CSUN® | COLLEGE OF HEALTH AND HUMAN DEVELOPMENT

Self-Study Report for the Public Health Program

Prepared for the Council on Education for Public Health

October 2018

Table of Contents

List of Acronyms

AANAPISI	Asian American, Native American & Pacific Islander Serving Institution
AE	Applied Epidemiology
APE	Applied Practice Experience
APHA	American Public Health Association
AS	Associated Students
ASPPH	Association of Schools and Programs of Public Health
AUPHA	Association of University Programs in Health Administration
AY	Academic Year
BSPH	Bachelor of Science in Public Health
BUILD	Building Infrastructure Leading to Diversity
CAB	Community Action Board
CAMINO	Charting Access for Hispanics Majoring In Needed Careers and Occupations in Healthcare
CDC	Centers for Disease Control and Prevention
CEPH	Council on Education for Public Health
CHE	Community Health Education
CHES	Certified Health Education Specialist
CHHD	College of Health and Human Development
CLIMB	Clinical Research, Leadership, Interprofessional Education, Mentorship, Best Practice
CPH	Certified in Public Health
CSU	California State University
CSUN	California State University, Northridge
CV	Curriculum Vitae
DrPH	Doctor of Public Health
EdD	Doctor of Education
EOP	Educational Opportunity Program
ERF	Electronic Resource File
ESG	Eta Sigma Gamma
FLC	Faculty Learning Community
FTC	Faculty Technology Center
FTE	Full Time Equivalent
FTES	Full Time Equivalent Student
FTF	Full Time Faculty
GC	Graduate Coordinator
GE	General Education
GPA	Grade Point Average

GRE	Graduate Record Exam
HADM	Health Administration
HESO	Health Education Student Organization
HHD	Health and Human Development
HR	Human Resources
HSCI	Health Sciences
HSI	Hispanic Serving Institution
ILE	Integrative Learning Experience
IR	Institutional Research
IRB	Institutional Review Board
LGBT	Lesbian, Gay, Bisexual, and Transgender
MD	Doctor of Medicine
MPH	Master of Public Health
MPHSA	Master of Public Health Student Association
MSW	Master of Social Work
NCHEC	National Commission for Health Education Credentialing
NFO	New Faculty Orientation
NIH	National Institutes of Health
PAC	Program Advisory Council
PD	Program Director
PH	Public Health
PhD	Doctor of Philosophy
PHP	Public Health Program
PIF	Primary Instructional Faculty
PODER	Promoting Opportunities for Diversity in Education and Research
RN	Registered Nurse
RTP	Retention, Tenure, Promotion
SOPHE	Society for Public Health Education
SPA	Service Planning Area
UCLA	University of California, Los Angeles
VCCC	Valley Care Community Consortium
WASC	Western Association of Schools and Colleges

Introduction

1) Describe the institutional environment, which includes the following:

a. year institution was established and its type (eg, private, public, land-grant, etc

California State University, Northridge (CSUN) was established in 1958, originally named San Fernando State Valley College. CSUN is part of the 23 campus California State University (CSU) system. It is the only public university located in the San Fernando Valley and is one of the largest higher education institutions in California (*CSUN About, 2008*).

b. number of schools and colleges at the institution and the number of degrees offered by the institution at each level (bachelor's, master's, doctoral and professional preparation degrees)

The University is comprised of nine colleges: the Mike Curb College of Arts, Media, and Communication; the David Nazarian College of Business and Economics; the Michael D. Eisner College of Education; the College of Engineering and Computer Science; Tseng College of Extended Learning; and the Colleges of Health and Human Development, Humanities, Science and Mathematics and Social and Behavioral Sciences. CSUN offers 68 Bachelor's degrees, 58 Master's degrees, two professional doctorates, and 47 credentials (*CSUN Academics, 2017*).

c. number of university faculty, staff and students

As of Fall 2016, there were approximately 2,194 total faculty (903 full-time and 1,291 part-time), 1,899 staff (1,541 full time and 358 part time), and 39,916 students at CSUN (*CSUN Profile, 2016*).

d. brief statement of distinguishing university facts and characteristics

In 1994, CSUN was the epicenter of the Northridge earthquake, causing billions of dollars in damage. Twenty-three years later, CSUN is a thriving, diverse, and successful institution. It is home to the award-winning Valley Performing Arts Center (VPAC) and was recently cited by the Los Angeles Times as "a growing hub for live music, dance, drama and other cultural events" (*CSUN Valley Performing Arts Center, 2017*). CSUN is also a Hispanic Serving Institution (HSI), with over 46% of our students identifying as Latino. Additionally, in 2015, CSUN faculty were awarded over 31 million dollars in research funds (*CSUN University Corporation, 2015*).

e. names of all accrediting bodies (other than CEPH) to which the institution responds. The list must include the regional accreditor for the university as well as all specialized accreditors to which any school, college or other organizational unit at the university responds

CSUN is accredited by the Western Association of Schools and Colleges (WASC) and within the State of California, is accredited by the State Board of Education. Further details on the University Accreditation process, as well as the 2016 University Accreditation Interim Report can be found on the University Accreditation website. The CSUN Student Health Center was also the first college health service in the U.S. to be accredited by the American College Health Association (ACHA) (*CSUN Catalog, 2017*). The list of additional University/College/Program accrediting bodies is included in the Electronic Resources File (ERF) (ERF → 1.Introduction → University Accrediting Bodies).

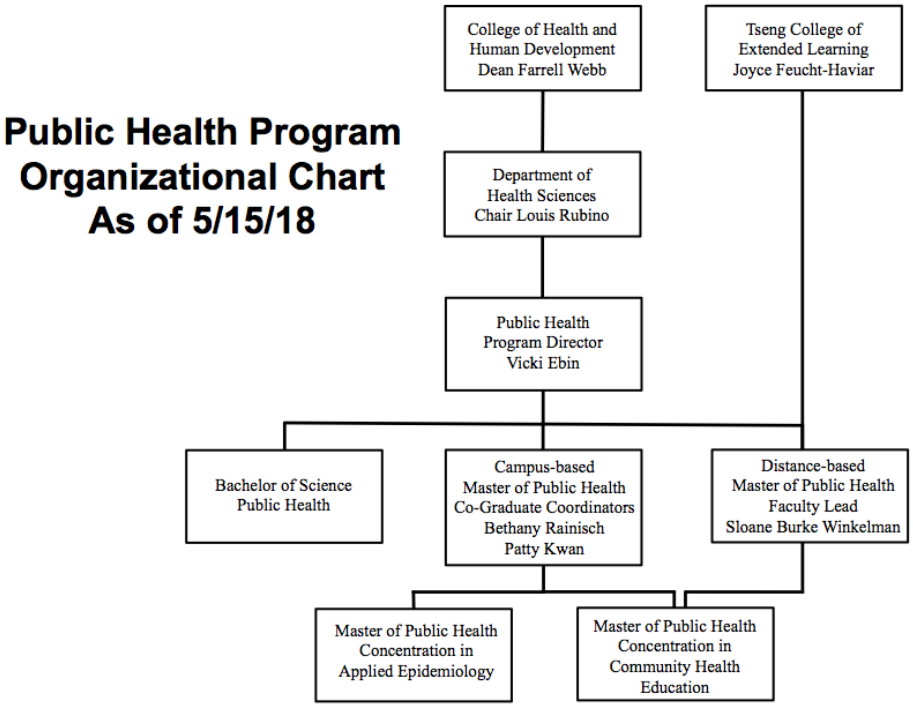
f. brief history and evolution of the school of public health (SPH) or public health program (PHP) and related organizational elements, if applicable (eg, date founded, educational focus, other degrees offered, rationale for offering public health education in unit, etc.)

The CSUN MPH Program in Community Health Education was one of the first established public health programs housed outside of a School of Public Health. Accredited in the early 1970s, the CSUN MPH Program prides itself in developing public health professionals ready to serve the needs of our diverse communities. In 2016, the MPH program began its accredited Applied Epidemiology concentration to prepare professional public health epidemiologists to assess, implement and evaluate programs in diverse human populations and communities. Additionally, CSUN's longstanding Bachelor of Science in Public Health degree became accredited in 2016.

2) **Organizational charts that clearly depict the following related to the program:**

   a. **the program's internal organization, including the reporting lines to the dean/director**

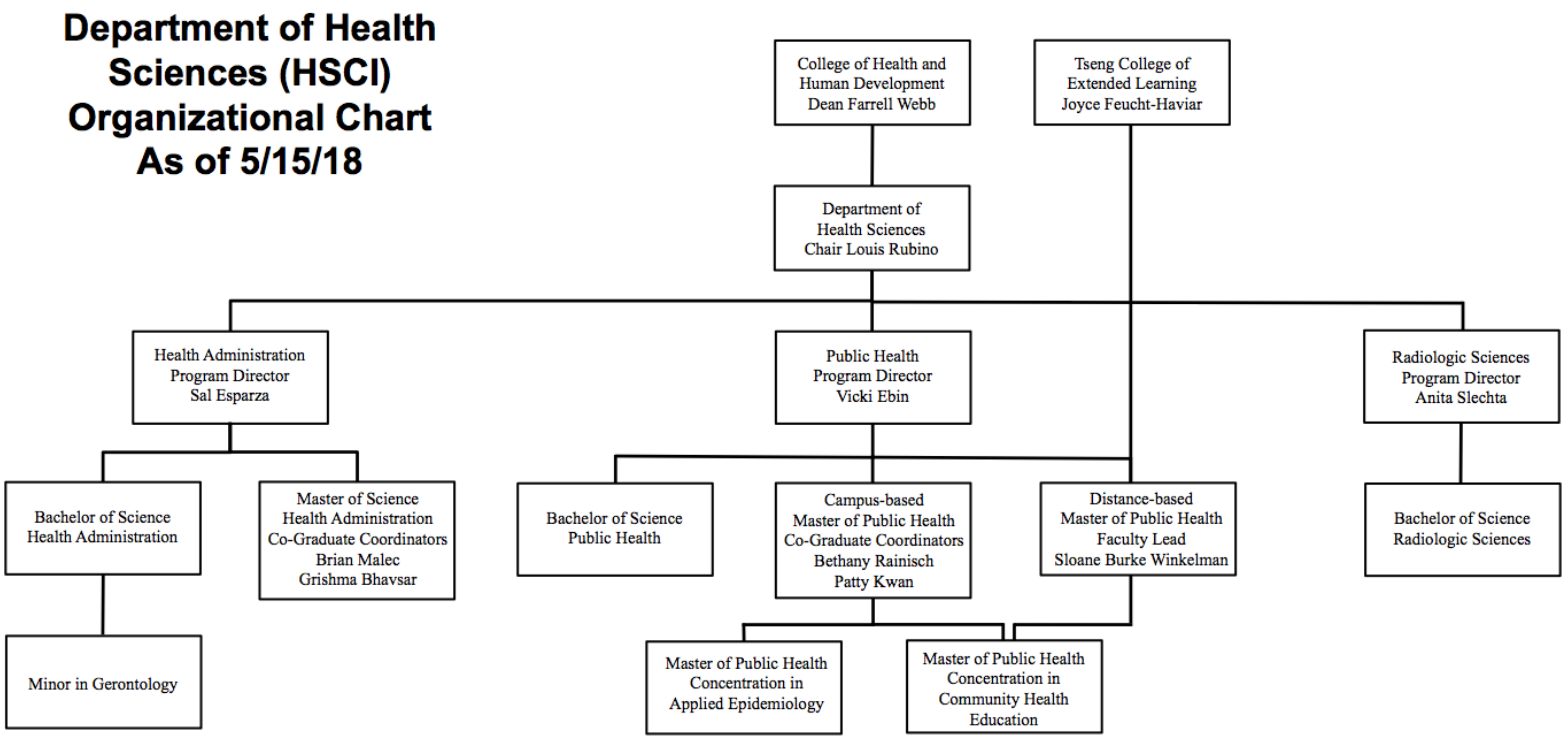
Figure Introduction.2.a.



The unit of accreditation is the Public Health program. The Public Health program is one of a number of distinct academic preparation areas administratively situated within the Department of Health Sciences (HSCI), depicted in Figure Introduction.2.a. The Public Health Program functions as a specific unit within the Department and consists of the undergraduate Bachelor of Science in Public Health (BSPH), the graduate Master of Public Health with a concentration in Applied Epidemiology (MPH – AE) and the Master of Public Health with a concentration in Community Health Education (MPH – CHE). The MPH CHE has both a campus-based and distance-based option. The campus-based option is housed under the College of Health and Human Development. The distance-based option is housed under CSUN's Tseng College of Graduate, International and Midcareer Education.

The Public Health program is led by the Program Director (PD), Dr. Vicki Ebin. Under the PD, the campus-based and distance-based MPH program have leadership roles. The campus-based MPH program is led by two co-Graduate Coordinators (GCs), Dr. Bethany Rainisch and Dr. Patty Kwan. The distance-based MPH program is led by the distance-based MPH Faculty Lead, Dr. Sloane Burke Winkelman.

Figure Introduction.2.b.

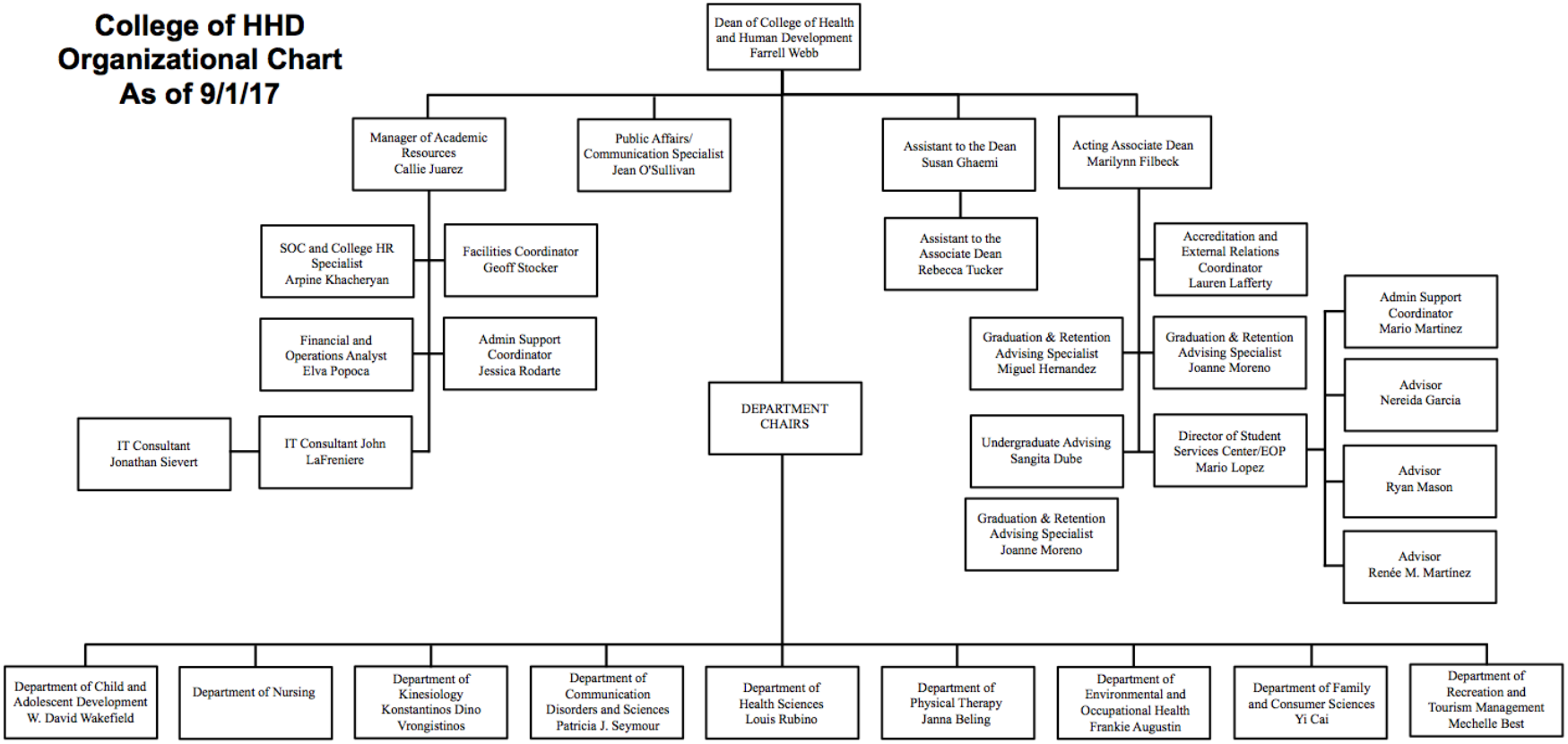


The Public Health program falls within the Department of Health Sciences (HSCI). In addition to the Public Health program, the HSCI Department also includes Health Administration (undergraduate and graduate programs) and Radiologic Sciences (undergraduate program). There is also a Gerontology Interdisciplinary Minor program located within the College of Health and Human Development. Figure Introduction.2.b indicates key administrative positions within the Department. Administratively, each program area has a Program Director who reports to the Department Chair (Dr. Louis Rubino), who in turn reports to the Dean of the College of Health and Human Development (Dr. Farrell Webb).

b. the relationship between the program and other academic units within the institution. For programs, ensure that the chart depicts all other academic offerings housed in the same organizational unit as the program. Organizational charts may include committee structure organization and reporting lines

The Department of Health Sciences (HSCI) is one of nine departments that make up the College of Health and Human Development. Figure Introduction.2.c provides the organizational chart for the College of Health and Human Development and the relationship between the Department of Health Sciences and the College of Health and Human Development, including several key administrative positions within the College.

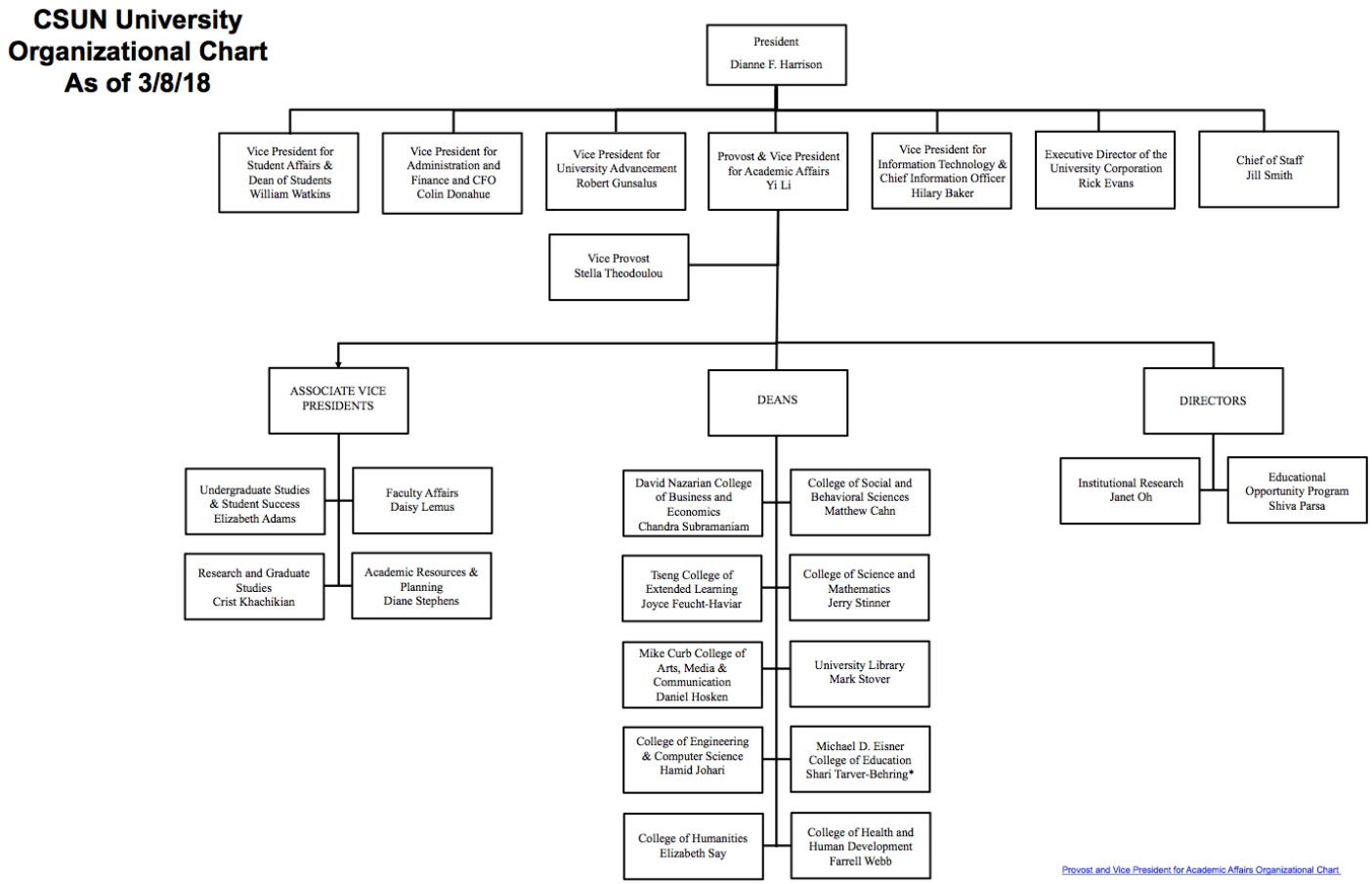
Figure Introduction.2.c.



c. the lines of authority from the program's leader to the institution's chief executive officer (president, chancellor, etc.), including intermediate levels (eg, reporting to the president through the provost)

Figure Introduction.2.d provides the organizational chart of the University indicating key administrative positions within the University, and the relationship of the College of Health and Human Development to the rest of the University.

