self-study are attributed to this individual and are related to HIV/AIDS screening and educational activities with various community organizations.

The self-study provides the outcome measures used to evaluate the success of the service activities of both students and faculty. Both student and faculty participation in service has met or very closely met the measures in the past two academic years; data before 2009-2010 was not available.
The commentary relates to the program’s focus on individual service rather than an overall program perspective. Service should be structured to include opportunities for both faculty and students to participate. Although practicum and some culminating experiences are service oriented, the students who met with site visitors shared that they provide other service as well (eg, through the MPHSA), which was not articulated in the self-study. These efforts represent all the service work of the program and should be accounted for to give a more complete picture of involvement.

3.3 Workforce Development.

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

This criterion is met. Although the MPH program is relatively new, faculty are planning and providing training opportunities for area public health workers. During 2010-2011, the MPH Program Committee approved modification of the program’s service goal to include both faculty and MPH student support for the development of a well-trained and professional public health workforce. During the spring 2011 semester, 10 continuing education events for area public health professionals focusing on urban health issues and health disparities were sponsored or co-sponsored by the program.

The MPH program solicited input from community members affiliated with CDU, MPH faculty, students and alumni regarding public health topics that should be addressed in the public health workforce development activities. In June 2011, the California Public Health Needs Assessment and Training Survey was administered by the program via SurveyMonkey™ to public health practitioner members of CPHAWE. The survey solicited responses and comments regarding the relative importance of various public health skills in their worksites. In addition, two similar surveys, the employer survey and a recently-modified preceptor survey, were administered to solicit responses and comments regarding the relevance of the same public health skills. Results from the three surveys will be used as the basis for discussions in spring 2012 to guide further development of workforce training and to make any updates needed to the MPH program’s competencies.

Because the program is not able to offer continuing education units (CEUs), it works with Claremont Graduate University’s MPH program to offer CEUs for relevant events. Past events were available electronically to CDU campus locations.

The public health workforce development events serve as a vehicle to 1) provide timely information 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 MPH
program demonstrated in the self-study document a commitment to continuing to build a quality workforce development program that fills the need for training in urban health issues and health disparities for public health workers in its area.

The MPH program does not currently offer any certificate programs. However, a collaborating faculty member who manages the GIS lab shared with the site visit team his desire to offer a certificate as resources permit on GIS use in public health. Discussions with program administrators about the feasibility are in an early phase.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. Full-time core faculty, together with collaborating secondary appointments, have extensive training and expertise in diverse disciplines and are qualified to support the program’s academic, service and research activities.

The self-study documents three core faculty: one associate professor and two assistant professors. Areas of specialization include preventive medicine/health behavior research, epidemiology, biostatistics, microbiology/immunology and community health sciences. The eight collaborating faculty members all hold doctoral-level degrees in a range of disciplines including health policy/management, epidemiology, geography, medicine, public health, medical sociology/gerontology and behavioral sciences.

The faculty complement has a strong academic portfolio and years of community service/outreach activities that address health disparities and social justice issues among underserved communities, and is qualified to support the program’s mission, goals and objectives.

4.2 Faculty Policies and Procedures.

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

This criterion is met. Program faculty are governed by institutional faculty rights and responsibilities as stated in the Faculty Memorandum of Agreement, and detailed in the institution’s Faculty Manual, which includes policies and procedures pertaining to faculty rights and responsibilities, governance, appointments and promotions, contracts and workload, orientation and development, employment and
grievances/complaints. The manual is provided at the time of employment, with updates provided as applicable; the document is also available online.

Faculty development is provided in support of teaching, research/scholarship and service excellence. All faculty members serve as educators. Current and future faculty needs are assessed annually by department chairs or their designee, with emphasis on active mentoring. Junior faculty who met with site visitors said they are satisfied with the support they receive in the early years of their career.

Faculty members are employed through an annual contract system. The university does not offer tenure. Academic rank and promotion are faculty driven and based on promotion standards developed by the program. The College of Science and Health is currently in the process of updating its appointment and promotion process. Faculty competence is evaluated from three directions: self-assessment, peer review and student evaluation of course and instructor.

Program faculty are encouraged and supported to attend conferences to present their research findings and to gain exposure to other public health researchers.

There is excellent evidence that well-defined policies and procedures are in place to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support their professional development and advancement.

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.

This criterion is met. Though the faculty complement is small, it is diverse. Of the 11 primary and secondary faculty, five (46%) are African American, four (36%) are Middle Eastern American, one (9%) is Caucasian and one (9%) is Hispanic. The faculty complement is 64% female. The four female staff members include two African Americans and two Hispanics. Program leaders said recruiting male staff members to the program is a priority as resources increase.