Figure Introduction.2.d.



Figures Introduction 2.a-d are also included in the ERF (ERF → 1.Introduction → Organizational Charts).

d. for multi-partner programs (as defined in Criterion A2), organizational charts must depict all participating institutions

Not applicable.

3) **An instructional matrix presenting all of the program's degree programs and concentrations including bachelor's, master's and doctoral degrees, as appropriate. Present data in the format of Template Intro-1.**

Template Intro-1. Instructional Matrix - Degrees and Concentrations in the PH Program

Bachelor's Degrees			**Campus based**	**Distance based***
Concentration	*Degree*			
Public Health	BS		BS	
Master's Degrees	**Academic**	**Professional**		
Concentration	*Degree*	*Degree*		
Community Health Education		MPH	MPH	MPH
Applied Epidemiology		MPH	MPH	

*Distance-based refers to degrees/concentrations that can be earned completely via distance learning or with minimum face-to-face interaction required.

4) **Enrollment data for all of the program's degree programs, including bachelor's, master's and doctoral degrees, in the format of Template Intro-2.**

Template Intro-2. Enrollment data for the Public Health program

Degree		**Fall 2017 Enrollment**
Master's		
	Community Health Education	82
	Community Health Education - Distance	92
	Applied Epidemiology	36
Doctoral		
	N/A	
Bachelor's		
	BSPH	1168

A1. Organization and Administrative Processes

The program demonstrates effective administrative processes that are sufficient to affirm its ability to fulfill its mission and goals and to conform to the conditions for accreditation.

The program establishes appropriate decision-making structures for all significant functions and designates appropriate committees or individuals for decision making and implementation.

The program ensures that faculty (including full-time and part-time faculty) regularly interact with their colleagues and are engaged in ways that benefit the instructional program (eg, participating in instructional workshops, engaging in program specific curriculum development and oversight).

1) **List the program's standing and significant ad hoc committees. For each, indicate the formula for membership (eg, two appointed faculty members from each concentration) and list the current members.**

   Table A1.1 lists the Public Health program's standing and significant ad hoc committees, with current faculty members from the Public Health program (AY 2017-2018), a description of each committee, the level with which the committee functions (program, department, college, university), and the formula for committee membership.

Table A1.1. Public Health Program Committees for AY 2018-2019

COMMITTEE	Current Members – Public Health	Description	Committee Level	Formula for Membership
MPH Admissions Committee	(CHE) Bethany Rainisch, Patty Kwan, Bobbie Emetu (AE) Vicki Ebin, Myriam Forster, Larry Chu, Kaitlin Bahr (Distance-based) Mirna Sawyer, Bobbie Emetu, Suzi Spear	Reviews applications for admission to the Program and makes recommendations back to the Program Director for student acceptance/rejection. A total of 3 FTF members review applications per MPH concentration (a total of 9 members)	Program	Volunteer; CHE = 3 FTF AE = 3 FTF Distance-based = 3 FTF
MPH Comprehensive Exam Review	All CHE faculty review the CHE Comp exams; All AE faculty review the AE Comp exams	The Graduate Coordinators (GCs) organize the process and assign faculty to serve as readers via blind random assignment. Drs. Rainisch & Kwan are the GCs and the entire MPH faculty serve as readers. Faculty specific to the AE program are assigned AE exams, and the remaining faculty review the CHE exams.	Program	All PH FTF; 2 faculty review each exam; 4 PIFs review AE exams, 10 PIFs review CHE exam
MPH Community Advisory Board (CAB)	See full description of MPH CAB in Section F1.	The CAB advises the governance of the program in terms of curricular needs, particularly around preparing graduates for the workforce and meeting their respective competencies.	Program	By invitation; Volunteer

Table A1.2. Health Sciences Department Committees Directly Relevant to Unit of Accreditation - AY 2018-2019

COMMITTEE	Current Members – Public Health	Description	Committee Level	Formula for Membership
Program Advisory Council	Vicki Ebin, Bethany Rainisch, Sloane Burke Winkelman	PAC is comprised of the Department Chair, Program Directors, and Graduate Coordinators, who meet at least monthly. PAC is an advisory council to the Department Chair regarding recommendations on changes to the Departmexnt bylaws, policies, best practices, budgets and other matters pertaining to the effective management of the Department.	Department	Chair, PDs & GCs
Curriculum Committee	Bethany Rainisch, Mirna Sawyer	The Curriculum Committee reviews and makes recommendations on proposals for adding, expanding, deleting, or modifying courses offered by the Department. Proposals approved by this committee are forwarded to the College Curriculum Committee for review.	Department	FTF; Volunteer; At least one member from each program

*Department and University Committees/membership involved in policy decisions for the PH program are listed in the table below.

2) **Briefly describe which committee(s) or other responsible parties make decisions on each of the following areas and how the decisions are made:**

a. degree requirements

The MPH Graduate Coordinators, Dr. Rainisch and Dr. Kwan, in collaboration with the Program Director, Dr. Ebin, propose any changes to the MPH degree requirements to the full-time Public Health faculty at the monthly program meeting. Any degree requirement changes to the BSPH are proposed by the Program Director at the program faculty meeting. Discussion amongst faculty regarding the proposed degree requirement changes lead to consensus or a program faculty vote. An affirmative vote prompts a program modification application that is approved via department and college curriculum committees.

b. curriculum design

Every year the Department establishes a Curriculum Committee. This committee must oversee any new curricular (or existing course modification) proposals and program modifications. All curriculum/program proposals are vetted first through the program faculty at monthly meetings, and then through the Department Committee. Successful proposals are then sent to the College of HHD's Curriculum Committee and the Associate Dean of HHD. Upon approval from the College Curriculum Committee proposals are then reviewed at the University level by the Graduate Studies Committee (for graduate courses) or the Educational Policies Committee (for undergraduate courses). The process is governed by Faculty Senate policies. Current course content is reviewed yearly by program faculty.

c. student assessment policies and processes

The Chair of the Health Sciences Department Assessment committee is responsible for attending monthly College and University assessment committee meetings and conveying essential information to the committee members and department faculty at monthly program meetings. Discussion amongst faculty regarding the proposed student learning assessment policies/processes lead to consensus or a program faculty vote.

d. admissions policies and/or decisions

For the campus-based MPH program, two separate MPH Admissions committees are formed each year to separately review the Community Health Education and Applied Epidemiology applications. Both committees agree on scoring criteria for admission to the program, and inform program faculty at monthly program meetings of application and admission status. For the distance-based MPH program, an MPH Admissions committee is formed consisting of the distance-based MPH program Faculty Lead, Dr. Burke Winkelman, and the Tseng Program Manager.

For the BSPH program, admissions to the program is done at the University level, through admissions procedures described in detail in the CSUN Admissions Procedures and Policies site. If currently enrolled CSUN students would like to change their major to the BSPH, they will must meet the criteria and go through the process described in the CSUN Change Major or Minor site.

e. faculty recruitment and promotion

Each academic year, faculty in the Public Health program discuss program needs and capacity to support student success. As program and student needs grow, the program collectively decides to request additional faculty hires with specific specialties (e.g., biostatistics, health behavior). The PH PD drafts a statement of justification based on identified needs and brings this justification to the Department Chair, who then supports the program needs to the Dean of the College of HHD. New faculty lines are requested by Departments generally in the Spring semester. The Dean negotiates with the Provost for centrally funded new positions. College funded new positions are also a possibility if funds are available. Department policy is to elect a three person Search Committee. Two members are from the program and one is a member from another department program. One member of the Search Committee is the chair and another is the equity and diversity representative. The entire process is guided by the CSUN Search Manual. The Search Committee is charged with the development of a recruitment plan that is approved by the CSUN Equity and

Diversity Office. The Search Committee and Department Chair give their summary and recommendation of the search to the Dean of HHD who is responsible for negotiating salary and other hiring terms. The Department is allocated sufficient recruitment funding for the search and on-campus expenses.

f. research and service activities

The research and service expectations are developed by the Health Sciences Department faculty, which includes the Public Health program faculty, the College of HHD and the University requirements for tenure and promotion.

3) A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty and students in governance of the program.

The University has established policies, procedures and rules that govern all administrative and organizational roles and responsibilities between the program and the University. This includes matters of budgeting and resource allocation, personnel recruitment, selection, and advancement, establishment of academic standards and policies, faculty governance, and curriculum matters.

A listing of the University Policies and Procedures can be found on the CSUN Division of Administration and Finance Policies and Procedures site, the CSUN University Catalog Policies and Procedures site, the Division of Student Affairs Policies and Procedures site and the Division of Academic Affairs Policies and Procedures site.

Personnel Policies and Procedures for the University (Administrative Manual - Section 600), the College of Health and Human Development (HHD) and the Department of Health Sciences (HSCI) can be found in the ERF (ERF → A1 → 3. Personnel Policies).

4) Briefly describe how faculty contribute to decision-making activities in the broader institutional setting, including a sample of faculty memberships and/or leadership positions on committees external to the unit of accreditation.

The Public Health Program has fourteen full-time tenure-track faculty and is the largest program in the Health Sciences Department. As such, Public Health faculty significantly contribute to decision-making activities within the Department, the College, and the University. Table A1.4 includes a sample of Public Health faculty memberships and leadership positions on committees within the Health Sciences Department and the University. Public Health program faculty also serve on College Committees, including the College Personnel Committee and the College Assessment Committee, although distribution of Public Health faculty membership on College Committees varies by academic year.

Table A1.4 Public Health Faculty Department and University Committee Involvement

Committee	Faculty Members (AY 2018-2019) – PH*	Description	Committee Level	Formula for Membership
Assessment Committee	Suzi Spear (Chair)	The committee meets regularly to be updated by the Chair on University- and College-level requirements for assessing each of our programs. The committee is also responsible for carrying out any assessment activities required for programs, including annual program reports, college-level assessments, and assisting with program accreditation.	Department	FTF; Volunteer; At least one member from each program
Department Personnel Committee	Larry Chu	The Department Committee shall provide peer judgments and recommendations on matters of retention, tenure, and promotion.	Department	3 Tenured FTF; Elected through Dept. ballot
Research and Grants	Suzi Spear	The Research and Grants Committee of the Faculty Senate is charged with making recommendations pertaining to faculty research and creative activities and to foster an atmosphere where these activities can flourish.	University	Elected by Faculty Senate members
Faculty Senate	Kathleen Young	Governance assigns primary responsibility to the faculty for the educational functions of the institution in accordance with basic policy as determined by the Board of Trustees.	University	Elected by University faculty

*Committee members outside of the PH program were not included in the list of current faculty committee members

**A full list and description of Department, College and University committees which include membership from Public Health faculty is included in the ERF (ERF → A1 → 4. Committees)

5) Describe how full-time and part-time faculty regularly interact with their colleagues (self-study document) and provide documentation of recent interactions, which may include minutes, attendee lists, etc.

Full-time and part-time faculty within the Public Health program regularly interact with each other and faculty outside the program/department in a variety of capacities. In addition to the Department, College and University committee work listed above, full-time and part-time PH faculty have the opportunity to interact in teaching workshops, such as the Faculty Technology workshops, the Faculty Development Center Workshops and the Faculty Learning Communities offered by the University (described in detail in Section E3.3).

Many of our full-time and part-time faculty also interact with our students through the PH alumni chapter, Freshman Convocation, the undergraduate graduation ceremony, MPH student/faculty mixers and the MPH graduate hooding ceremony.

Public Health faculty also have the chance to interact with their colleagues and share research interests/projects during conferences attended throughout the year. The annual American Public Health Association (APHA) and Society for Public Health Education (SOPHE) are among the most common conferences attended by faculty.

A sample of flyers/brochures of these events are included in the ERF (ERF → A1 → 5. Faculty Interactions → Events).

A part-time public health faculty representative, which was elected by the part-time faculty members, also attends the public health program meetings, to discuss concerns related to part-time faculty and maintain involvement in program-related discussions and activities. Minutes from meetings are included in the ERF (ERF → A1 → 5. Faculty Interactions → PH Meeting Minutes).

Public health program faculty members also frequently collaborate on research projects, as evidenced by group authored conference presentations and manuscripts. A listing of select recent research collaborations which include multiple public health faculty members is included in the ERF (ERF → A1 → 5. Faculty Interactions → Faculty Research Collaborations).

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- As can be seen in the above tables, our Public Health faculty sit on numerous committees within the program, Department, College, and University.
- We are a diverse faculty body, dedicated to enhancing student success, scholarship, and service.
- Our department has an organized faculty body that actively participates in administrative processes across all levels of the University. We encourage junior faculty to play an active role in program and department committees, and foster a collegial environment whereby all faculty are supported and fairly represented.

Weaknesses/Improvement Plans:

- A significant weakness and area of improvement is the inclusion and interaction with part-time faculty in the decision-making process of the program. Given that many of our part-time faculty work in the afternoons and evenings, it is challenging for them to participate in monthly faculty meetings and contribute to the program administrative process.
- This year (2017-2018) we have invited a part-time faculty representative (as voted by the current part-time faculty) to attend monthly PH program and HSCI department meetings.
- The HSCI Department Chair has also taken great strides to include part-time faculty on select department committees, as well as to strengthen part-time faculty involvement at the start of the academic year with a Fall orientation and meet-and-greet.
- We are hopeful these part-time faculty activities and opportunities will promote greater participation in the program administrative process as we move forward.

A2. Multi-Partner Schools and Programs

Not applicable.

A3. Student Engagement

Students have formal methods to participate in policy making and decision making within the program, and the program engages students as members on decision-making bodies whenever appropriate.

1) **Describe student participation in policy making and decision making at the program level, including identification of all student members of program committees over the last three years, and student organizations involved in program governance.**

Table A3.1 below describes Public Health program committees and student organizations where students participate in policy and decision-making processes.

Table A3.1. Student Participation in the Public Health Program Policy/Decision Making and Student Organizations

Program Committee/ Student Org	Student Participation	Student Representatives/ Assoc. Presidents
Public Health Program Meeting	Representatives of MPH & BSPH programs attend first 10-15 min of monthly program faculty meetings to contribute student concerns and feedback.	2016-2018 MPH Rep: Valerie Leal 2016-2018 BSPH Rep: Alejandra Valle
Health Sciences Graduate Hooding Committee	MPHSA, in collaboration with the Health Administration Student Organization, participate on the Hooding Committee to plan, coordinate, and host the Graduate Hooding Ceremony.	2015-2016: Stephen Updyke, Salma Sallout, Kimberly Arellano, Jaskiran Mangat 2016-2017: Valerie Leal, Nour Elauri, Jonathan Watts, Christopher Rogers 2017-2018: Valerie Leal
MPH Community Advisory Board (CAB)	Representative of MPH program attends yearly CAB meetings to contribute student input and receive updates on MPH program future strategies.	2015-2016: Stephen Updyke 2016-2017: Stephen Updyke 2017-2018: Valerie Leal
MPH Student Association (MPHSA)	Participates in MPH policy making, accreditation self-study activities, new student orientation, student enrichment and networking events each semester, development and distribution of a health-related newsletter for CSUN MPH students and other related activities.	2015-2016: Daniela Voosen 2016-2017: Stephen Updyke 2017-2018: Valerie Leal Association officers elected by MPH students.
Health Education Student Organization (HESO)	Undergraduate student organization promoting health education on campus. Participates in community events and hosts networking and internship opportunities for students.	2015-2016: HESO President 2016-2017: Alejandra Valle 2017-2018: Alejandra Valle
Eta Sigma Gamma (ESG)	The purpose of ESG is to enhance the professional development of students through involvement in health education activities, leadership and advocacy opportunities, and academic achievements.	2016-2017*: Valerie Leal 2017-2018*: Valerie Leal *Association began Fall 2016.

2) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths:

- Our Public Health program is pleased to report that we have three significant student associations/organizations, representing both undergraduate and graduate public health programs.

- Representatives from HESO (representing public health undergraduate students) and MPHSA (representing public health graduate students) have been invited to attend the PH program faculty meetings, to provide feedback from their respective organizations and contribute to discussions regarding PH program decisions.
- Students in these organizations (HESO & MPHSA) gain needed skills in promoting health on campus and within the surrounding community, as well as planning public health networking opportunities for graduate and undergraduate students alike.
- Eta Sigma Gamma (EGS) is a recently rejuvenated chapter at CSUN, having renewed interest and activity since its previous chapter ended back in 2013.
- MPH students, through MPHSA, have played a prominent role in past Graduate Hooding ceremonies.

Weaknesses/Improvement Plans:

- The program can improve its inclusion of students at monthly Public Health program meetings.
- In 2016, we began inviting student representatives to our monthly program meetings. This has greatly enhanced faculty understanding of student concerns, and helped to create more transparency of program competencies and expectations for students.
- As of Fall 2018, we plan to invite a student representative (MPH and BSPH) to monthly program meetings, as well as the community advisory board (CAB) each semester and moving forward in the future.

A4. Autonomy for Schools of Public Health

Not applicable.

A5. Degree Offerings in Schools of Public Health

Not applicable.

B1. Guiding Statements

The program defines a *vision* that describes how the community/world will be different if the program achieves its aims.

The program defines a *mission statement* that identifies what the program will accomplish operationally in its instructional, community engagement and scholarly activities. The mission may also define the program's setting or community and priority population(s).

The program defines *goals* that describe strategies to accomplish the defined mission.

The program defines a statement of *values* that informs stakeholders about its core principles, beliefs and priorities.

1) A one- to three-page document that, at a minimum, presents the program's vision, mission, goals and values.

Public Health Program Vision

Enhance the health and wellbeing of diverse communities, by training future public health professionals and collaborating with community partners.

Public Health Program Mission

The Mission of the CSUN Public Health Program is to prepare professionals to:

- Identify and assess needs and assets of diverse communities
- Plan, implement, and evaluate programs
- Apply analytic and research methodologies to public health practice
- Serve as leaders and advocates in their community and profession
- Provide solutions for current and future public health challenges
- Collaborate across interdisciplinary and community sectors

Public Health Program Goals

1. Students learn and apply knowledge and skills related to the practice of public health.
2. Students and faculty contribute to service activities at the local level through engagement in public health practice.
3. Faculty conduct collaborative research that advances the field of public health and provides opportunities for student involvement.
4. Students prepare to work with diverse populations through coursework projects.

Public Health Program Values

To fulfill these missions, the Public Health program designs courses and activities to help students develop the designated student learning objectives and academic competencies. As a program we also seek to foster a rigorous and contemporary learning environment with the following characteristics: a diverse core set of courses, health disparities, social justice, and multiple perspectives of health issues. The Public Health Program adheres to the following values, as defined by the University:

Commitment to Scholarship and Learning
We honor scholarship in all of its aspects: Artistic, cultural, scientific, and applied. We support professional development and training for faculty, staff, and administrators and encourage intellectual curiosity in ourselves and our students.

Commitment to Excellence
The quality of our academic program is central to our educational mission. We set high standards for ourselves in all of our actions and activities; assess our performance; and reward both individual and group contributions to the fulfillment of the University's mission.

Respect for All People
Our behaviors, policies and programs affirm the worth and personal dignity of every member of the University community and contribute to a campus climate of civility, collegiality, trust, and reasoned debate. We take pride in the diversity of our community.

Alliances with the Community
We seek genuine partnerships with local schools, business, government, and social agencies in order to serve the intellectual, artistic, cultural, and economic needs of our surrounding communities. After more than twenty-five years of serving the greater Los Angeles community, the graduates of the Public Health program are active in building and maintaining bridges between the general community and the professional health community.

Encouragement of Innovation, Experimentation, and Creativity
We value idealism, innovation and creativity and regularly reexamine our programs and practices so that every area of University life will be continually improved and renewed.

2) If applicable, a school- or program-specific strategic plan or other comparable document.

Not applicable.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- The CSUN MPH program has a robust mission, vision, and goals that have been updated as needed since its initial accreditation.
- We take pride in supporting the values of the University, and strongly believe that our values of commitment and respect contribute to the overall wellbeing of our students and their success in the program.

Weaknesses/Improvement Plans:

- The recent addition of a distance-based MPH in Community Health Education, an MPH in Applied Epidemiology, and a BSPH to the accreditation family necessitated changes to previously developed goals and objectives. Revising the program goals, objectives, targets, evaluation strategies, as well as developing a plan for data collection related to these revised measures has been challenging.
- We have adjusted our goals and objectives to better match with the updated 2016 CEPH criteria and to account for the diverse student degrees we offer in Public Health, as well as expectations for achieving program competencies.

B2. Graduation Rates

The program collects and analyzes graduation rate data for each public health degree offered (eg, BS, MPH, MS, PhD, DrPH).

The program achieves graduation rates of 70% or greater for bachelor's and master's degrees and 60% or greater for doctoral degrees.

1) Graduation rate data for each public health degree. See Template B2-1.

BSPH

Template B2-1.1. BSPH Graduation Rates: Cohorts Entering Between 2010-2011 & 2016-2017

	Cohort of Students	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
2010-2011	# Students entered	118						
	# Students withdrew, dropped, etc.	9						
	# Students graduated	67						
	Cumulative graduation rate	57%						
2011-2012	# Students continuing at beginning of this school year (or # entering for newest cohort)	42	111					
	# Students withdrew, dropped, etc.	1	8					
	# Students graduated	36	38					
	Cumulative graduation rate	87%	34%					
2012-2013	# Students continuing at beginning of this school year (or # entering for newest cohort)	5	65	110				
	# Students withdrew, dropped, etc.	0	2	1				
	# Students graduated	5	49	36				
	Cumulative graduation rate	92%	78%	33%				
2013-2014	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	14	73	130			
	# Students withdrew, dropped, etc.	---	0	3	5			
	# Students graduated	---	8	60	78			
	Cumulative graduation rate	92%	86%	87%	60%			
2014-2015	# Students continuing at beginning of this school year (or # entering for newest cohort)	---	6	10	47	166		

	Cohort of Students	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
	# Students withdrew, dropped, etc.	---	0	0	2	11		
	# Students graduated	---	2	10	41	85		
	Cumulative graduation rate	92%	87%	96%	92%	51%		
2015-2016	# Students continuing at beginning of this school year (or # entering for newest cohort)	---	4	0	4	70	185	
	# Students withdrew, dropped, etc.	---	0	---	0	0	11	
	# Students graduated	---	3	---	3	68	111	
	Cumulative graduation rate	92%	94%	96%	94%	92%	60%	
2016-2017	# Students continuing at beginning of this school year (or # entering for newest cohort)	---	1	---	1	2	63	231
	# Students withdrew, dropped, etc.	---	0	---	0	0	0	14
	# Students graduated	---	1	---	1	2	61	152
	Cumulative graduation rate	92%	95%	96%	95%	93%	93%	66%

*The graduation rate was calculated for seniors entering/with the major at the start of the year (students who were a declared Public Health major and had 90 units at the start of the Fall term in each year). Students who declared a PH major prior to 2010 were counted in the Fall 2010 entering year if they were still a PH major with 90+ units as of Fall 2010. Continuation rates were calculated based on the snapshot taken every 12 months after the entering Cohort was identified in Fall.

MPH

Template B2-1.2. Campus-based and Distance-based MPH Graduation Rates: Cohorts Entering Between 2010-2011 & 2017-2018

	Cohort of Students	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015**	2015-2016	2016-2017	2017-2018
2010-2011	# Students entered	34							
	# Students withdrew, dropped, etc.	4							
	# Students graduated	0							
	Cumulative graduation rate	0%							
2011-2012	# Students continuing at beginning of this school year (or # entering for newest cohort)	30	34						
	# Students withdrew, dropped, etc.	2	5						
	# Students graduated	14	0						
	Cumulative graduation rate	41%	0%						
2012-2013	# Students continuing at beginning of this school year (or # entering for newest cohort)	14	29	51					
	# Students withdrew, dropped, etc.	0	3	4					
	# Students graduated	9	12	0					
	Cumulative graduation rate	68%	35%	0%					
2013-2014	# Students continuing at beginning of this school year (or # entering for newest cohort)	5	14	47	54				
	# Students withdrew, dropped, etc.	0	0	1	4				

	Cohort of Students	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015**	2015-2016	2016-2017	2017-2018
	# Students graduated	3	12	20	0				
	Cumulative graduation rate	76%	71%	39%	0%				
2014-2015	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	2	26	50	76			
	# Students withdrew, dropped, etc.	0	1	3	3	10			
	# Students graduated	2	1	17	17	0			
	Cumulative graduation rate	82%	74%	73%	31%	0%			
2015-2016	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	1	6	30	66	65		
	# Students withdrew, dropped, etc.	---	0	0	0	2	8		
	# Students graduated	---	1	5	26	15	0		
	Cumulative graduation rate	82%	76%	82%	80%	20%	0%		
2016-2017	# Students continuing at beginning of this school year (or # entering for newest cohort)	---	1	1	4	49	57	**	
	# Students withdrew, dropped, etc.	---	**	**	**	**	**	**	
	# Students graduated	---	**	**	**	**	**	**	
	Cumulative graduation rate	82%	**	**	**	**	**	**	
2017-2018	# Students continuing at beginning of this school year (or #	**	**	**	**	**	**	**	**

	Cohort of Students	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015**	2015-2016	2016-2017	2017-2018
	entering for newest cohort)								
	# Students withdrew, dropped, etc.	**	**	**	**	**	**	**	**
	# Students graduated	**	**	**	**	**	**	**	**
	Cumulative graduation rate	82%	**	**	**	**	**	**	**

*The first Cohort of the Distance-based MPH started in the 2014-2015 AY (Fall 2014).
**Data from CSUN Institutional Research (IR) is not yet available.

2) Data on public health doctoral student progression in the format of Template B2-2.

Not applicable.

3) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

Tables B2-1.1 and B2-1.2 present graduation rates for the BSPH, campus-based MPH, and distance-based MPH programs. For years with fully available data, the BSPH and MPH (campus and distance-based combined) programs indicate successful graduation rates of 90% and 70% or better respectively, within seven years of entering the program (MPH) or reaching 90 units towards the degree (BSPH). Data from the 2016-2017 and 2017-2018 academic years are incomplete due to delayed reporting from CSUN's Institutional Research department.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- We are pleased to report that our BSPH and campus-based MPH programs demonstrate robust and adequate graduation rates of 90% and 70% or greater, respectively.
- CSUN's institutional research department is very accurate in collecting and reporting such data, and we anticipate reliable reporting each year.
- The California State University system has also implemented its Graduation Initiative 2025 (https://www2.calstate.edu/csu-system/why-the-csu-matters/graduation-initiative-2025) to help improve graduation rates for all students.

Weaknesses/Improvement Plans:

- Our distance-based MPH program began in 2014, with nearly 25% withdrawing within the first year. Possible explanations for this low rate are the early attrition at the start of the program and the initial kinks associated with launching a new distance-based (online) degree program.
- Initiating distance-based programs can present numerous challenges, such as retaining student interest, as well as tuition commitment.
- The distance-based MPH program currently conducts regular mid-term and end-term evaluation surveys to address student concerns and enhance the program with each progressive cohort.
- We are hopeful with future distance-based cohorts that evaluation of student feedback can help address such programmatic weaknesses, thereby reducing early attrition and sustaining graduation rates of 70% or higher.

B3. Post-Graduation Outcomes

The program collects and analyzes data on graduates' employment or enrollment in further education post-graduation, for each public health degree offered (eg, BS, MPH, MS, PhD, DrPH).

The program achieves rates of 80% or greater employment or enrollment in further education within the defined time period for each degree.

1) **Data on post-graduation outcomes (employment or enrollment in further education) for each public health degree. See Template B3-1.**

BSPH

Template B3-1.1. Post-Graduation Outcomes for BSPH Program Graduates

Post-Graduation Outcomes (n=586)	**Graduated 2016-2017 Number and percentage (n=245)***
Employed	93 (77.5%)
Continuing education/training (not employed)	19 (15.8%)
Not seeking employment or not seeking additional education by choice	2 (1.7%)
Actively seeking employment or enrollment in further education	6 (5%)
Total with known outcome* **	120 (100%)
Unknown* **	*125 (51.0%)*

*Data for graduates from 2014-2015 and 2015-2016 were not included, as the BSPH was not part of the unit of accreditation until Fall 2016.
***Per 2016 CEPH Template guidelines, calculations of outcome rates were done by dividing the number of students who are employed, enrolled in additional education, or not seeking employment or not seeking additional education by choice by the total number of students whose status is known in the cohort.
****Unknown number/percentage based on graduates from respective years from which data were not available.

More detailed information on employment outcomes of BSPH graduates, including employment settings and job titles/roles, are included in results from responses to the BSPH Alumni Surveys included in the ERF (ERF → B3 → 1. Alumni Survey → BSPH Alumni Survey Post-Graduation Outcome Responses).

MPH

Template B3-1.2. Post-Graduation Outcomes for Campus-based and Distance-based MPH Program Graduates*

Post-Graduation Outcomes	**Graduated 2015-2016 Number and percentage (n=47)***	**Graduated 2016-2017 Number and percentage** (n=38)**
Employed	35 (100%)	25 (83.3%)
Continuing education/training (not employed)	0 (0%)	2 (6.7%)
Not seeking employment or not seeking additional education by choice	0 (0%)	1 (3.3%)
Actively seeking employment or enrollment in further education	0 (0%)	2 (6.7%)
Total with known outcome* **	35 (100%)	30 (100%)
Unknown* **	*12 (25.5%)*	*8 (31.8%)*

*Employment data for graduates of Fall 2014 – Fall 2016. The first cohort of the distance-based MPH started in the 2014-2015 AY (Fall 2014), with a program length of 2.5 years.
**Data for graduates of Spring 2017 will be collected via the alumni survey in June 2018. Data in the table for AY 2016-2017 only includes graduates from Fall 2016.
***Per 2016 CEPH Template guidelines, calculations of outcome rates were done by dividing the number of students who are employed, enrolled in additional education, or not seeking employment or not seeking additional education by choice by the total number of students whose status is known in the cohort.
****Unknown number/percentage based on graduates from respective years from which data were not available.

More detailed information on employment outcomes of MPH graduates, including employment settings and job titles/roles, are included in results from responses to the MPH Alumni Surveys included in the ERF (ERF → B3 → 1. Alumni Survey → MPH Alumni Survey Post-Graduation Outcome Responses).

2) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

BSPH

Data on post-graduation outcomes reported above for the BSPH graduates were collected primarily via the BSPH Alumni Survey distributed in Fall 2017 to graduates of the 2014-2015, 2015-2016 and 2016-2017 academic years. Data from the 2014-2015 and 2015-2016 graduates were not included in the table B3-1.1, as the BSPH program did not fall under the unit of accreditation until Fall 2016. A list of graduates that did not respond to the survey were compiled and this list was provided to the HSCI Department office staff. The office staff then attempted to gather data on graduates with unknown post-graduation outcome status based on website searches such as LinkedIn and Facebook. This helped to decrease the number of unknown responses, however there were still a substantial number of BSPH graduates with unknown post-graduation outcome status. Moving forward, the BSPH Alumni Survey will be sent out 12 months post graduation for each graduating semester, and the office staff will continue to gather data on any non-respondents via website searches such as LinkedIn and Facebook. Increasing the frequency of the survey distribution will hopefully help to reduce the number of graduates with unknown status.

MPH

Data on post-graduation outcomes reported above for the campus-based MPH graduates were collected primarily via the MPH Alumni Survey distributed to graduates of each semester 12 months post graduation. A list of graduates that did not respond to the survey were compiled and this list was provided to the HSCI Department office staff.

Data on post-graduation outcomes reported above for the distance-based MPH graduates were collected primarily via the distance-based MPH Alumni Survey distributed to graduates of Cohort 1 12 months post graduation (in Fall 2017). The Alumni Survey will continue to be distributed to graduates of each Cohort 12 months post graduation. A list of graduates that did not respond to the survey were compiled and this list was provided to the HSCI Department office staff.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- Reports indicate that the majority of BSPH graduates are either employed or continuing graduate studies.
- Campus-based and distance-based MPH employment data show that 75% or more of the graduates are employed.

Weaknesses/Improvement Plans:

- Alumni surveys are sent 12 months post graduation, resulting in extremely low response rates.
- In Fall 2018 the Program Director will work with the Graduate Coordinator to determine a clear methodology on identifying unknown data. This is likely to involve training the Department office staff to correctly populate data based on website searches such as LinkedIn and Facebook.

B4. Alumni Perceptions of Curricular Effectiveness

For each degree offered, the program collects information on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements.

The program defines qualitative and/or quantitative methods designed to maximize response rates and provide useful information. Data from recent graduates within the last five years are typically most useful, as distal graduates may not have completed the curriculum that is currently offered.

1) **Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation.**

BSPH

Reports from BSPH alumni regarding self-assessment of confidence in achieving and applying competencies after graduation indicate that the majority of alumni feel confident or very confident in communicating public health information through written forms and to diverse audiences after graduation. Additionally, alumni reported being confident and very confident in locating, using, and evaluating public health information after graduation. Roughly 14%-15% (of the 54 responses received) of alumni stated after graduation being somewhat confident in their success to synthesize public health information, and communicate public health information through oral forms and a variety of media. The full BSPH Alumni Survey and results from student responses (graduates in 2014-2015, 2015-2016 and 2016-2017 academic years) are included in the ERF (ERF → B4 → 1. Alumni Survey → BSPH Alumni Survey).

A BSPH survey measuring students' perceptions questions based on the Core Competencies for Public Health Professionals is also conducted in the program. The survey is distributed in both HSCI 331 Public Health Education, one of the first major upper division courses students in the major, and then again as a comparison in the HSCI 494: Supervised Academic Internship course. The results of this survey are presented in the annual assessment report which is given to the University Assessment Committee. Results from the survey are not included in the self-study, as the survey measures students' perceptions of competencies versus alumni perceptions of competencies.

MPH

Reports from MPH alumni are based on the ability to apply the NCHEC responsibilities and competencies. Results indicate the majority (at least 75%) of alumni (based on 61 responses received across the Fall 2015-Fall 2017 graduating classes) rate themselves as average or above to excellent in achieving competencies such as: calculating basic epidemiology skills, identifying key sources of data, applying descriptive techniques to summarize public health data, identifying theories/models used in public health research and practice, applying evidence-based approaches in evaluation, applying skills of community based participatory research, demonstrating team-building and conflict management, and applying ethical principles to program planning/implementation/ evaluation. Alumni also reported they felt below average (10%-12%) in achieving a select number of competencies: discussing risk management in relation to environment justice, discussing the policy process in improving the health status of populations, and applying systems thinking. The full MPH Exit Survey and results from student responses regarding competencies are included in the ERF (ERF → B4 → 1. Exit Survey → MPH Exit Surveys).

2) **Provide full documentation of the methodology and findings from alumni data collection.**

BSPH

The BSPH alumni survey was sent via email including a SurveyMonkey link to the BSPH alumni survey in October 2017 to graduates of the 2014-2015, 2015-2016 and 2016-2017 academic years. Emails for BSPH graduates (both CSUN emails and alternate emails reported by students) were obtained through the University's Office of Institutional Research. Three reminder emails were sent to BSPH graduates from these academic years, including the survey link. The BSPH alumni survey contained questions regarding the defined Public Health Bachelor's Degree Foundational Competencies from the 2016 CEPH Criteria. Students were asked their perceived confidence in their success in achieving competencies and ability to

apply competencies after graduation. The BSPH Alumni survey and full student responses to competency questions are included in the ERF (ERF → B4 → 1. Alumni Survey → BSPH Alumni Survey).

MPH

For the campus-based MPH, the MPH exit survey is completed by students of the graduating class during their last semester of the program prior to graduation. The survey is posted on the Comprehensive Exam course website via a SurveyMonkey link to the MPH Exit survey. The MPH exit survey contained questions regarding student competencies based on the Association of Schools and Programs of Public Health (ASPPH) MPH Core Competency Model. The exit survey added information about perceived competencies from students in Fall 2015, therefore data presented above only includes perceived competency responses from Fall 2015 to the most recent data collected in Fall 2017. Prior to Fall 2015, an Exit Student Satisfaction Survey was mailed via paper in addressed envelopes along with the comprehensive exam results. Students were asked to complete the survey and mail back to the department, but reports indicate little to no responses from students based on this methodology. The MPH Exit survey and full student responses to competency questions are included in the ERF (ERF → B4 → 1. Exit Survey → MPH Exit Surveys).

For the distance-based MPH program (which has a cohort design), the alumni perceptions data were collected during September and October, 2017 via online survey. Three reminder emails were sent to distance-based MPH graduates from Cohort 1 (graduated in Fall 2016/Spring 2017) containing a SurveyMonkey link on the items attached. We received a 50% response rate (N=16 graduates, n = 8 responses). The distance-based MPH alumni survey contained questions regarding the student competencies based on the NCHEC Responsibilities and Competencies for Health Education Specialists. Data were analyzed as frequency data by the Academic Program Lead of the online MPH. The distance-based MPH Alumni survey and full student responses to competency questions are included in the ERF (ERF → B4 → 1. Exit Survey → MPH Exit Surveys).

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- The majority of MPH and BSPH alumni report being somewhat or very competent in achieving competencies after graduating.

Weaknesses/Improvement Plans:

- Our most recent MPH alumni surveys reported perceptions of achieving and successfully applying competencies according to NCHEC and ASPPH, rather than CEPH.
- With the new 2016 CEPH criteria, we have updated our exit and alumni surveys for all programs to include the CEPH competencies and domains in order to survey those who graduated within the last year. We anticipate collecting these data Fall 2018 and beyond.
- Additionally, the BSPH alumni survey was conducted for the first time this past academic year (Fall 2017) among graduates from the last three years. Thus, response rates are low given that many students graduated more than a year ago.
- Beginning Fall 2018, BSPH alumni surveys plan to be collected each year with the new CEPH competencies.

B5. Defining Evaluation Practices

The program defines appropriate evaluation methods and measures that allow the program to determine its effectiveness in advancing its mission and goals. The evaluation plan is ongoing, systematic and well-documented. The chosen evaluation methods and measures must track the program's progress in 1) advancing the field of public health (addressing instruction, scholarship and service) and 2) promoting student success.

1) **Present an evaluation plan that, at a minimum, lists the program's evaluation measures, methods and parties responsible for review. See Template B5-1.**

Template B5-1. PH Program Goal/Objective Evaluation Methods and Measures

Evaluation measures	Data collection method for measure	Responsibility for review
Goal 1: Students learn and apply knowledge and skills related to the practice of public health.		
Evaluation measure 1: Students learn the skills and knowledge related to core competencies in public health.	• Undergraduate assessment at the beginning of the major (HSCI 331) and at the end (HSCI 494). • Graduate assessment at the beginning of the program and exit. • Alumni surveys for both undergraduate (BSPH) and graduate (MPH) students.	PH Program Director; PH Graduate Coordinators; Internship Coordinator; Assessment Committee/Liaison
Evaluation measure 2: Students apply said competencies in the community setting.	• Internship completion (both MPH and BSPH). • Internship preceptor surveys. • HSCI 445 final papers. • MPH ILE.	Internship Coordinator; HSCI 445 Instructors; PH Program Director; PH Graduate Coordinators; All PH faculty (for review of the MPH ILE)
Goal 2: Students and faculty contribute to service activities at the local level through engagement in public health practice.		
Evaluation measure 1: Students and faculty participate in community service activities through PH student organizations and/or associations	• Flyers of local events; Event sign-in sheets (students & faculty)	Student organization faculty advisors; Events are presented to all PH faculty in meetings
Evaluation measure 2: Students participate in extracurricular service activities outside student organizations and/or associations	• MPH Exit Survey	PH Graduate Coordinators; Assessment Committee/Liaison
Evaluation measure 3: Faculty involved in community and professional service	• Faculty CVs	PH Program Director; Department Chair
Goal 3: Faculty conduct collaborative research that advances the field of public health and provides opportunities for student involvement.		