The program adheres to the university’s policies related to recruitment and retention of diverse faculty. National searches are conducted to fill faculty positions while staff are recruited from within and/or near CDU. Internal recruitment is used when it is consistent with equal employment and affirmative action objectives.

CDU’s location in South Los Angeles and its commitment to serving the surrounding community make diversity a natural focus of the program. The program’s emphasis on urban health disparities and
underserved populations creates an environment that supports diversity among its faculty and staff. In addition, cultural competence is addressed in a number of required courses.

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.

This criterion is met. Admission criteria are clearly stated and easily accessible on the program’s website. Applicants must have a baccalaureate degree from a regionally-accredited institution, a cumulative grade point average (GPA) of 3.0 or higher, GRE scores from within five years of the application date and proficient English-language skills, demonstrated by TOEFL scores of students whose native language is not English. Applicants must also submit a personal goal statement, three letters of recommendation and a resume or CV. A minimum GRE score is not required for admission; rather, the faculty use an applicant’s performance on the GRE to indicate where special attention related to verbal, quantitative and/or analytical skills may be needed. Students are referred to the university’s retention coordinator to improve writing and verbal skills and the program provides orientations about specific topics, as needed.

The chair of the Admissions Committee reviews completed applications and then circulates them to the other committee members. Each member can make one of the following recommendations: admitted, admitted conditionally (ie, pending receipt of one or more required documents), interview requested or rejected. The majority decision takes precedence and applicants are notified of their admission decision by letter. Rejected applicants may write a letter of appeal to the program director who will present the appeal to the Admissions Committee for consideration.

The program actively recruits undergraduate and graduate students from California universities including the California State University system, the University of California system and the University of Southern California. The program also works to attract practitioners in the public health sector, members of community-based organizations and clinical professionals. Program staff, Office of Admissions staff and MPH students participate in recruitment activities both on and off campus. These activities include public health and social justice conferences, National Public Health Week events and public health workforce development programs. In addition, the program sends materials with recruiters from the CDU Enrollment Management Office, established in November 2010, when they meet with college juniors and seniors and faculty distribute program brochures at local, state, national and international conferences. Two MPH students volunteered to join recruitment officers from the Enrollment Management Office at recent events to talk about the program’s mission, goals and objectives and to answer questions from prospective applicants.
The program’s outcome measures related to recruitment and admissions are 1) the proportion of accepted applicants who meet at least three of the four main qualifying criteria for admission (ie, GPA, GRE, personal goal statement/CV/interview, letters of recommendation), 2) the proportion of matriculating students from racially/ethnically diverse communities and 3) the proportion of matriculating students who express intentions of working in a setting that serves the health needs of underserved populations. Data in the self-study show that the program met its targets for the first two outcome measures in 2009, 2010 and 2011. While 100% of matriculating students expressed intentions of working with underserved populations in 2009 and 2010, this proportion dropped to 79% (15 of 19 students) in 2011 while the program’s target is 80%.

The program is directed at racially and ethnically diverse individuals from underserved communities whose intentions are to serve the health needs of underserved populations and the data available to site visitors indicate that the program is attracting qualified students. Eighty-eight percent of applicants in fall 2011 qualified for admissions; of those who were accepted, 65% enrolled in fall 2011 and 19% deferred enrollment to fall 2012. The program’s total head count as of fall 2011 is 29 students (21 first-year and eight second-year students).

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.

This criterion is met. The program specifically recruits students from underrepresented racially and/or ethnically diverse communities whose career interests involve serving the health needs of underserved populations. Consequently, the program attracts mostly African American and Hispanic students, which matches the program’s catchment area in South Los Angeles. The program’s fall 2011 entering cohort included 13 African Americans (61%), four Hispanics (19%), two students of unknown/other/multi race/ethnicity (10%), one Asian/Pacific Islander (5%) and one Caucasian (5%).

The program’s diversity efforts related to its student body are closely aligned with its mission, goals and objectives. The program has set a target of at least 75% of matriculating students coming from racially and/or ethnically diverse communities. This target has been met in each of the last four years. Program leaders told site visitors that while they are proud of the diversity achieved in the program’s first few years, they would like to see greater representation from Latinos, Pacific Islanders and Native Americans.

The program participates in pipeline projects with the assistance of community leaders engaged with the program. Community representatives who met with site visitors have performed outreach to students at a local magnet high school enrolled in the health careers program, attended health conferences for high school students to help them understand what is required to be qualified for a career as a health
professional and worked with elementary school students to better define public health. Students, faculty and community members emphasized their efforts to reinforce the university and program’s missions during early identification projects so that potential students understand that it is possible to attain higher education within their own community.