Evaluation measures	Data collection method for measure	Responsibility for review
Evaluation measure 1: Number of intra and interdisciplinary collaborations between faculty.	• Faculty CVs • Meeting minutes (discussing faculty research projects)	PH Program Director; Department Chair; Dean of the College; University Administration
Evaluation measure 2: Students are provided opportunities to contribute to faculty research.	• Records of number of students who serve as research/student assistants • Grant reports of number of students included on a project	PH Program Director; Department Chair; HSCI Department Office
Evaluation measure 3: Resources are provided for students to contribute to faculty research.	• Faculty budget • Development funds allocated to student research opportunities • Grant reports of funding provided to students	PH Program Director; Department Chair; HSCI Department Office
Evaluation measure 4: Number of faculty and students which present their research at local, national and/or international conferences and publish in peer-reviewed journals.	• Faculty CVs • Meeting minutes (discussing faculty research projects) • Conference programs • Journal publications	PH Program Director; Department Chair; Dean of the College; University Administration
Goal 4: Students prepare to work with diverse populations through coursework projects		
Evaluation measure 1: Students are exposed to working with diverse populations through coursework projects.	• Public Health Program syllabi • Annual exit survey	Public Health Faculty leads
Evaluation measure 2: Internship sites serve diverse populations	• Annual internship preceptor list	Internship Coordinator (BSPH & MPH Programs)

2) **Briefly describe how the chosen evaluation methods and measures track the program's progress in advancing the field of public health (including instruction, scholarship and service) and promoting student success.**

Goal 1: Students learn and apply knowledge and skills related to the practice of public health.

The evaluation measures which assess student knowledge and skills include BSPH and MPH surveys of students upon entering the program, completing the program and alumni surveys post-graduation. The comparison of the entrance and exit survey responses track changes in students' perceived competencies over the course of the program at both the graduate and undergraduate level. The entrance/exit survey results are compiled and presented by the Assessment Liaison (BSPH) and the Graduate Coordinators (MPH) and strategies for addressing gaps in student knowledge gained from the program are discussed in the PH faculty meetings. The alumni student results are discussed by the Program Director, Graduate

Coordinators and Internship Coordinator and strategies for addressing gaps in perceived skills from alumni are discussed at CAB meetings.

These measures help inform the Public Health Program whether students report an increase in knowledge and skills pertaining to the foundational competencies and/or public health domains over time. Proficiency in public health competencies and domains enables CSUN Public Health graduates to successfully contribute to the improvement of community health and well-being.

Goal 2: Students & faculty contribute to service activities at the local level through engagement in public health practice.

Flyers of student organization and association events help track the measurement of student and faculty participation in community service activities. Additionally, each year the MPH exit survey asks students whether they participated in extracurricular service outside of student organizations, enabling the continued measurement of such participation. Survey results are compiled and presented to the faculty at yearly retreats, and the CAB once a year, with discussion for potential strategies on how to enhance student contributions to community service.

These measures help demonstrate how Public Health Program students and faculty are exposed and participate in community-related service activities at the local level. Such experiences promote community collaborations and the development of competencies and skills outside of the classroom that are translated to the workplace upon graduation.

Goal 3: Faculty conduct collaborative research that advances the field of public health and provides opportunities for student involvement.

The number of intra and interdisciplinary collaborations between faculty is measured through faculty CVs as well as program meeting minutes that include discussions of research projects. Student opportunities and resources to contribute to faculty research are measured by recording the number of students who serve as research assistants, present at conference presentations, and the amount of development funds (either department or grant-funded) allocated to student research. Reports of student opportunities and resources are also compiled and presented to the faculty at yearly retreats, and once a year with the CAB, with discussion for potential strategies on how to improve such involvement.

These measures indicate whether the Public Health Program is providing essential student-faculty mentorship through direct research experience on internal and external grant projects. Participation in faculty research also demonstrates how students are exposed to professional research teams, conferences, and networking opportunities.

Goal 4: Students prepare to work with diverse populations through coursework projects.

Course syllabi are reviewed each semester by faculty course leads to ensure courses clearly include content on working with diverse populations; such as developing culturally competent health promotion programs, curriculum, and community organizing efforts among diverse populations. Additionally, the annual student exit survey asks whether students felt prepared to work with diverse populations upon graduation. Tabulations of survey responses are presented at the program retreat, and once a year with the CAB, and strategies are discussed on how to best prepare students to work with diverse populations. Each year the internship preceptor list is reviewed by the internship coordinator and program director to measure whether sites serve diverse populations. Updates to the preceptor list are brainstormed each year by the faculty and CAB and included to the list.

These measures verify that the Public Health Program is exposing students to diverse populations, whereby students build necessary skills and competencies focusing on culturally competent and relevant public health practice. As a result, students feel prepared to work with diverse populations upon graduation.

3) **Provide evidence of implementation of the plan described in Template B5-1. Evidence may include reports or data summaries prepared for review, minutes of meetings at which results were discussed, etc. Evidence must document examination of progress and impact on both public health as a field and student success.**

Evidence of implementation of the above is included in the ERF (ERF → B5 → 3. Evidence of Goal Evaluation Measures).

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- Over the past three years, the MPH program has maintained organized reports of exit and alumni surveys.
- The department has also recently established a sustainable list of faculty course leads, whereby each year a primary instructional faculty (PIF) is assigned to review course syllabi for each section of their respective courses for uniformity in objectives and assessment, as well as compliance with student learning outcomes and accreditation.

Weaknesses/Improvement Plans:

- Attendance of a student representative at monthly program meetings has been irregular. We hope to identify a student representative (for both BSPH and MPH) at the start of each academic year, and provide these students with a calendar of program meetings each month, adding the students to the email list for monthly meeting reminders.
- Select evaluation measures listed in Table B5-1 utilize exit and alumni surveys. While previous surveys at both the graduate and undergraduate level have assessed a range of competencies, beginning in Fall 2018, all surveys will be updated with the competencies from the 2016 CEPH criteria.

B6. Use of Evaluation Data

The program engages in regular, substantive review of all evaluation findings, as well as strategic discussions about the implications of evaluation findings.

The program implements an explicit process for translating evaluation findings into programmatic plans and changes and provides evidence of changes implemented based on evaluation findings.

1) **Provide two to four specific examples of programmatic changes undertaken in the last three years based on evaluation results. For each example, describe the specific evaluation finding and the groups or individuals responsible for determining the planned change, as well as identifying the change itself.**

   a. Goal 1 focuses on students applying skills related to the practice of public health. Through the assessment of evaluation measure 2, the internship coordinator identified more than half of the of the MPH students registered in the internship course were not locating an internship site until well beyond week 10 of the semester, thereby making it extremely challenging for students to complete the 300-400 hour internship within one or even two semesters. This prompted the creation of a "Site Secure Form" that had to be completed by the student, the internship site preceptor, and the internship coordinator. Once the Form was completed and approved by the internship coordinator, only then could the student register for the internship course. This Form has been in effect over the past year, and has enabled nearly 85% of our MPH students registered in the internship course to start their internship within the first two weeks of the semester.

   b. Goal 3 focuses on student involvement in faculty research. Through the assessment of evaluation measures 2 and 3, the program determined that student support and resources were deficient, leading to limited opportunities for students to develop and contribute to faculty research. As such, faculty began to include specific line items in grant budget proposals to include funding for graduate student assistants. Additionally, the program and department initiated a new pool of development funds allocated specifically for faculty to use for starter projects, also utilizing student undergraduate and/or graduate assistants.

   c. Goal 1 focuses on students applying skills related to the practice of public health. Through the assessment of evaluation measure 2, the program faculty unanimously decided to change the format of the comprehensive exam. This change was in response to the addressing the core pillars of public health more comprehensively. The faculty decided to separate the exam in to two parts, one multiple choice component synonymous to the Certified Public Health (CPH) exam, and one essay component synonymous to the Certified Health Education Specialist (CHES) exam – both of which would be completed during a three-hour proctored exam in a designated computer lab on campus. While the program has been utilizing this new comp exam format for the past three-years, in Summer 2018 the program decide to change the format again to utilize concentration specific (community health education vs. applied epidemiology) projects to provide a more in-depth demonstration of the ILE. This helps provide fairness among students in both tracks, and also complies with the new 2016 CEPH criteria.

2) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

   <u>Strengths</u>:

   - The MPH program has maintained its mission of preparing professional public health educators and epidemiologists over the past eight years.
   - The recent creation of a course Faculty Lead has led to valuable discussions regarding consistency of course section content and will continue to ensure that regular, substantive review and evaluation of course objectives and content occurs.
   - Changes in the internship course to include a "Site Secure Form" based on previous evaluation data from students indicating delays in placement has significantly improved the placement rate in the first few weeks of the course. This has helped to provide students with a longer period to complete the required internship hours.

- Grant funding received by PH faculty has enabled greater opportunity for including students in research activities in the program.

Weaknesses/Improvement Plans:

- The leadership of the Public Health program has seen recent turnover, as the program has experienced substantial faculty growth over the past 8 years. Thus, the ability to efficiently and reliably evaluate various aspects of the program has been challenging given such turnover.
- In 2014, there was a change in leadership from the long-standing Public Health Graduate Coordinator to an interim Coordinator who held the role for one year, until in 2015 two Graduate Coordinators were assigned to co-manage the role. The past three-years have been stable, and enabled the program to examine much needed areas of review, and slowly implement change with new leadership.
- We are confident that with the completion of this accreditation self-study report, program evaluation will continue regularly each year and be reported as such.

C1. Fiscal Resources

The program has financial resources adequate to fulfill its stated mission and goals. Financial support is adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees and ongoing operations.

1) **Describe the program's budget processes, including all sources of funding. This description addresses the following, as applicable:**

   a) **Briefly describe how the program pays for faculty salaries. For example, are faculty salaries fully guaranteed, or are faculty expected to raise funds to support salaries? If this varies by individual or appointment type, indicate this and provide examples. For programs, if faculty salaries are paid by an entity other than the program (such as a department or college), explain.**

   Campus-based: The College of Health and Human Development (CHHD) is provided an allocation annually by Academic Affairs through an incremental budgeting model. The Health Sciences Department is funded by actual positions budgets and formula funding model for operating funds. Full-time faculty position budgets are allocated at the time of hire to the CHHD from Academic Affairs. The full-time faculty positions are budgeted in the department. Part-time faculty salaries for all departments in CHHD are pooled centrally. At the end of the semester budget for part-time faculty is provided to the department. Part-time faculty appointments are contingent on budget and courses offerings.

   Distance-based MPH: The majority of faculty that teach in the distance-based MPH program also teach in the campus-based MPH program. Tseng College pays for all additional faculty salary for faculty teaching courses in the distance-based MPH program. Faculty salaries are fully guaranteed. Faculty are hired under a class code with a set per unit pay rate based on faculty rank and class enrollment. Pay for this program is calculated using a modified version of the salary scale and is determined once based on the enrollment at the beginning of the cohort.

   - If the program enrolls 23 or fewer students at the beginning of the cohort, the instructional pay will be based on actual enrollment and the faculty member's current rank.
   - If the program enrolls between 24 and 26 students at the beginning of the cohort, the instructional pay will be based on maximum enrollment at the faculty member's current rank.
   - If the program enrolls 27 or more students at the beginning of the cohort, the instructional pay will be based on full maximum enrollment at the full professor rank.

   b) **Briefly describe how the program requests and/or obtains additional faculty or staff (additional = not replacements for individuals who left). If multiple models are possible, indicate this and provide examples.**

   Campus-based: Annually, the PH program will identify a need for any additional faculty. The PH Program Director will then discuss the need with the Department Chair, which will provide full-time faculty position requests to the Dean of CHHD. The Provost provides the colleges with an estimated number of hires for the year. The Dean reviews the requests in consultation with the Provost and determines which departments will hire.

   Distance-based MPH: To date, only current full-time, tenure track public health faculty and staff teach for the distance-based MPH program. Per CSU policy, full-time faculty and staff are restricted to work an additional 25% over their full-time appointment. This enables current MPH faculty members to teach one additional course per semester for the distance-learning program should they choose. In the event that there are not enough available or interested full-time, tenure-track public health faculty members to teach a course, the Department of Health Sciences has a pool of part-time instructors to hire from if needed. This pool of part-time instructors does include those with online/distance education experience. Priority is always given to full-time faculty members and will then open up to part-time instructors if necessary.

   c) **Describe how the program funds the following:**

a. **operational costs (schools and programs define "operational" in their own contexts; definition must be included in response)**

Campus-based: Operational costs are funded through a formula that includes the departments target and actual FTES and FTEF.

Distance-based MPH: See chart for allocated funds for operational costs (ERF → C1 → Distance-based Operational Costs).

b. **student support, including scholarships, support for student conference travel, support for student activities, etc.**

Scholarships donated by the community are provided to the Public Health program through the CSUN Foundation, and may be available for student support purposes. Student scholarships may also be available through faculty grants, such as the CAMINO grant led by one of the public health program faculty, Dr. Sloane Burke Winkelman. Student conference travel for both MPH and BSPH students is primarily funded through Associated Students (AS) at the University level, but may be provided to students by faculty who utilize their Professional Development funds which are distributed by CHHD (College of Health and Human Development). Support for student activities typically comes through donations (by faculty or the community) or through the CSUN Foundation.

Student support services available to distance-learning students include access to the writing center, student counseling center, career center, biostatistics tutoring and a complementary biostatistics online self-study program. Tutoring and career advising are available by scheduled video chat sessions to accommodate distance-learning student schedules. In addition to these offerings, students are eligible for several grants, scholarships, and research assistantships. Not only are these services available by CSUN, but the MPHSA and Eta Sigma Gamma honorary also accommodates distance-learning students by utilizing video conferencing during each in-person meeting.

c. **faculty development expenses, including travel support. If this varies by individual or appointment type, indicate this and provide examples**

CHHD allocates $1,000 per full-time faculty member to the department to be used for faculty development. Additionally, the Health Sciences Department allocates additional monies annually to each full-time faculty member devoted to professional development such as travel to conferences, payment of memberships, mileage reimbursement for job-related travel, job-related training and/or classes, etc.

All instructors for the distance-based MPH program are from the CHHD. CHHD faculty are provided full support for course development and throughout the administration of their courses. The Academic Lead and Information Technology Support also provide content and IT support throughout each semester to every faculty.

d) **In general terms, describe how the program requests and/or obtains additional funds for operational costs, student support and faculty development expenses.**

Departments can obtain additional funds by partnering with Tseng College: Graduate, International and Mid-career Education. This includes degree programs, summer and winter sessions. Revenue from the programs are split between Tseng, CHHD and the department. Programs can also request additional funding through the University Instructionally Related Activities (IRA) Funding.

e) **Explain how tuition and fees paid by students are returned to the program. If the program receives a share rather than the full amount, explain, in general terms, how the share returned is determined. If the program's funding is allocated in a way that does not bear a relationship to tuition and fees generated, indicate this and explain.**

BSPH and Campus-based MPH: Student tuition and fees come into the central administration of the University. The College of HHD is then funded by University Academic Affairs, increasing or decreasing the budget from the year before, in an incremental budget model. The increase or decrease depends on the number of full-time faculty and the FTES target.

Distance-based MPH: Tseng College collects the tuition from the students as well as sets the tuition and fee schedule for the distance based offerings. The program budget is established at the beginning of each cohort and includes both a cost recovery portion that Tseng College transfers to the Partner College at the end of each term. The partner college for this program is the College of Health and Human Development (CHHD). At the end of the cohort, a Profit & Loss statement is prepared and the revenue share is transferred to the partner college if there is a profit. If there is a loss, Tseng College absorbs the loss. The purpose of the cost recovery transfers is for Tseng College to reimburse the Academic College for the various expenses incurred related to the program. Those expenses are for example: Academic oversight, general office expenses, time and resources spent, space, supplies, and equipment. The program reinvestment is the net revenue that is shared between Tseng College and the Partner College. The purpose of this transfer is for the Partner College to reinvest in faculty development, expansion of departmental resources, new self-support programs. If the need for a tuition increase is apparent, a percentage increase is agreed upon by the Partner College and Tseng College during the annual budget evaluation.

f) Explain how indirect costs associated with grants and contracts are returned to the program and/or individual faculty members. If the program and its faculty do not receive funding through this mechanism, explain.

BSPH and Campus-based MPH: Indirect costs are returned to the faculty via the Large Grant Release program. To assist faculty in competing for extramural support, and to assist with the conduct of fully-funded projects, Academic Affairs provides release time to faculty who hold extramurally funded awards, based on the indirect costs received from the grant. Depending on the amount of indirect a grant is expected to receive, the Principal Investigator will be released from units (teaching courses). Additional information regarding the Large Grant Release program can be found online.

Distance-based MPH: The program is fully funded via Tseng College which is a CSUN self-support college. There are no grants or contracts that fund this program.

2) A clearly formulated program budget statement in the format of Template C1-1, showing sources of all available funds and expenditures by major categories, for the last five years.

Template C1-1.1. Campus-based[1] PH Program Sources of Funds and Expenditures, 2013-2018

	13-14	14-15	15-16	16-17	17-18	18-19[3]
Source of Funds	*62.30%*	*61%*	*63.70%*	*64.60%*	*69.40%*	
Tuition & Fees						
State Appropriation						
University Funds[4]	679,094.92	643,905.15	956,264.40	1,433,178.78	1,691,962.98	
Grants/Contracts	500,000.00	1,600,000.00	352,000.00		150,000.00	
Indirect Cost Recovery			10,736.21	11,030.00	-	
Endowment						
Gifts		1,000.00	1,090.00	1,335.00	1,247.00	
Total	**1,179,094.92**	**2,244,905.15**	**1,320,090.61**	**1,445,543.78**	**1,843,209.98**	**-**
Expenditures	*57.70%*	*57.70%*	*57.70%*	*57.70%*	*57.70%*	
Faculty Salaries & Benefits[2]	797,055.11	915,005.03	1,050,421.00	1,092,946.48	1,070,051.69	
Staff Salaries & Benefits[2]	14,625.00	27,319.64	111,324.65	105,244.80	87,367.03	
Operations	15,844.89	4,782.46	65,236.20	68,637.04	114,250.24	
Travel		4,782.46	9,453.00	13,271.00	19,448.57	
Student Support			3,726.00		10,062.46	
Total	**827,525.00**	**951,889.59**	**1,240,160.85**	**1,280,099.31**	**1,301,179.99**	**-**

1 Details of the budget statement for the Distance-based MPH program can be found in the ERF (ERF→ C1 → Table C1-1. Distance-based MPH)
2 Benefits covered by University central pool - not included in budget or expenditures
3 18-19 Budget not yet allocated from the University
4 University Funds include: budget of full-time faculty, dept chair, staff OE allocation and Faculty professional development

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- The Public Health program utilizes a substantial budget as provided for by Academic Affairs based on Student FTES. This ample budget supplies the program with adequate operational costs, faculty development and travel funds.
- Additional revenue resulting from the Distance-based MPH program also support the department and provide faculty with supplemental pay.
- The College has also approved requests for three new faculty hires within the past three years.
- The program sustains a select number of department scholarships for undergraduate and graduate students.

Weaknesses/Improvement Plans:

- The Public Health program is housed within the Department of Health Sciences. Therefore, it is extremely challenging to report exact monies utilized solely for the Public Health program beyond faculty salaries and faculty development/travel. Operational costs are at the department level, as are the allocation of student tuition and fees.
- Beginning Fall 2018, the Public Health program will have a separate code to allow our Department Finance Manager to clearly denote funds and resources allocated to the Public Health program.
- The program also does not provide students with designated travel or special activities funds, unless provided for by a faculty through grant research.
- The university does not currently allocate indirect costs from grants to the department. Release time is provided for faculty to conduct research, but the department does not receive any funds to support operational costs.
- Despite these limitations, the Public Health program is well-funded, and the Health Sciences department maintains a clear and transparent budget; one of which will be sustained throughout the coming years.

C2. Faculty Resources

The program has adequate faculty, including primary instructional faculty and non-primary instructional faculty, to fulfill its stated mission and goals. This support is adequate to sustain all core functions, including offering coursework and advising students. The stability of resources is a factor in evaluating resource adequacy.

Students' access to a range of intellectual perspectives and to breadth of thought in their chosen fields of study is an important component of quality, as is faculty access to colleagues with shared interests and expertise.

All identified faculty must have regular instructional responsibility in the area. Individuals who perform research in a given area but do not have some regular expectations for instruction cannot serve as one of the three to five listed members.

1) **A table demonstrating the adequacy of the program's instructional faculty resources in the format of Template C2-1.**

Template C2-1. PH Program Instructional Faculty Resources

				ADDITIONAL FACULTY
CONCENTRATION	**PIF 1**	**PIF 2**	**FACULTY 3**	
COMMUNITY HEALTH EDUCATION MPH	Patty Kwan 1.0	Vicki Ebin 1.0	Bobbie Emetu 1.0	PIF: 11 Non-PIF: 1
APPLIED EPIDEMIOLOGY MPH	Larry Chu 1.0	Stephanie Benjamin 1.0	Myriam Forster 1.0	PIF: 11 Non-PIF: 1
PUBLIC HEALTH BS	Mirna Sawyer 1.0	Suzanne Spear 1.0	Kathleen Young 1.0	PIF: 13 Non-PIF: 16

TOTALS:		
	Named PIF	9
	Total PIF	16
	Non-PIF	16

A full list of PIF and non-PIF faculty identified in the table above is included in the Section E1 and E2. Only non-PIF faculty with significant contributions to the PH program, as defined in Section E1.2, are included in the table above.

2) **Explain the method for calculating FTE for faculty in the templates and evidence of the calculation method's implementation. Programs must present calculation methods for primary instructional and non-primary instructional faculty.**

All primary instructional faculty (PIF) identified in the table above are allocated 1.0 FTE, as all PIF noted teach solely in the public health program (both graduate and undergraduate courses) and are considered full-time tenured/tenure-track faculty (see university definition included below).

The FTE for non-primary instructional faculty in the table above are included in template E1-2 and are calculated based on the university's definition of full-time faculty. For lecturers (which include all non-PIF noted above), the equivalent of 15 WTU corresponds to 1.0 FTE.

3) **If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates.**

All 16 PIF identified above meet the requirements of:

(1) Employed full-time as faculty members at the home institution/university. The university's definition of full-time for tenured/tenure-track faculty (which include all PIF noted in the table above) is the equivalent of 12 weighted teaching units (WTU; includes reassigned time).

(2) Have regular responsibility for instruction in the program as a component of employment.

(3) Spend a majority of time/effort (ie, 0.50 FTE or greater) on activities associated with the program, including instruction. Research and service effort are also included in the FTE allocated to the program if the research or service projects impact the program and its students.

The workloads of faculty involved in the program by semester are included in the ERF (ERF → C2 → 3. Faculty Resources → Faculty Workloads) and list all instructional and reassigned units allocated to faculty.

4) **Data on the following for the most recent year in the format of Template C2-2. See Template C2-2 for additional definitions and parameters.**

a. **Advising ratios (faculty and, if applicable, staff) by degree level (bachelor's, master's, doctoral), as well as the maximum and minimum.**

BSPH

For the academic year 2017-2018, there were 10 PIF and 1 non-PIF advising BSPH students. Of the 14 PIF at in the PH program at that time (2 additional PIF were hired beginning in the 2018-2019 academic year), 1 PIF was on sabbatical and not advising Fall 2017, 1 PIF was on sabbatical and not advising Spring 2018 and 2 PIFs serve as Graduate Co-Coordinators and do not serve as advisors to undergraduate students. Template C2-2.1 lists the average number of BSPH students advised per PH faculty advisor, as well as the minimum and maximum advised per BSPH faculty advisor.

Template C2-2.1. General & career counseling: PH Faculty advisors

Degree level	Average	Min	Max
Bachelor's	104	93	133

*Average calculations based on 1149 enrolled BSPH students in Fall 2017 (not including students that were disqualified as of Fall 2017) and 11 PIF and non-PIF undergraduate advisors.
**Number of students include all students (freshmen, sophomores, juniors and seniors) in the BSPH major. The staff support discussed below serves to supplement the faculty advising support for BSPH students.

In addition to the faculty advisors within the PH program, staff within the College of HHD Student Services/EOP Center are also available for academic advising of students in the PH program. This office primarily focuses on advisement of freshmen and students on academic probation, but is available to all students in the College of HHD and offer a variety of services including academic success workshops and recruitment and retention services for students. A full listing of services offered and additional details can be found on the College of HHD Student Services/EOP Center site.

Template C2-2.2 lists the average number of freshmen students advised per HHD Student Services/EOP staff advisor.

Template C2-2.2. General academic advising: HHD EOP/Student Services Staff Advisors

Degree level	Average	Min	Max
Bachelor's	22	22	22

*Average calculations based on 195 enrolled BSPH freshmen in Fall 2017 and 9 staff advisors, assuming an even distribution of advising load across available advisors.

**The staff support for academic advising included in the table below supplements the faculty support for advising of BSPH students described above.

MPH

For the campus-based MPH, two Graduate Co-Coordinators are wholly responsible for academic advising of the campus-based MPH students (Community Health Education and Applied Epidemiology combined). Based on the number of students each academic year, the co-coordinators split the alphabet in half by last name and advise students accordingly.

For the distance-based MPH program, the Program Lead serves as the PH faculty advisor for the 3 cohorts of students that run at once (approximately 90 students - ~30 expected in each cohort). There are also 2 staff advisors that provide academic advising for students, though the staff advisors also manage 2 other programs outside of the PH program. The PH Faculty Program Lead also serves as the primary source of career advising to the distance-based MPH students and is responsible for sending out position announcements, posting graduation workshop and conference opportunities, and providing advice and mentorship to students who are interviewing for positions.

Template C2-2.3 lists the average number of campus-based and distance-based MPH students advised per Graduate Coordinator or Faculty Program Lead, as well as the minimum and maximum assuming an approximately equal distribution of students.

Template C2-2.3. General academic advising: MPH Program

Degree level	Program	Average	Min	Max
Master's	Campus-based*	59	59	59
	Distance-based**	31	31	31

*Average calculations based on 118 enrolled campus-based MPH students in Fall 2017 and the 2 MPH Graduate Coordinators serving as academic advisors.
**Average calculations based on 92 enrolled distance-based MPH students in Fall 2017, the 1 PH Faculty Program Lead and the 2 Tseng Staff that serve as academic advisors.

In addition to the academic advising of campus-based and distance-based MPH students provided by the Graduate Coordinators and Faculty Program Lead, students also have the opportunity to receive general and career guidance, advising and mentorship from faculty who teach in the MPH program. This serves to supplement the academic advising provided by the 2 Graduate Coordinators and Faculty Program Lead. Template C2-2.4 lists the average number of MPH students advised per PIF faculty member/advisor teaching in the campus-based and distance-based MPH programs.

Template C2-2.4. General & Career advising/mentorship: MPH Program

Degree level		Average	Min	Max
Master's	Campus-based*	9	9	9
	Distance-based**	10	10	10

*Average calculations based on 118 enrolled campus-based MPH students in Fall 2017 and the 14 PIF faculty/advisors that teach courses in the campus-based MPH program and assuming an approximately equal distribution of students.
**Average calculations based on 92 enrolled distance-based MPH students in Fall 2017 and the 10 PIF faculty/advisors that teach courses in the distance-based MPH program and assuming an approximately equal distribution of students.

b. If applicable, average number of baccalaureate students supervised in a cumulative or experiential activity

Table C2-2.b. Supervision in BSPH Cumulative/Experiential Activity

Average (2017-2018 AY)	Min	Max
Average = 123	Fall 2017 = 96	Spring 2018 = 150

*Calculations in the table based on the 1 Internship Coordinator which teaches the cumulative/experiential activity course each semester and the number of students enrolled in the cumulative/experiential activity course per semester. This supervision is supplemented by internship preceptors as noted below.

There is one designated Internship Coordinator (Professor Susan Cohen) who advises students enrolled in the BSPH cumulative/experiential activity course (HSCI 494: Academic Internship). In addition, each student has a specified preceptor at their chosen internship site and is supervised on site by each respective preceptor.

c. Average number of MPH students supervised in an integrative learning experience (as defined in Criterion D7), as well as the maximum and minimum.

Table C2-2.b. Supervision in MPH Integrative Learning Experience (Comprehensive Exam)

Average (2017-2018 AY)	Min	Max
Average = 27	Fall 2017 = 16	Spring 2018 = 37

*Calculations in the table based on the 1 Graduate Coordinator which facilitates the Comprehensive Exam course each semester and the number of students enrolled in the course per semester. This is supplemented by program PIF each semester as noted below.

One of the 2 Graduate Coordinators facilitates the associated Comprehensive Exam course (HSCI 697: Directed Comprehensive Studies) each semester. The supervision in the ILE provided by the Graduate Coordinator facilitating the course each semester is supplemented by PIF that assist with Comp Exam development and grading. Each semester, all 14 PIF faculty discuss new/revised prompts and questions for the written and multiple choice component of the Comprehensive Exam for MPH students and serve as reviewers for the Comprehensive Exam written component.

5) Quantitative data on student perceptions of the following for the most recent year:

a. Class size and its relation to quality of learning (eg, The class size was conducive to my learning)

b. Availability of faculty (ie, Likert scale of 1-5, with 5 as very satisfied)

BSPH

Table C2.5.1. BSPH Student Perceptions of Class Size and Faculty Availability

n=44	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	N/A
Public health faculty were accessible.	0.0%	6.8%	13.6%	47.7%	29.6%	2.3%
Overall, the class sizes were beneficial to my learning.	0.0%	6.8%	2.3%	54.6%	34.1%	2.3%

*Data from the BSPH Alumni Survey for graduates from the 2014-2015, 2015-2016 and 2016-2017 academic years.

MPH

Table C2.5.2. Campus-based MPH Student Perceptions of Class Size and Faculty Availability

n=15	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
MPH faculty were accessible.*	0.0% (0)	6.7% (1)	13.3% (2)	53.5% (8)	26.7% (4)
Overall, the class sizes were conducive to my learning.*	0.0% (0)	0.0% (0)	13.3% (2)	33.3% (5)	53.3% (8)

*The campus-based MPH began including quantitative questions directly pertaining to MPH faculty accessibility and class size on the MPH Exit survey in Spring 2017. Reported data above on these questions are from Spring 2017 graduates.

The MPH Exit survey distributed in the 2015-2016 and 2016-2017 AYs included a question measuring students' perceptions of the availability specifically of the Graduate Coordinator(s).

Table C2.5.3. Campus-based MPH Student Perceptions of MPH Graduate Coordinator's Availability

How would you score your Graduate Coordinator's performance in the following areas? (n=49)	Graduating Semester	Very poor	Poor	Average	Good	Outstanding
Availability.	Fall 2015 (n=5)	0.0% (0)	0.0% (0)	40.0% (2)	20.0% (1)	40.0% (2)
	Spring 2016 (n=16)	0.0% (0)	6.3% (1)	18.8% (3)	56.3% (9)	18.8% (3)
	Fall 2016 (n=13)	0.0% (0)	0.0% (0)	7.7% (1)	53.9% (7)	38.5% (5)
	Spring 2017 (n=15)	6.7% (1)	6.7% (1)	0.0% (0)	60.0% (9)	26.7% (4)

*Data from the MPH Exit survey for graduates of the 2015-2016 and 2016-2017 academic years.

Table C2.5.4. Distance-based MPH Student Perceptions of Class Size and Faculty Availability

	Cohort	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
In the online MPH program, the course size was conducive to my learning.	1 (n=5)	0% (0)	0% (0)	0% (0)	20%(1)	80% (4)
	2 (n=14)	0% (0)	0% (0)	7.14% (1)	21.43%(3)	71.43% (10)
	3 (n=16)	0% (0)	0% (0)	12.5% (2)	31.25% (5)	56.25% (9)
	4 (n=19)	0% (0)	0% (0)	5.26% (1)	26.32% (5)	64.42% (13)
How satisfied were you in the online MPH program with how available faculty were to you in your courses?	1 (n=5)	0% (0)	0% (0)	0% (0)	40% (2)	60% (3)
	2 (n=13)	0% (0)	0% (0)	7.69% (1)	23.08% (3)	69.23% (9)
	3 (n=16)	0% (0)	0% (0)	6.25% (1)	25.00% (4)	68.75% (11)
	4 (n=19)	0% (0)	0% (0)	5.26 (1)	15.79% (3)	78.95% (15)

*Responses from the Distance-based MPH survey for MPH Distance-based Cohort 1 (2014-2017), Cohort 2 (2015-2018), Cohort 3 (2016-2019) and Cohort 4 (2017-2020).

6) Qualitative data on student perceptions of class size and availability of faculty.

BSPH

Of the 54 undergraduate students who completed the survey, only 15 (28%) provided qualitative feedback. Students equally reported positive and constructive feedback regarding perceptions of faculty availability and class sizes. In regards to faculty availability, some students reported "most public health faculty were available during office hours", while others stated that "evening office hours [were] non-existent" and "sometimes when I would go to faculty office hours the professor was not in their office." Comments pertaining to class size were similarly divided. Some students reported the "class size was perfect", whereas others stated "class size was sometimes too large" or "class sizes were about 20-25 students or 40 in some other classes."

MPH

Prior to Spring 2018, the campus-based MPH Exit survey did not contain qualitative questions pertaining to class size and faculty availability. The MPH Exit survey for Spring 2018 and beyond will include qualitative comment boxes on perceptions of faculty availability and class size.

Responses from the Distance-based MPH program were more representative, with a total of 54 responses across four cohorts. Students provided a substantial number of qualitative comments that indicated overall satisfaction with faculty availability and class size. For example, students reported that they "think the size was just right" and it was "a good number of students to exchange ideas". There were no negative comments regarding class size. The overwhelming majority of students stating being highly content with faculty availability. For example, students reported that faculty were "very reachable" and "always willing to communicate in various forms such as phone, email, zoom, text." A couple students did provide constructive feedback pertaining to faculty availability, such as "faculty should indicate the best time to email or call" and faculty should try to "monitor emails more frequently...with a response in same day."

A full list of qualitative responses on student perceptions of class size and availability of faculty is included in the ERF (ERF → C2 → 6. Student Perceptions of Class Size and Availability).

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- The CSUN Public Health program has a robust faculty that can provide advising to all undergraduate and graduate students as needed.
- Graduate advising appears to be well-established and provided for by the Graduate co-coordinators.
- Quantitative data and qualitative comments from Distance-based MPH students indicated overall satisfaction with class size and faculty availability; which may be the nature of a distance learning program whereby students are not physically in the same space in class (but logging on remotely) and communicate via email with faculty.

Weaknesses/Improvement Plans:

- There are numerous challenges of meeting the needs of a large number of students during a concentrated advising period (such as in Fall just before class registration).
- From Fall 2014-Spring 2017, the College of Health and Human Development employed an undergraduate advisor for the Health Sciences Department to provide consistent and reliable advising. Staffing departures affected this position for the 2017-2018 academic year, however a new advisor has been hired and will begin advising students as of Fall 2018.
- With the staffing changes in the full-time undergraduate advisor role, the responsibility becomes that of the faculty; and the number of students is then equally divided among all PIF (excluding the graduate co-coordinators). As a result, student advising may be inconsistent. Some students may not receive consistent guidance/advice on class choices, or other students may find their advisor's availability limited.

- The Department has also taken many strides to hold faculty accountable for canceling and rescheduling office hours, as well as utilize new institutional research platforms to project the number of students in need of a specific course, thereby requesting additional sections rather than increasing class size.
- Student perceptions of general faculty availability and class size were not reported for the campus-based MPH program before Spring 2017. Quantitative questions were included on the MPH Exit survey and data were collected from Spring and Fall 2017 graduates. The MPH Exit survey for Spring 2018 and beyond will continue to include these specific items, as well as qualitative comment boxes on perceptions of faculty availability and class size.

C3. Staff and Other Personnel Resources

The program has staff and other personnel adequate to fulfill its stated mission and goals. The stability of resources is a factor in evaluating resource adequacy.

1) **A table defining the number of the program's staff support for the year in which the site visit will take place by role or function in the format of Template C3-1. Designate any staff resources that are shared with other units outside the unit of accreditation.**

BSPH and Campus-based MPH

Table C3.1.1. BSPH and Campus-based MPH Staff Support

Role/function	FTE
Department Coordinator	1
Schedule of Classes Coordinator	1
Financial Coordinator	1

Staff are assigned to Department of Health Sciences. Staff support all faculty and students in the Department, including those within the Public Health program (see HSCI Organizational Chart in Introduction.2 above for additional descriptions of the program composition of the Health Sciences Department).

The Department also employs 6 student assistants that serve as "other personnel" that support the Public Health program's instructional and administrative needs. These student assistants support all program in the Department of Health Sciences, including those within the Public Health program.

Distance-based MPH

Table C3.1.2. Distance-based MPH Staff Support

Role/function	FTE
Program Manager, Graduate & Professional Education Programs and Services	1
Program Assistant	1
Financial Aid Coordinator	1
Technical Management and Support	1
Senior Instructional Designer (Course Development)	1

The Program Manager and Program Assistant work approximately 0.33 time on the distance-based MPH program, as well as managing two other distance-based graduate programs outside of the distance-based MPH program. The other 3 staff members listed in the table above which provide support to the distance-based MPH program also provide support to other distance-based programs run through Tseng College.

2) **Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel.**

A full list of duties (e.g., managing of Department and Program budget, room scheduling) performed by each staff member supporting the program and other personnel in the HSCI Department is included in the ERF (ERF → C3 → 2. HSCI Staff Duties).

3) **Provide narrative and/or data that support the assertion that the program's staff and other personnel support is sufficient or not sufficient.**

Staff and other personnel support provided are sufficient and appropriate for the number of faculty and students served by the program. A survey will be distributed to PH program faculty in Fall 2018 that will include questions on perceived sufficiency of the program/Department staff support.

4) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths:

- The Health Sciences Department has a strong staff support with clearly defined roles and responsibilities.
- There are also a substantial number of student staff to provide additional support to faculty and administrators within the department office.
- The distance-based MPH program has several staff members which provide support to the program.

Weaknesses/Improvement Plans:

- Not applicable.

C4. Physical Resources

The program has physical resources adequate to fulfill its stated mission and goals and to support instructional programs. Physical resources include faculty and staff office space, classroom space, student shared space and laboratories, as applicable.

1) **Briefly describe, with data as applicable, the following. (Note: square footage is not required unless specifically relevant to the program's narrative.)**

   - **Faculty office space:** Individual offices are designated for all tenured/tenure-track faculty; and most part-time lecturer faculty members share office space. In total, there are 16 individual offices, including one office for a full-time PH Lecturer and one office for Internship Coordinator, and 16 cubicles in a large shared office space. A Department conference room is also available for faculty meetings.

   - **Staff office space:** The Department allocates one individual staff office for the Department Coordinator, as well as a large open department office environment with 2 cubicles for two full-time staff and 4 desks for HSCI student assistants.

   - **Classrooms:** The Health Sciences department is allocated 7 classrooms ranging from 33 seats to 72 seats. In addition, the Department has a designated computer lab, as well as the use of other classrooms throughout campus through the central reserve system.

   - **Shared student space:** The Health Sciences department has one designated student space with 7 stools and a high-top counter desk space for use during campus hours.

   - **Laboratories, if applicable to public health degree program offerings:** The College of HHD has three computer labs, but no additional lab space. The Public health program schedules heavily in one (with a capacity of 25 students) that has the software requested by the department (SAS and GIS).

2) **Provide narrative and/or data that support the assertion that the physical space is sufficient or not sufficient.**

   The classroom, lab space and office space provided is sufficient and appropriate for the number of faculty, staff and students served by the program. A survey will be distributed to PH program faculty in Fall 2018 that will include questions on perceived sufficiency of the program/Department physical space.

3) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

   Strengths:

   - The PH program within the Health Sciences Department has sufficient physical space that meets the needs of the student, faculty and staff population.
   - If additional classrooms are needed to accommodate Public Health courses or if a classroom change is needed to accommodate additional students, they can be requested through University Room Reservations Office and the Schedule of Classes and HR Specialist in the Office of the Dean of the College of HHD. Space for faculty and/or student meetings, conferences, and events can also be requested through the Room Reservations Office.

   Weaknesses/Improvement Plans:

   - Not applicable.

C5. Information and Technology Resources

The program has information and technology resources adequate to fulfill its stated mission and goals and to support instructional programs. Information and technology resources include library resources, student access to hardware and software (including access to specific software or other technology required for instructional programs), faculty access to hardware and software (including access to specific software required for the instructional programs offered) and technical assistance for students and faculty.