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.

This criterion is met with commentary. The program holds an orientation session for matriculating students each fall where issues related to program expectations, the MPH curriculum, course descriptions, program competencies, ethical standards, policies and resources are discussed. The MPH faculty, student representatives, alumni and the director of library services are available to answer questions. Students are asked during the orientation session to complete a baseline assessment of competency attainment, computer skills, writing skills and other areas in which extra attention or support may be needed. Site visitors reviewed the MPH Student Orientation Handbook and found it to be comprehensive in its documentation of requirements, policies, procedures and resources.

Given that students take a prescribed, sequenced curriculum, academic advising largely focuses on the practicum and culminating experiences. Until recently, the small student cohorts allowed for all faculty to be accessible for advising and program leaders felt it was unnecessary to assign specific faculty advisors. However, student enrollment is increasing and the program has begun assigning each student to a faculty advisor. The MPH practicum coordinator/instructor meets with all students during the first week of the practicum experience course to advise students on the most appropriate site and mentor based on students’ interests and goals. In addition, the program director and other core faculty members meet with students during the first week of the second spring semester to explain the culminating experience options and requirements, and to advise students on the option that best fits their career objectives. Based on students’ chosen option, they are assigned to a faculty advisor and/or academic advisor from within the program. The administrative assistant to the director also provides academic advising to students, particularly in the early evening hours when students arrive to attend class.

Although the university does not have a graduate career counseling office, MPH faculty have taken on this responsibility. The self-study notes that career counseling is primarily offered on an individual basis upon the student’s request. In addition, the program offered a three-hour career workshop in spring 2011 and plans to make this an annual event based on the positive feedback received. At the university level, the Office of the Provost is implementing a series of formal graduate student workshops that focus on career development. Students learn about public health settings and build a network for future job
placement through the program's public health seminar series. Relevant public health job opportunities are e-mailed to students and alumni as they become available.

The commentary relates to the need for the program to strengthen career advising. In spring 2011, the program administered its first student satisfaction survey and found that students reported the most dissatisfaction with career counseling services. The program has already begun offering additional services, but must continue to track student satisfaction in this area and be responsive to any emerging concerns. As a result of the self-study process, the program identified a need for a career counseling office and is working with the dean and provost to establish one at the college level. Site visitors encourage the program to continue advocating for this office as well as career services at the program level. Students who met with site visitors said faculty respond to their requests for advising and career counseling with enthusiasm and excitement. They said they appreciated the efforts of faculty to use personal contacts and other resources to develop opportunities for students.
Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH
ACCREDITATION SITE VISIT

Charles R. Drew University of Medicine and Science
MPH Program

October 5-6, 2011

Wednesday, October 5, 2011

7:45 am  Resource File Review
8:45 am  Break
9:00 am  Meeting with Program and College Leaders
      Sondos Islam
      Bita Amani
      Gail Orum
      William Shay
      John Geraghty
      Darlene Parker-Kelley
      Kim Mebane
      Sasha Heard
10:15 am  Break
10:30 am  Meeting with Core Public Health Faculty
      Sondos Islam
      Bita Amani
      Cynthia Davis
11:30 am  Break
11:45 am  Lunch with Current Students
      Kimberly Doughty
      Ijeoma Ike
      Nichole Nicholas
      Alberto Pina
      Lauren Senkbeil
      Denis Wadzani
      Lequania Williams
      Ryan Thompson
      Stephanie Landicho
      Chelsie Dunn
      Danielle Campbell
12:45 pm  Break
1:00 pm  Meeting with Core and Collaborating Public Health Faculty
      Bita Amani
      Cynthia Davis
      Fred Dominguez
      Nina Harawa
      Jay Vadgama
      Paul Robinson
      Mohsen Bazargan
      Stacey Teruya
2:00 pm  Break
2:15 pm  Resource File Review
3:15 pm  Break
3:30 pm  Meeting with Alumni, Community Representatives and Preceptors
Veronica Aguilar
Dee Fleming
Nacole Smith
Raniyah Abdus-Samad
Kate Hermosura
Ernie Smith
Arthur Fleming
Darleen Peterson
Kimberly Crocker
David Martins
Arun Sharma
Dawnesha Beaver
Aria Miller

4:30 pm  Adjourn

Thursday, October 6, 2011

9:00 am  Meeting with Institutional Academic Leadership
David Carlisle
Richard Baker
Ronald Edelstein
Ron Lau
Gail Orum

9:45 am  Executive Session

1:00 pm  Exit Interview