1) Briefly describe, with data if applicable, the following:

- **library resources and support available for students and faculty**

  The University library (Oviatt Library) is easily accessible via walk-in or the Internet (http://library.csun.edu/). The Internet provides access to the complete library and external resources. The building is open sufficient hours for student access and is physically located directly south of Jacaranda Hall. Oviatt Library has Graduate Student Study Rooms available to students on a first-come basis. The media collection is extensive. A library staff person is assigned to the Department of Health Sciences and is very responsive to faculty requests for the purchase of media and other resources. The library staff person has conducted numerous training sessions for students on the use of resources, reference styles and the use of reference databases.

  The California State University, Northridge's Oviatt Library (http://library.csun.edu/About/HistoryandFacts) provides educational, cultural and information services and resources to the students and faculty. Its primary mission is to support and supplement classroom and independent learning; facilitate student and faculty research; and provide students with lifelong skills in identifying, locating, evaluating and synchronizing information.

  Of note are 3 computer equipped library instruction labs totaling 100 desktops in various library locations, and over 120 laptops and tablets available for lending to currently affiliated CSUN Students, Faculty, and Staff. The recently remodeled first floor Learning Commons is a modern, expansive and flexible space that includes an Information Technology help desk and a state-of-the-art Creative Media Studio. There are over 2,500 seats for in house study. During the fall and spring semesters, the building is open 85 hours a week. The Library maintains and provides access to electronic information 24 hours a day.

  The Oviatt Library has a collection containing 2.1 million volumes, of which over 1.5 million are books, and over 250,000 bound periodical volumes. The Library subscribes to 53,000 online journals, over 2,300 print journals, over 200 online databases and more than 570,000 ebooks. The microform collection contains 3.17 million pieces. There are over 13,000 sound recordings, 45,000 film and video recordings and nearly 60,000 pictures and other graphic materials. The archives and manuscript collection exceeds 11,000 linear feet of materials, with nearly 45,000 items housed in Special Collections.

  The Library is heavily used with 13 million uses of its web pages annually, a gate count of nearly 1.5 million annually, and over 25,000 reference questions answered per year by librarians.

- **student access to hardware and software (including access to specific software or other technology required for instructional programs)**

  Students have access to computer stations in the library and in the College computer lab located in the Department. Open lab hours are expansive (ranging from 5-15 hrs per week, depending on the semester). Students can also use computer labs in other locations around campus, such as Sequoia Hall and Redwood Hall, each with 32 desktop computers. Students can also access iPads from the department office upon request from an instructor to use for class projects or activities. In addition, the Department has a state-of-the-art iPad Cart, with more than 40 iPads, pre-programmed with public health-related apps, available on a charged rolling cart to be used in the classroom per instructor request.

Students have access to download the Microsoft Office Suite on up to five personal devices for free. Thanks to Campus Quality Fee funding, all enrolled students have access to myCSUNsoftware. myCSUNsoftware grants students anytime access to select software via an Internet connection from a Mac, PC, Linux, or mobile device using their CSUN ID and password. myCSUNsoftware allows students to access a variety of software from their personal devices both on and off campus, providing students with flexibility. Accessible software includes programs used frequently in the public health field, such as the Microsoft Office Suite, SPSS, and ArcGIS, as well as programs such as Adobe, R, MATLAB and Mathematica. Additionally, Department computers provide students access to similar software while on campus.

- **faculty access to hardware and software (including access to specific software or other technology required for instructional programs)**

  Each faculty office is equipped with a standard desktop (in most cases) computer setup and a standard configuration of office furniture. All offices are networked to the internet including access to shared drives through the department and university. Individual office printers are also provided. Faculty office computers are installed with the latest versions of Microsoft Office and Adobe, as well as other data management software as purchased using development funds by individual faculty (i.e., SPSS, STATA, SAS, etc.). Faculty may also download university-licensed software, such as SPSS, on to laptops or personal computers through the IT Software Download site. The Department Office is also fully equipped with networked printers, copiers, scanners, desktop setups for staff and student assistants.

  Each “smart” classroom is equipped with a LCD ceiling projector connected to a PC desktop computer, screen, audio, a DVD player, and an external connector to a laptop or tablet. Laptop computers and ipads are available for checkout by faculty for use in the smart classrooms and for presentation in other locations. The Department office also has access to external connector cables for laptops and iPads for use with the smart podium.

- **technical assistance available for students and faculty**

  The College of Health and Human Development has a well-established Technical Support team consisting of two full-time IT consultants, and five student assistants (https://www.csun.edu/health-human-development/hhd-technical-support). The College IT staff provides regular faculty support for all hardware and software updates, as well as support for computer labs. Each semester the IT staff provides hands-on support during our comprehensive exam in the computer lab, ensuring immediate on-site assistance after hours (7-10pm) in the event of a computer malfunction during the exam. Faculty also have access to the Faculty Technology Center (FTC) for assistance with training, development, and support with university-wide learning platforms such as Moodle or Canvas (https://www.csun.edu/it/ftc).

  Students have access to campus IT (https://www.csun.edu/it) where a general help center provides assistance to students for all academic technology, hardware, software, email, storage, network, wireless, and media needs.

2) Provide narrative and/or data that support the assertion that information and technology resources are sufficient or not sufficient.

The College supports the program’s information and technology needs. The University also provides significant amounts of software for both faculty and students to download. Currently the faculty and lab computers are on a 5 year refresh cycle, which is a newly established guideline in the College. Furthermore, all requests for additional software have been granted by the college through partnering with other departments in the University. A survey will be distributed to PH program faculty in Fall 2018 that will include questions on perceived sufficiency of the program/Department information and technology resources.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- The CSUN campus provides robust information and technology resources to all students and staff.
- From a newly remodeled library commons, to technologically equipped classrooms and iPad/laptop reserves, the Public Health Program is fully supported with information and technology resources.
- Students and faculty are also able to download and access numerous software for application of program needs, such as SPSS, Zoom, ArcGIS, and others.

Weaknesses/Improvement Plans:

- Not applicable.

D1. MPH Foundational Public Health Knowledge

The program ensures that all MPH and DrPH graduates are grounded in foundational public health knowledge.

The program validates MPH students' foundational public health knowledge through appropriate methods.

1) **Provide a matrix, in the format of Template D1-1, that indicates how all MPH students are grounded in each of the defined foundational public health learning objectives (1-12). The matrix must identify all options for MPH students used by the program.**

Template D1-1. MPH Foundational Public Health Knowledge Learning Objectives Achievement

Content	Course number(s) & name(s) or other educational requirements
1. Explain public health history, philosophy and values	HSCI 541: Administration, Supervision and Consultation in Public Health
2. Identify the core functions of public health and the 10 Essential Services	HSCI 541: Administration, Supervision and Consultation in Public Health
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	HSCI 531: Seminar: Health Education Program Planning and Evaluation
	HSCI 592: Advanced Biostatistics for the Health Sciences
	HSCI 694: Research Design
	HSCI 695: Public Health Program Evaluation
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	HSCI 587: Seminar: Epidemiology
	HSCI 591: Quantitative Demography for Health Science
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	HSCI 531: Seminar: Health Education Program Planning and Evaluation
	HSCI 587: Seminar: Epidemiology
6. Explain the critical importance of evidence in advancing public health knowledge	HSCI 531: Seminar: Health Education Program Planning and Evaluation
	HSCI 533: Advanced Concepts of Health Behavior
	HSCI 694: Research Design
7. Explain effects of environmental factors on a population's health	EOH 554MPH: Environmental and Occupational Health Problems
8. Explain biological and genetic factors that affect a population's health	HSCI 587: Seminar: Epidemiology
	HSCI 592A: Advanced Biostatistics II
9. Explain behavioral and psychological factors that affect a population's health	HSCI 533: Advanced Concepts of Health Behavior
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	HSCI 535: Curriculum Development in Health Education
	HSCI 541: Administration, Supervision and Consultation in Public Health
11. Explain how globalization affects global burdens of disease	HSCI 541: Administration, Supervision and Consultation in Public Health (will be updated as of Fall 2019 to meet this learning objective)
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	HSCI 533: Advanced Concepts of Health Behavior
	EOH 554MPH: Environmental and Occupational Health Problems

Indicates core course for both MPH CHE and MPH AE

Indicates core course for MPH CHE only

Indicates core course for MPH AE only

Specific examples of lecture and/or material from courses listed above that provide exposure to designated learning objectives are included in the ERF (ERF → D1 → 1. MPH Foundational PH Knowledge Examples).

A list of additional courses in the program which provide exposure to designated learning objectives is also included in the ERF (ERF → D1 → 1. MPH Foundational PH Knowledge Examples).

2) **Document the methods described above. This documentation must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable.**

Syllabi for all MPH core and concentration specific coursework, as well as the MPH Handbook are included in the ERF (ERF → D1 → 2. Syllabi → MPH Course Syllabi).

3) **If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths:

- Each of the foundational public health learning objectives are covered in the course content of at least one course required by both MPH Community Health Education and MPH Applied Epidemiology students, demonstrated by course lecture, reading, assignment and activity content.
- Several of the indicated learning objectives measuring whether students are grounded in foundational public health knowledge are covered in multiple courses in the MPH program, as evidenced by lecture, reading, assignment and activity content in relevant courses.

Weaknesses/Improvement Plans:

- While listed courses in the program have traditionally covered the content listed above, not all defined foundational public health learning objectives have been explicitly included on course syllabi. Beginning Spring 2019, relevant course syllabi will include the covered foundational public health learning objectives defined in the 2016 CEPH Criteria.

D2. MPH Foundational Competencies

The program documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each competency below, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the competency.

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the program must assess *all* MPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc. This requirement also applies to students completing an MPH in combination with another degree (eg, joint, dual, concurrent degrees). For combined degree students, assessment may take place in either degree program.

1) **List the coursework and other learning experiences required for the program's MPH degrees, including the required curriculum for each concentration and combined degree option. Information may be provided in the format of Template D2-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each MPH degree.**

Table D2.1 lists the required course for the MPH Degree in Community Health Education (campus-based and distance-based) and the MPH Degree in Applied Epidemiology:

Table D2.1. Required Coursework for the MPH in Community Health Education and the MPH in Applied Epidemiology.

Course number	Course Name	Credits/Units
Core Courses for both Concentrations (21 units)		
EOH 554MPH	Environmental and Occupational Health Problems	3
HSCI 533	Advanced Concepts of Health Behavior	3
HSCI 541	Administration, Supervision and Consultation in Public Health	3
HSCI 587	Seminar: Epidemiology	3
HSCI 592	Advanced Biostatistics for the Health Sciences	3
HSCI 693A	Supervised Field Training	2
HSCI 694	Research Design	4
Community Health Education Courses (9 units + 9 elective units)		
HSCI 531	Seminar: Health Education Program Planning and Evaluation	3
HSCI 535	Curriculum Development in Health Education	3
HSCI 538	Seminar: Community Health Action	3
	Electives (9 units)	9
Applied Epidemiology Courses (12 units + 6 elective units)		
HSCI 591	Quantitative Demography for Health Science	3
HSCI 592A	Advanced Biostatistics II	3
HSCI 695	Public Health Program Evaluation	3
HSCI 696	Advanced Epidemiologic Research Methods	3
	Electives (6 units)	6
Comprehensive Exam OR Thesis/Project for both Concentrations (3 units)		
HSCI 697	Directed Comprehensive Studies	3
HSCI 698	Thesis/Gradate Project	3
	Total Units	**42**

See additional details in the 2017-2018 MPH Handbook and the MPH Information Sheet for further description of the requirements listed above and a list of approved electives for both concentrations. These documents are also included in the ERF (ERF → D2 → 1. MPH Program Documentation).

2) **Provide a matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies listed above (1-22). If the program addresses all of the listed foundational competencies in a single, common core curriculum, the program need only present a single matrix. If combined degree students do not complete the same core curriculum as students in the standalone MPH program, the program must present a separate matrix for each combined degree. If the program relies on concentration-specific courses to assess some of the foundational competencies listed above, the program must present a separate matrix for each concentration.**

Template D2-2. Assessment of Foundational Competencies for MPH in CHE and AE Concentration

Competency	Course number(s) and name(s)	Specific assessment opportunity*
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	HSCI 587: Seminar: Epidemiology	Presentation (Week 15) tasking students to design a research study based on a chosen exposure/outcome association they are interested in assessing. The presentation must include a description of the intended study design, data collection procedure, the study strengths and weaknesses based on the design/data collection and a discussion of potential biases based on the design/data collection of the study. The final exam in the class also assesses students on choice of appropriate epidemiologic methods/study designs given design.
	HSCI 696: Advanced Epidemiologic Research Methods	1-2 assignments assess students' abilities to elaborate on strengths and limitations of different study designs given the disease outcome and exposure measures in hypothetical situations. Students calculate and interpret appropriate measures of effect (OR, RR, RD, Efficacy, EF%) for these study designs. In Week 5, students are given 30 minutes to collaborate and review a research question as a group (3-4 students), and the instructor asks questions to the group pertaining to their selected study design which students reply verbally.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	HSCI 531: Seminar: Health Education Program Planning and Evaluation	Students select data collection methods appropriate for conducting a needs assessment. There is a written assignment related to needs assessment methods and students report on secondary and primary data they have collected.
	HSCI 533: Advanced Concepts of Health Behavior	Students are taught how to turn constructs into variable, and develop a quantitative instrument as part of an in-class activity. The midterm exam asks questions concerning qualitative and quantitative components
	HSCI 592: Advanced Biostatistics for the Health Sciences	As a class, students select and/or create survey items to be included on a questionnaire. Students implement the survey in various representative classes on campus for their Final Project.
	HSCI 694: Research Design	Students will complete a literature review and propose their conceptual framework for their individual proposed research project. This includes decisions on sample, sample size, study design, selection of appropriate quantitative and/or qualitative data collection methods, as well as a discussion of limitations and minimizing threats to validity. They also create a data collection instrument (quantitative, qualitative or mixed methodology) and implement the instrument as a pilot study and make changes as required.

Competency	Course number(s) and name(s)	Specific assessment opportunity*
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	HSCI 592: Advanced Biostatistics for the Health Sciences	Using data collected for their Final Project from the developed/implemented survey, students create a conceptual framework based on literature and survey content and propose and complete appropriate statistical analyses in SPSS using both qualitative and quantitative data.
	HSCI 695: Public Health Program Evaluation	Every student must submit an empirical, data driven evaluation project at the end of the semester. Students are assigned in class exercises using SPSS and g*power software.
4. Interpret results of data analysis for public health research, policy or practice	HSCI 531: Seminar: Health Education Program Planning and Evaluation	As part of the needs assessment paper, students interpret secondary and primary data to identify priority needs in a community. Students may run simple queries from survey data to examine community characteristics and health disparities.
	HSCI 592: Advanced Biostatistics for the Health Sciences	Students will present the results and interpretations from their Final Project in a PowerPoint presentation and Final Course Paper. In each of the reports, student discuss implications of their results for public health practice, as well as specifically for the Klotz Student Health Center on campus.
	HSCI 695: Public Health Program Evaluation	Student are asked to interpret analytic of program evaluations across various public health contexts on the midterm. Several homework assignments require that students run their own data analysis and interpret the findings, these are then also presented to orally to peers.
	HSCI 696: Advanced Epidemiologic Research Methods	Throughout the semester, students are asked in class, on assignments, and in midterm assessments to interpret data findings from statistical software output, peer-reviewed journal articles, and hypothetical examples. For instance, how to determine if confounding exists from data tables, and how to control for confounding.
Public Health & Health Care Systems		
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	HSCI 541: Administration, Supervision and Consultation in Public Health	Program faculty are currently in the process of remodeling HSCI 541 to better reflect the 2016 CEPH criteria. As of Fall 2019, the syllabus and assignments will prepare and assess students on this competency. See ERF for an example of the updated course syllabus for HSCI 541 beginning Fall 2019 (ERF → D2 → 2. MPH Foundational Competencies Assessment).
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	HSCI 531: Seminar: Health Education Program Planning and Evaluation	Students apply the PRECEDE model to program planning, which emphasizes structural and ecological determinants of health behavior, which can include racism, lack of access to healthcare, and lack of other resources for healthy lifestyles. Students discuss health disparities in their program rationale, which is part of a written assignment.
	HSCI 695: Public Health Program Evaluation	How structural inequities affect health care access, access to treatment, and intervention program enrollment is discussed in the context of program evaluation in lecture, group discussion, and the textbook. Students must identify these biases in their own analyses and address these issues in their project. Students are asked to critically evaluate how social inequities influence health outcomes on two quizzes and the midterm.

Competency	Course number(s) and name(s)	Specific assessment opportunity*
Planning & Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities' health	HSCI 531: Seminar: Health Education Program Planning and Evaluation	As part of the needs assessment paper, students discuss needs and assets in their target community.
	HSCI 538: Seminar: Community Health Action	As part of the class project, students review primary and/or secondary population-based data to identify health needs relevant to communities then assess community assets and capacities that can be used to address the health needs.
	HSCI 695: Public Health Program Evaluation	Each evaluation project requires that students understand and describe how population needs and assets effect the field of program development and outcomes evaluation. Projects require students provide an overview of community assets can be leveraged in prevention and intervention programming.
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	HSCI 535: Curriculum Development in Health Education	Three things are done to ensure students are assessed on this competency: (1) 1-2 lectures are given on culturally competency, culturally tailoring, health disparities, etc. (2) students read articles on curriculum among diverse groups and (3) students are assessed on how they use these skills in developing the curriculum.
	HSCI 695: Public Health Program Evaluation	Numerous assigned readings address how structural and social inequities and biases affect program design, development, and implementation. Many students collect primary data and assess the role of cultural values and practices in retention, attrition, and outcomes.
9. Design a population-based policy, program, project or intervention	HSCI 531: Seminar: Health Education Program Planning and Evaluation	Students develop a written proposal for a health promotion program and present their plan to the class.
	HSCI 533: Advanced Concepts of Health Behavior	As part of the final paper students develop a health intervention, targeting a specific priority population and health topic, that utilizes a select health behavior theory and links constructs to intervention strategies and activities.
10. Explain basic principles and tools of budget and resource management	HSCI 538: Seminar: Community Health Action	As part of the class project, students are asked to develop a budget for their community action effort which should include itemized costs, in-kind donations as well as staff support. Lastly, they must suggest ways in which community efforts built around health can be sustained and often includes discussions about having a diverse funding portfolio and partnerships with granting agencies.
	HSCI 541: Administration, Supervision and Consultation in Public Health	Beginning Fall 2019, students will complete a class activity which tasks them to prepare a budget worksheet.

Competency	Course number(s) and name(s)	Specific assessment opportunity*
11. Select methods to evaluate public health programs	HSCI 531: Seminar: Health Education Program Planning and Evaluation	As part of the proposal paper, which is the final paper, students incorporate a plan for evaluation, which includes study design, measures, and data collection procedures for summative and process evaluation.
	HSCI 541: Administration, Supervision and Consultation in Public Health	Beginning Fall 2019, students will participate in an organizational Analysis Project designed to use a variety of methods (ex. interview with management) to evaluate the organization's work culture.
	HSCI 695: Public Health Program Evaluation	The assigned reading, mini projects, and final evaluation study expose students to a broad spectrum of evaluation methods that typically applied in school, clinic or community settings. Students are required to discuss and demonstrate their mastery of several methodological approaches to program evaluation and identify the strengths and limitations of each. This competency is a component of their final project and assessed by midterm test questions.
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	HSCI 538: Seminar: Community Health Action	Students conduct progress reports/reading critiques. One of the topics is providing an overview of the reading and critically discuss health policy development and community development role in policy. The final paper also requires incorporation of this topic.
	HSCI 541: Administration, Supervision and Consultation in Public Health	Beginning Fall 2019, students will participate in a discussion forum that asks prompts regarding how ethics plays a role in the policy-making process.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	HSCI 538: Seminar: Community Health Action	Once a relevant health need is identified in a given community, students must propose a coalition built around the health issue. As part of this requirement, students must list existing leaders, key stakeholders and/or agencies in or around their chosen community that can be part of their coalition. They are asked to utlized a dimensions of a coalition table which breaks the health issue down by dimenions (e.g. lead poisoning: environment, policy, child safety) then identify partners that fit within each dimension. Lastly, as part of the assignment, they develop an invitation letter inviting people to join.
	HSCI 541: Administration, Supervision and Consultation in Public Health	Beginning Fall 2019, the syllabus and assignments in HSCI 541 will prepare and assess students on this competency. See ERF for an example of the updated course syllabus for HSCI 541 beginning Fall 2019 (ERF → D2 → 2. MPH Foundational Competencies Assessment).

Competency	Course number(s) and name(s)	Specific assessment opportunity*
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	HSCI 538: Seminar: Community Health Action	This is partially done in the class project and lectures. There is a specific section on health advocacy, steps to grab attention of policy makers, etc. The exam includes a few questions on policy/advocacy.
	HSCI 541: Administration, Supervision and Consultation in Public Health	Beginning Fall 2019, as part of the policy brief assignment, students will propose advocacy strategies for policies that influence public health programs within diverse populations.
15. Evaluate policies for their impact on public health and health equity	HSCI 541: Administration, Supervision and Consultation in Public Health	Beginning Fall 2019, a policy brief will be assigned which will task students with selecting a health issue, and writing a two-page policy brief that will present the issue, compare and contrast policies that target the issue, and highlight recommendations that will address the issue. See example assignment in the ERF (ERF → D2 → 2. MPH Foundational Competencies Assessment).
Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	HSCI 538: Seminar: Community Health Action	As a group project, students have to create a vision or mission of their efforts, recruit potential partners and make group decisions on a health issue.
	HSCI 541: Administration, Supervision and Consultation in Public Health	Beginning Fall 2019, students will participate in a class activity designed to assess and discuss self-management and leadership style. They will also complete a discussion forum on different leadership roles.
17. Apply negotiation and mediation skills to address organizational or community challenges	HSCI 538: Seminar: Community Health Action	This is partially done in the class project and lectures. We have a specific section on health advocacy, steps to grab attention of policy makers, etc. We discuss how to maintain effective coalitions, types of conflict management, etc. Students are assessed this competency on the exams and during class discussions.
	HSCI 541: Administration, Supervision and Consultation in Public Health	Beginning Fall 2019, the syllabus and assignments in HSCI 541 will prepare and assess students on this competency. See ERF for an example of the updated course syllabus for HSCI 541 beginning Fall 2019 (ERF → D2 → 2. MPH Foundational Competencies Assessment).

Competency	Course number(s) and name(s)	Specific assessment opportunity*
Communication		
18. Select communication strategies for different audiences and sectors	HSCI 531: Seminar: Health Education Program Planning and Evaluation	As part of the proposal, students select health promotion strategies and channels of communication and provide justification for why these strategies are well-suited to their target population.
	HSCI 535: Curriculum Development in Health Education	Students have to develop three 20-minute modules and teach one of these modules in front of class (pretending we are in the real session). Part of this requires that they develop communication strategies appropriate for the target audience which can range from 5-year olds to senior citizens - all of which require different communication styles/techniques.
	HSCI 541: Administration, Supervision and Consultation in Public Health	Beginning Fall 2019, students will participate in a class activity on designing culturally and linguistically appropriate communication strategies
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	HSCI 533: Advanced Concepts of Health Behavior	Students are assigned a Theory-based Literature Review, where they have to compare and contrast the utilization of a theory in regards to a health issue. Throughout the course, students conduct a Theory Expansion Mini Presentation, in which students present on theories that were not discussed during lecture, in order to provide a well-rounded experience of various theories.
	HSCI 587: Seminar: Epidemiology	In two oral group presentations in the course, students are assessed on their ability to prepare and present on epidemiologic topics of their choice.
	HSCI 592A: Advanced Biostatistics II	Each student must submit a paper (either primary or secondary data analysis) structured for publication in a scientific journal. This project is also orally presented to peers and faculty at the end of the semester. Students are encouraged to submit their abstracts for presentation at an upcoming scientific conference.
	HSCI 695: Public Health Program Evaluation	Student project presentations must be tailored for peer presentations, technical reports for academic audiences, and reports for evaluation project stakeholder. Each of these are presented in either oral or written formats. Midterm questions address competency in recognizing and tailoring findings to specific audiences with different interests and levels of expertise.
20. Describe the importance of cultural competence in communicating public health content	HSCI 535: Curriculum Development in Health Education	The curriculum is centered on audience appropriate content, materials, and learning styles. Cultural competence is an important part of this competence and students have to come up with a curriculum that addresses these diversities.
	HSCI 695: Public Health Program Evaluation	How cultural practices and values inform health needs and health behaviors is a central component of evaluating health programming. Students must describe what cultural groups participate in their own evaluation project and how program response and treatment effects are affected by cultural practices and norms.

Competency	Course number(s) and name(s)	Specific assessment opportunity*
Interprofessional Practice		
21. Perform effectively on interprofessional teams	HSCI 693A: Supervised Field Training	Beginning Spring 2019, the internship course (HSCI 693A) will partner with the CSUN CLIMB (Clinical Research, Leadership, Interprofessional Education, Mentorship, Best Practice) to host a CLIMB collaborative practice event from 7-10pm (during the required class time for all internship students) whereby students from multiple disciplines within the College of Health and Human Development (Physical Therapy, Nursing, Radiologic Sciences, Health Administration, Public Health, Kinesiology, etc.) strategize in teams to complete a designated case study.
Systems Thinking		
22. Apply systems thinking tools to a public health issue	HSCI 541: Administration, Supervision and Consultation in Public Health	Beginning Fall 2019, a systems thinking assignment will be added to the curriculum of HSCI 541 that focuses on a health issue. Students will be tasked with illustrating how that organization fits in the public health system of a local region. Creating a unique public health system will demonstrate how the selected entities 1) will interact to improve the health issue; 2) work together to form a process that achieves the goal of that system; 3) can influence one another within a whole considering the different parts of the system; and 4) could predict effective channels of communication. See example assignment in the ERF (ERF → D2 → 2. MPH Foundational Competencies Assessment).

*Further descriptions of the assessment opportunities described above are included in the ERF (ERF → D2 → 2. MPH Foundational Competencies Assessment).

3) **Include the most recent syllabus from each course listed in Template D2-1, or written guidelines, such as a handbook, for any required elements listed in Template D2-1 that do not have a syllabus.**

Syllabi for the MPH coursework referenced in the table above are included in the ERF (ERF → D1 → 2. Syllabi → MPH Course Syllabi).

4) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths:

- The MPH curriculum for both the MPH CHE and MPH AE has a variety of both core and elective courses which expose students to relevant content useful in the field of public health.
- Many of the foundational competencies are covered and assessed in multiple courses, which allows for the opportunity for greater depth of understanding of graduates of the program.

Weaknesses/Improvement Plans:

- As most courses in the program have existed for a number of years, many course objectives are based on a combination of public health/health education competencies, such as those from the Core Competencies for Public Health Professionals developed by the Council on Linkages Between Academia and Public Health Practice, the ASPPH MPH Core Competency Model and the NCHEC Responsibilities and Competencies for Health Education Specialists. While many of these competencies are similar to those defined above, they are not all consistent with the new MPH Foundational Competencies from the 2016 CEPH Criteria.
- As of Spring 2019, faculty course leads will be reviewing all relevant MPH course syllabi to ensure that they are updated to reflect the MPH Foundational and Concentration specific Competencies from the 2016 CEPH Criteria.
- Not all competencies listed above are currently fully covered and/or assessed in a course or experience that is common to both MPH program concentrations. At the PH program faculty retreat in Summer 2018, the MPH curriculum for both concentrations was evaluated to better address competencies that are not fully covered/assessed in program courses. Additions were made to the internship course to address Foundational Competency #22 (see description in Template D2-2) which will be implemented in Spring 2019. In addition, program faculty decided to remodel HSCI 541 to better reflect the 2016 CEPH criteria. As of Fall 2019, the syllabus and assignments will prepare and assess students on the noted competencies in Template D2-2. See ERF for an example of the updated course syllabus for HSCI 541 beginning Fall 2019 (ERF → D2 → 2. MPH Foundational Competencies Assessment).

D3. DrPH Foundational Competencies

Not applicable.

D4. MPH Concentration Competencies

The program defines at least five distinct competencies for each concentration or generalist degree at each degree level in addition to those listed in Criterion D2 or D3.

The program documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each defined competency, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the competency.

If the program intends to prepare students for a specific credential (eg, CHES/MCHES) that has defined competencies, the program documents coverage and assessment of those competencies throughout the curriculum.

1) **Provide a matrix, in the format of Template D4-1, that lists at least five competencies in addition to those defined in Criterion D2 or D3 for each MPH or DrPH concentration or generalist degree, including combined degree options, and indicates at least one assessment activity for each of the listed competencies. Typically, the program will present a separate matrix for each concentration.**

Template D4-1.1. Assessment of Concentration Competencies for MPH in CHE Concentration

Competency	Course number(s) and name(s)	Specific assignment(s) that allow assessment
1. Apply program planning models and health behavior theories to develop a health promotion program.	HSCI 531: Health Education Program Planning and Evaluation	On the short answer exam (ERF → D4 → Community Health Education → 531) students discuss how they would collect data for Phases 1-3 of the Precede Model to address a community health issue. Students also describe how they would apply a health behavior theory to plan health education strategies and activities to address a health issue.
2. Demonstrate the ability to write specific and measurable process, impact, and outcome objectives for health programs.	HSCI 531: Health Education Program Planning and Evaluation	On the short answer exam (ERF → D4 → Community Health Education → 531), students write one process, impact and outcome objective for a hypothetical health education program.
3. Identify strategies to evaluate community-based programs.	HSCI 531: Health Education Program Planning and Evaluation	On the short answer exam (ERF → D4 → Community Health Education → 531), students draft a scale to measure one of their impact objectives.
4. Synthesize health education curriculum that is culturally competent and appropriate for learners' level of readiness, cognition and skills.	HSCI 535: Curriculum Development in Health Education	Students are asked to develop a multi-session health education curriculum for a priority population. Students must describe existing curricula and provide a justification for their curriculum and how their approach is different from or similar to existing curricula. They create lesson plans and evidence-based learning opportunities that is relevant to their population. They are also required to select one session of their curriculum and teach the full session in front of the class.

5. Apply techniques that empower, engage and organize diverse communities around public health issues.	HSCI 538: Community Health Action	Students are asked to propose a community health action effort in response to community-driven and data-driven needs. Students generate lists of potential coalition members, an invitational letter, budgets, Gantt charts and provide a sustainability plan.
6. Identify and facilitate community partnerships, community involvement, community engagement, community assets, ethical and regulatory process in community building.	HSCI 538: Community Health Action	In response to community-driven needs, student groups propose efforts designed to engage all sectors of the community (i.e. residents, private, public, gov't and non-gov't agencies) and generate assets maps, lists of potential coalition members, an invitational letter, budgets, Gantt charts and provide a sustainability plan.

*Further descriptions of the assessment opportunities described above are included in the ERF (ERF → D4 → 1. Community Health Education Assessments).

Template D4-1.2. Assessment of Concentration Competencies for MPH in AE Concentration

Competency	Course number(s) and name(s)	Specific assignment(s) that allow assessment
1. Demonstrate proficiency in using statistical software to triangulate data from multiple sources, appropriate coding using syntax and data management.	HSCI 696: Advanced Epidemiologic Research Methods	Students are assigned in-class and out-of-class assignments using SAS statistical software syntax learned in the HSCI 696 course. Students are able to manage, clean, and code sample datasets before using appropriate statistical tests to yield results which are then interpreted by the students. See "Data Management in SAS" and "SAS Assignment" documents in the ERF (ERF → D4 → Applied Epidemiology → 696) for further detail.
	HSCI 592A: Advanced Biostatistics II	Students are asked to merge (using coding and syntax) data files that include variables associated with a unit of analysis (individual, school, community). These new variables must be merged into an original file using syntax. Final data sets are assessed for errors for any potential coding and merging issues that could have occurred. Students must identify any issues and address them appropriately.
2. Demonstrate the ability to perform multivariate analyses using generalized linear models and describe and perform tests for model assumptions and interpretation of appropriate model fit statistics.	HSCI 592A: Advanced Biostatistics II	6-7 homework assignments ask students to test a priori hypotheses using open access data or data sets made available in class. Based on data structure and operationalization of variables, students must select the appropriate analytic approach. Students are asked to apply the appropriate diagnostic tests for selected models (e.g. OLS, logistic, Poisson, negative binomial), assess model fit, and interpret model fit statistics.
3. Develop and generate technical statistical reports of evaluation or research findings appropriate for providers and stakeholders.	HSCI 592A: Advanced Biostatistics II	Students present technical reports tailored to specific audiences in seminar to peers. Students compare and discuss findings and inferences to augment lecture and reading material.
4. Collaborate with community providers and provide expertise in evaluation methods and statistical analysis to a) build data collection infrastructure b) develop technical reports and c) disseminate findings to stakeholders.	HSCI 695: Public Health Program Evaluation	Students must meet with community partners to identify evaluation "readiness" and develop specific evaluation questions. Then, in cooperation with their partners, students develop data collection protocol, build and/or enhance electronic data bases, design survey tools or collate existing data. These activities comprise the first stage of the evaluation project and are presented in written and oral formats.
5. Identify threats to internal and external validity in evaluating and critiquing the epidemiologic literature.	HSCI 696: Advanced Epidemiologic Research Methods	Students are assigned peer-reviewed journal articles to review and write a 6-10 page critique on non-causal associations (random error and systematic error), causal association criteria, and external validity of the research. See "HW3 696" and "HW4 696" documents in the ERF (ERF → D4 → Applied Epidemiology → 696) for further detail. Students are evaluated on their ability to critique a pre-determined journal article in a 1-hour final oral assessment. The instructor asks various questions related to the article on research design, study population, statistical tests, random error, selection bias, information bias, confounding, and

		external validity. See "FINAL ASSESSMENT" document in the ERF (ERF → D4 → Applied Epidemiology → 696) for further detail.
6. Utilize statistical and methodical techniques to identify and adjust for bias in epidemiologic studies.	HSCI 696: Advanced Epidemiologic Research Methods	Students learn how to standardize rates using direct and indirect methods and they are able to conduct stratified analyses to identify possible confounding variables. Students also learn different ways to control for biases prior to and during statistical analyses. See "HW3 696", and "Standardizing Rates Worksheet" documents in the ERF for further detail. Students are also tested in oral assessments on adjusting for selection bias, information bias, and confounding. See "FINAL ASSESSMENT" document in the ERF (ERF → D4 → Applied Epidemiology → 696) for further detail.
	HSCI 592A: Advanced Biostatistics II	Students are required to demonstrate their understanding of methodological and statistical bias in population and community-based studies. Describing bias, and adjusting for bias statistically, is incorporated in homework assignments and is a component of the final project, submitted in scientific paper format.

*Further descriptions of the assessment opportunities described above are included in the ERF (ERF → D4 → 1. Applied Epidemiology Assessments).

2) **For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the program must present evidence, including policies and sample documents, that demonstrate that each student and advisor create a matrix in the format of Template D4-1 for the plan of study. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.**

   Not applicable.

3) **Include the most recent syllabus for each course listed in Template D4-1, or written guidelines for any required elements listed in Template D4-1 that do not have a syllabus.**

   Syllabi for the MPH coursework referenced in the table above are included in the ERF (ERF → D1 → 2. Syllabi → MPH Course Syllabi).

4) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

   Several of the strengths and weaknesses for the MPH Concentration Competencies are similar to those of the MPH Foundational Competencies.

   Strengths:

   - The MPH curriculum for the MPH CHE and MPH AE has a variety of both core and elective courses for each concentration, which expose students to relevant content useful in both the general field of public health, as well as the specific field of each respective concentration.

   Weaknesses/Improvement Plans:

   - The previous concentration specific competencies for both MPH tracks were similar to the updated CEPH foundational competencies.
   - During the PH program faculty retreats in Summer 2018, the previous concentration specific competencies were evaluated and updated to better reflect objectives and content covered in concentration specific courses.

D5. MPH Applied Practice Experiences

MPH students demonstrate competency attainment through applied practice experiences.

The applied practice experiences allow each student to demonstrate attainment of at least five competencies, of which at least three must be foundational competencies (as defined in Criterion D2). The competencies need not be identical from student to student, but the applied experiences must be structured to ensure that all students complete experiences addressing at least five competencies, as specified above. The applied experiences may also address additional foundational or concentration-specific competencies, if appropriate.

The program assesses each student's competency attainment in practical and applied settings through a portfolio approach, which demonstrates and allows assessment of competency attainment. It must include at least two products. Examples include written assignments, journal entries, completed tests, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos or other digital artifacts of learning. Materials may be produced and maintained (either by the program or by individual students) in any physical or electronic form chosen by the program.

1) **Briefly describe how the program identifies competencies attained in applied practice experiences for each MPH student, including a description of any relevant policies.**

   Each student in both the campus-based and distance-based MPH program will enroll in the field training/internship experience course (HSCI 693A/C: Supervised Field Training), which serves as their applied practice experience (APE) in the program. Students will enroll in the course during the final year of their MPH studies. The APE provides students with an opportunity to apply theories, principles and skills learned in the course of the academic program, and provides the respective preceptor of a student's internship site placement and the MPH Internship Coordinator with an opportunity to assess the professional strengths and weaknesses of individual students. Students should complete the field training experience with a sense of accomplishment and professional competence.

   At the beginning of the internship, students will identify competencies they intend on attaining through their internship and provide commentary on the manner in which they hope to achieve these competencies. These are discussed with the Internship Coordinator. The competencies identified by each student may differ, as the competencies a student expects to attain during their internship experience will depend on their internship site and tasks. In the past, the competencies identified by students are based on the NCHEC competencies for Health Education Specialists, however moving forward in Fall 2018, the competencies identified will be based on the 2016 CEPH Criteria competencies.

2) **Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience.**

   The MPH Graduate Student Handbook, which describes the APE in further detail is included in the ERF as well as the syllabus for the Internship course (HSCI 693A/C: Supervised Field Training), the MPH Internship Handbook and the MPH Internship FAQs (ERF → D5 → 2. MPH APE Documentation).

   Students generally enroll in the Internship course for two semesters. Students must secure an appropriate internship site that has a qualified MPH Preceptor using the approved Internship Site List to locate a Preceptor for inquiry. If the student wishes to locate a new Site (not on the list), the student may work with the Internship Coordinator (Professor Susan Cohen) to apply to have the site approved and included as a contracted organization with CSUN.

   Students must complete 300 hours (for students admitted as of Fall 2016) at their approved internship site (400 hours for students admitted prior to Fall 2016). Students typically expect to spend two semesters in the APE, depending on full-time student status, and number of hours completed per week. Internship work schedules will be negotiated between the student and the Preceptor.

3) **Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined degree programs, if applicable. The program must provide samples of complete sets of materials (ie, the documents that demonstrate at least five competencies) from at least five students in the last**

three years for each concentration or generalist degree. Present at least five sample matrices in the format of Template D5-1. If the program has not produced five students for which complete samples are available, note this and provide all available samples.

Tables D5-1 and samples of practice related documents produced during the APE that demonstrate attainment of competencies are included in the ERF (ERF → D5 → 3. MPH APE Student Samples). Note that we were only able to obtain a total of 5 student samples across two MPH concentrations. Additional student samples can be provided beginning Fall 2018.

4) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths:

- Students in both the campus-based and distance-based MPH programs complete a comprehensive APE which gives them valuable exposure to working in the public health field before graduation.
- Students are often hired at the site of their internship placement after graduation based on connections made and work performed during their internship experience.
- The list of approved internship sites provided to students includes a variety of organizations for the students to choose from for their APE based on their interest.
- CSUN has strong connections with a variety of organizations, which allows students greater flexibility in their chosen sites.
- The list of organizations/preceptors that may serve as internship placement sites is continually growing.
- The Internship Coordinator provides invaluable assistance to students in facilitating site placement and completion of internship hours.

Weaknesses/Improvement Plans:

- Students have reported finding it challenging to complete the required hours for the internship, given an often demanding schedule of coursework in the program, potential outside employment while in the program and balances of other commitments.
- In response to student feedback, the required hours for the internship were reduced from 400 to 300 (as of Fall 2016).
- A “Site Secure form” was developed that had to be completed by the student, the internship site preceptor, and the internship coordinator, to help to ensure that students are able to find a placement site more efficiently than before implementation and, thus, are better able to complete their hours in the typically designated time frame for the internship course. This Form has been in effect since 2017, and has enabled the majority of our MPH students registered in the internship course to start their internship within the first two weeks of the semester.

D6. DrPH Applied Practice Experience

Not applicable.

D7. MPH Integrative Learning Experience

MPH students complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student's educational and professional goals.

Professional certification exams (eg, CPH, CHES/MCHES, REHS, RHIA) may serve as an element of the ILE, but are not in and of themselves sufficient to satisfy this criterion.

The program identifies assessment methods that ensure that at least one faculty member reviews each student's performance in the ILE and ensures that the experience addresses the selected foundational and concentration-specific competencies. Faculty assessment may be supplemented with assessments from other qualified individuals (eg, preceptors).

1) **List, in the format of Template D7-1, the integrative learning experience for each MPH concentration, generalist degree or combined degree option that includes the MPH. The template also requires the program to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies.**

Table D7.1. MPH Integrative Learning Experience

MPH Integrative Learning Experience for Community Health Education Concentration	
Integrative learning experience	How competencies are synthesized
Comprehensive Exam – Multiple Choice Component	Students completed a 3-hour multiple choice exam designed to test the students' mastery of five core areas of public health (behavioral science/health education, biostatistics, environmental health, epidemiology and health services administration).
Comprehensive Exam – Written Response Component	Students complete a written document in response to a given prompt/scenario that is designed to test the students' competencies specific to the community health education concentration (i.e. assess, plan, implement and evaluate).
MPH Integrative Learning Experience for Applied Epidemiology Concentration	
Comprehensive Exam – Multiple Choice Component	Students completed a 3-hour multiple choice exam designed to test the students' mastery of five core areas of public health (behavioral science/health education, biostatistics, environmental health, epidemiology and health services administration).
Comprehensive Exam – Written Response Component	Students complete a written document in response to a given prompt/scenario that is designed to test the students' competencies specific to the applied epidemiology concentration.

2) **Briefly summarize the process, expectations and assessment for each integrative learning experience.**

All MPH students are required to complete an integrative learning experience that demonstrates synthesis of both foundational and concentration competencies through either a comprehensive examination (HSCI 697: Directed Comprehensive Studies) or a thesis/graduate project (HSCI 698). Students opting for the comprehensive exam enroll in a 3-unit course the semester the student is sitting for the exam. Facilitated by a full-time faculty member, the purpose of this course is to assist students in preparing for the comprehensive exam. The course focuses on a review of the foundational and concentration-specific competences and practice principles that all graduate students are expected to know following completion of coursework and field training experiences. Students are expected to independently review notes, texts, and materials from their previous coursework plus any supplemental materials.

The comprehensive exam is a two-part exam consisting of:

(1) 125-item multiple choice test based on public health core areas (i.e. behavioral science/health education, biostatistics, environmental health, epidemiology and health services administration) to be completed during a 3-hour in-class session.
(2) A written component where students submit a written document in response to a given prompt/scenario that is designed to test the students' competencies specific to their chosen concentration. This exam has been done during a 3-hour in-class session (Fall 2014-Spring 2017) or 4-day take-home (Fall 2017) where adjustments have been made to reflect the changes in exam styles.

One of the 2 Graduate Coordinators facilitates the associated Comprehensive Exam course (HSCI 697: Directed Comprehensive Studies) each semester. The supervision in the ILE provided by the Graduate Coordinator facilitating the course each semester is supplemented by PIF that assist with Comp Exam development and grading.

Each semester, all 14 PIF discuss new/revised prompts and questions for the written and multiple choice component of the Comprehensive Exam for MPH students. Faculty specific to the MPH Applied Epidemiology program review/revise the exam prompt and questions for the Applied Epidemiology students' Comp Exam written component. The remaining PIF review/revise the exam prompt/questions for the Community Health Education students' Comp Exam written component.

Once students complete the exam, both Graduate Coordinators will organize the written exam responses and assign faculty to serve as graders for the written portion via blind random assignment. All 14 PIF faculty serve as reviewers for the Comprehensive Exam written component. Faculty specific to the Applied Epidemiology program are assigned to grade Applied Epidemiology exams, and the remaining faculty review the Community Health Education exams. The Graduate Coordinators calculate scores for the multiple choice component of the Comp Exam and compile grades from reviewing faculty for the written component.

The distance-based MPH students take the same Comprehensive Exam as the campus-based MPH students. The distance-based Faculty Program Lead (Dr. Sloane Burke Winkelman) facilitates the Comprehensive Exam course and PH PIF are recruited to grade student responses to the written portion of the Comp Exam. The distance-based Program Lead then calculates scores for the multiple choice component of the Comp Exam and compile grades from reviewing faculty for the written component.

The Thesis/Project is an opportunity for students to work on more extensive research projects as their culminating experience. Students in HSCI 694(Research) are told about this opportunity and given examples of previously accepted student projects. If interested, students are given a handout (ERF → D7 → 4. MPH ILE Guidelines and Rubrics → Thesis Proposal Guidelines) of what is expected to get approval for their focus project. The process is as follows:

(1) Students introduced to the possibility of conducting a thesis/project. If interested he/she is told to first speak the course instructor.
(2) During the first meeting the student discusses interest in doing a thesis/project, possible topic, and reason for doing this work. The instructor discusses the requirements and the process steps until final submission (see Graduate Studies Manual).
(3) Prior to acceptance into HSCI 698C (thesis class), students write a 2 page summary of their proposed project and include an unofficial transcript. A committee of three people reviews the student submission and decides whether or not he/she is ready to work on a thesis.
(4) The student will attend all class times in HSCI 698C and be prepared with drafts of work for review by the instructor and fellow students.
(5) All students will submit IRB forms for the project and abide by submission dates set by Graduate Studies.

The student is expected to work independently under the supervision of a faculty member. He/she is expected to follow all criteria set forth by the university and meets all deadlines. Graduation will be extended if the deadlines are not met. There are three people on each thesis committee, one is the designated chair. These faculty members read comment and assess the quality of the finished product. If it meets the criteria they have set then they sign-off and approve the thesis/project.

3) **Provide documentation, including syllabi and/or handbooks, that communicates integrative learning experience policies and procedures to students.**

The MPH Graduate Student Handbook, which describes the ILE in further detail, as well as the syllabus for the Comp exam course (HSCI 697 Directed Comprehensive Studies) are included in the ERF (ERF → D7 → 3. MPH ILE Documentation).

4) **Provide documentation, including rubrics or guidelines, that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students' demonstration of the selected competencies.**

Guidelines for the Comp exam, rubrics used by faculty to grade the student Comp Exams and the Thesis Proposal Guidelines are included in the ERF (ERF → D7 → 4. MPH ILE Guidelines and Rubrics).

5) **Include completed, graded samples of deliverables associated with each integrative learning experience option from different concentrations, if applicable. The program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.**

Samples of student comp exam results, graded rubrics for the last 3 years (Fall 2015-Spring 2018) and past completed student theses (a total of 4 have been completed in the last 3 years) are included in the ERF (ERF → D7 → 5. MPH ILE Student Examples).

6) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths:

- Each semester, the PH faculty discuss the content of the Comp Exam and have the opportunity to revise any prompts/questions as needed.
- In addition to the multiple choice component, designed in part using the Certified in Public Health (CPH) Exam as a model, the concentration-specific written portion of the exam allows for assessment of more in-depth concentration related concepts.

Weaknesses/Improvement Plans:

- The format of the Comp Exam is discussed and evaluated each semester. This has led to changes being implemented to move from a take-home format for the written component to an in-class format (change made in 2014-2015), and then back to a take-home format in 2017-2018. The changes may have led to confusion for students who asked for guidance on what to expect on the exam from graduates of previous years.
- The PH faculty completed a retreat in Summer 2018 to allow sufficient time to discuss the format and content of the integrative learning experience in depth and make necessary changes based on the 2016 CEPH Criteria guidelines for the ILE and changing needs of both our students and the field of public health. The program decided to develop concentration-specific projects. These projects are in coordination with the student's internship, and provide a more in-depth demonstration of the ILE. A curriculum proposal is currently under review for the new HSCI 698D Integrative Learning Experience course. While new course proposals take approximately one year to be approved, we have requested an expedited review to initiate HSCI 698D in Spring of 2019.

D8. DrPH Integrative Learning Experience

Not applicable.

D9. Public Health Bachelor's Degree General Curriculum

The overall undergraduate curriculum (eg, general education, liberal learning, essential knowledge and competencies, etc.) introduces students to the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the undergraduate curriculum, including general education courses defined by the institution as well as concentration and major requirements or electives.

1) List the coursework required for the program's public health bachelor's degree.

The BSPH requires all students to complete a minimum of 120 semester credit units. The required curricula for the BSPH is shown below.

Table D9.1. Public Health Bachelor's Degree General Curriculum

Course	Course Title	Units
Lower Division Requirements (23 units)		
BIOL 101/101L	General Biology and Lab	3/1
BIOL 281	Human Physiology	3
CHEM 100	Principles of Chemistry	3
EOH 353 or BIOL 211/212*	Global Perspectives of Environmental Health OR Human Anatomy and Lab	3
MATH 140	Introductory Statistics	4
PSY 150	Introduction to Psychology	3
SOC 150	Introductory Sociology	3
Upper Division Department Core (10 units)		
HSCI 390/390L	Biostatistics and Lab	3/1
HSCI 488	Epidemiology	3
HSCI 314 or 345*	Organization and Delivery of Health Services OR Public Health Issues	3
Upper Division Requirements (27 units)		
ENGL 306	Report Writing	3
HSCI 331	Public Health Education	3
HSCI 391	Computer Application in Health Sciences	3
HSCI 431	Health Behavior	3
HSCI 437	Strategies for Making Health Decisions	3
HSCI 439	Community Health Action	3
HSCI 441	Community Health Education	3
HSCI 445	Senior Seminar in Public Health Education	3
HSCI 494/494I	Internship in Public Health Education	2/1
Electives (15 units* of which 6 units can be outside of HSCI Department)		
General Education as required by the University (48 units)		
	Total Units	**120**

*Beginning Fall 2018, the BSPH degree requirements will be changing to require EOH 353 (changing BIOL 211/212 to an optional elective), as well as requiring HSCI 314 AND HSCI 345, reducing the required electives down to 12 units.

Electives for Public Health majors in the Health Sciences Department include the following:

HSCI 231: Women and Health (3)
HSCI 335: Holistic Health (3)
HSCI 336: Health Aspects of Drug Use (3)
HSCI 337: Nutrition and Health (3)
HSCI 433: Counseling of Health Problems (3)
HSCI 434: Lactation Education (3)
HSCI 435: Health Science for Children and Youth (3)
HSCI 436: Health Concerns of Adolescents (3)

HSCI 438: International Health (3)
HSCI 440: Family Health (3)
HSCI 442: Health, Culture, and Diversity (3)

2) **Provide official documentation of the required components and total length of the degree, in the form of an institutional catalog or online resource. Provide hyperlinks to documents if they are available online, or include copies of any documents that are not available online.**

The BSPH requirements can be found in the California State University, Northridge – University Catalog (2017-2018) https://catalog.csun.edu/academics/hsci/programs/bs-public-health/

3) **Provide a matrix, in the format of Template D9-1, that indicates the courses/experience(s) that ensure that students are introduced to each of the domains indicated. Template D9-1 requires the program to identify the experiences that introduce each domain.**

Template D9-1. Experience that Introduce Students to Identified BSPH Domains

Domains	Courses and other learning experiences through which students are introduced to the domains specified
Science: Introduction to the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease	**Required major courses**: BIOL 101 and 101L: General Biology and Lab (3/1 units; 1 semester) BIOL 281: Human Physiology (3 units; 1 semester) CHEM 100: Principles of Chemistry (3 units; 1 semester) **Additional required relevant GE courses:** 1 additional natural science lab (1 unit; 1 semester) Public health faculty advisor reviews student's degree progress report (transcript) to ensure that coursework in this domain has been completed.
Social and Behavioral Sciences: Introduction to the foundations of social and behavioral sciences	**Required major courses:** PSY 150: Introduction to Psychology (3 units; 1 semester) SOC 150: Introductory Sociology (3 units; 1 semester) **Additional required relevant GE courses:** 2 additional comparative cultural studies (gender, race, class, and ethnicity studies, and foreign Languages) courses (6 units; 2 semesters) Public health faculty advisor reviews student's degree progress report (transcript) to ensure that coursework in this domain has been completed.
Math/Quantitative Reasoning: Introduction to basic statistics	**Required major courses:** MATH 140 Introductory Statistics (3 units; 1 semester) HSCI 390 and 390L Biostatistics and Lab (3/1 units; 1 semester)
Humanities/Fine Arts: Introduction to the humanities/fine arts	**Required relevant GE courses:** 2 arts and humanities courses (6 units; 2 semesters) Public health faculty advisor reviews student's degree progress report (transcript) to ensure that coursework in this domain has been completed.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- The BSPH program offers a rich and diverse curriculum, including required general education courses in the program which introduce students to important domains/concepts in the science, social/behavioral sciences, math/quantitative reasoning and humanities/fine arts fields.
- Required core courses and electives introduce and/or expand on further concepts related to public health and health education.
- While the current BSPH curriculum offers HSCI 314: Organizational and Delivery of Health Services as an optional course for students, PH program faculty felt that students in the program would be better served if this course was part of the required curriculum. This change to the curriculum will take effect in Fall 2018.

Weaknesses/Improvement Plans:

- As noted below in Section D10, to address this perceived gap, the PH program developed a program modification to the BSPH program which now includes HSCI 314 as a required core course in the curriculum for incoming students to the major as of Fall 2018.

D10. Public Health Bachelor's Degree Foundational Domains

The requirements for the public health major or concentration provide instruction in the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the requirements for the major or concentration coursework (ie, the program may identify multiple learning experiences that address a domain—the domains listed below do not each require a single designated course).

If the program intends to prepare students for a specific credential, the curriculum must also address the areas of instruction required for credential eligibility (eg, CHES).

1) **Provide a matrix, in the format of Template D10-1, that indicates the courses/experience(s) that ensure that students are exposed to each of the domains indicated. Template D10-1 requires the program to identify the learning experiences that introduce and reinforce each domain. Include a footnote with the template that provides the program's definition of "introduced" and "covered."**

   In the Template D10-1, 'I' indicates the foundational domain is addressed in a reading or something put in front of students in identified courses and 'C' indicates that the foundational domain is assessed in a class activity where students have to engage with the content in identified courses.

Template D10-1. Courses Introducing Students to BSPH Foundational Domains

Public Health Domains	Course Name and Number								
	HSCI 331: Public Health Education	*HSCI 345: Public Health Issues*	*HSCI 390/L: Biostats and Lab*	*HSCI 431: Health Behavior*	*HSCI 441: Community Health Education*	*HSCI 445: Senior Seminar in Health Education*	*HSCI 437: Strategies for Making Health Decisions*	*HSCI 439: Community Health Action*	*HSCI 488: Epidemiology: Study of Disease*
Overview of Public Health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society									
Public Health History	*C*	*C*		*C*			*I*	*C*	*C*
Public Health Philosophy	*C*	*C*		*C*	*I*	*I*	*I*	*C*	*I*
Core PH Values	*I*	*C*		*C*	*C*	*I*	*I*	*C*	*I*
Core PH Concepts	*I*	*C*	*I*	*C*	*C*	*I*	*I*	*C*	*I*
Global Functions of Public Health	*I*	*C*					*I*	*C*	*I*
Societal Functions of Public Health	*C*	*C*		*I*	*C*		*I*	*C*	*I*
Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice									
Basic Concepts of Data Collection	*I*		*C*	*I*	*C*	*C*	*I*	*C*	*C*
Basic Methods of Data Collection			*C*	*I*	*C*	*C*	*I*	*C*	*C*
Basic Tools of Data Collection			*C*	*I*	*C*	*C*	*I*		*C*
Data Usage	*I*		*C*		*C*	*C*	*I*		*C*
Data Analysis			*C*		*I*	*C*	*I*	*C*	*C*
Evidence-based Approaches	*C*	*I*	*C*	*C*	*C*	*C*	*I*	*C*	*C*
Identifying and Addressing Population Health Challenges: Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations									
Population Health Concepts	*C*	*I*		*I*	*C*	*C*	*I*	*C*	*I*
Introduction to Processes and Approaches to Identify Needs and Concerns of Populations	*I*	*I*		*I*	*C*		*C*	*C*	
Introduction to Approaches and	*I*	*C*		*I*	*C*	*C*	*C*	*C*	

Public Health Domains	Course Name and Number								
	HSCI 331: Public Health Education	*HSCI 345: Public Health Issues*	*HSCI 390/L: Biostats and Lab*	*HSCI 431: Health Behavior*	*HSCI 441: Community Health Education*	*HSCI 445: Senior Seminar in Health Education*	*HSCI 437: Strategies for Making Health Decisions*	*HSCI 439: Community Health Action*	*HSCI 488: Epidemiology: Study of Disease*
Interventions to Address Needs and Concerns of Populations									
Human Health: Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course									
Science of Human Health and Disease	*I*	*I*		*C*	*C*	*C*	*I*	*C*	*C*
Health Promotion	*C*	*I*		*C*	*C*	*C*	*C*	*C*	*I*
Health Protection	*C*	*I*		*C*	*C*	*C*	*C*	*C*	*I*
Determinants of Health: Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities									
Socio-economic Impacts on Human Health and Health Disparities	*C*	*I*		*C*	*C*	*C*	*C*	*C*	*C*
Behavioral Factors Impacts on Human Health and Health Disparities	*C*	*I*		*C*	*C*	*C*	*C*	*C*	*C*
Biological Factors Impacts on Human Health and Health Disparities	*C*	*I*		*I*	*C*		*C*	*C*	*C*
Environmental Factors Impacts on Human Health and Health Disparities	*C*	*I*		*C*	*C*	*C*	*C*	*C*	*C*
Project Implementation: Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation									
Introduction to Planning Concepts and Features	*I*	*I*		*I*	*C*	*I*	*C*	*C*	
Introduction to Assessment Concepts and Features	*I*	*I*		*I*	*C*	*I*	*C*	*C*	
Introduction to Evaluation Concepts and Features	*I*			*I*	*I*	*C*	*C*	*C*	

Public Health Domains	Course Name and Number								
	HSCI 331: Public Health Education	*HSCI 345: Public Health Issues*	*HSCI 390/L: Biostats and Lab*	*HSCI 431: Health Behavior*	*HSCI 441: Community Health Education*	*HSCI 445: Senior Seminar in Health Education*	*HSCI 437: Strategies for Making Health Decisions*	*HSCI 439: Community Health Action*	*HSCI 488: Epidemiology: Study of Disease*
Overview of the Health System: Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries									
Characteristics and Structures of the U.S. Health System		*I*		*I*			*I*	*I/C*	
Comparative Health Systems		*I*					*I*	*I/C*	
Health Policy, Law, Ethics, and Economics: Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences and responsibilities of the different agencies and branches of government									
Legal dimensions of health care and public health policy	*I*	*I*					*I*	*I/C*	*I*
Ethical dimensions of health care and public health policy	*I*	*I*			*I*	*C*	*I*	*I/C*	*C*
Economical dimensions of health care and public health policy	*I*	*I*					*I*	*I/C*	*I*
Regulatory dimensions of health care and public health policy	*I*	*I*					*I*	*I/C*	*I*
Governmental Agency Roles in health care and public health policy	*I*	*C*					*I*	*I/C*	*I*
Health Communications: Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology									
Technical writing							*C*	*C*	
Professional writing	*C*			*C*	*C*	*C*	*C*	*C*	*I*
Use of Mass Media	*I*	*I*		*C*	*I*		*C*	*C*	*I*
Use of Electronic Technology	*I*	*I*	*C*	*I*	*C*	*C*	*C*	*C*	*I*

*I = indicates the foundational domain is addressed in a reading or something put in front of students in identified courses
**C = indicates that the foundational domain is assessed in a class activity where students have to engage with the content in identified courses

2) **Include the most recent syllabus from each course listed in Template D10-1, or written guidelines, such as a handbook, for any required experience(s) listed in Template D10-1 that do not have a syllabus.**

Syllabi for the BSPH program referenced coursework in the table above are included in the ERF (ERF → D10 → 2. BSPH Core Course Syllabi).

3) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths:

- The BSPH program offers a rich and diverse curriculum, with most of the defined BSPH foundational domains being introduced and/or covered in multiple courses throughout the program.
- In addition to the core program classes listed above, students are also exposed to content related to foundational domains in the variety of elective courses offered in the program.

Weaknesses/Improvement Plans:

- The foundational domains that are introduced and/or covered within the current BSPH curriculum the least relate to the Overview of the Health System (including Characteristics and Structures of the U.S. Health System and Comparative Health Systems).
- Before Fall 2018, the BSPH curriculum offered HSCI 314: Organizational and Delivery of Health Services as an optional course for BSPH students. This course addresses several of the foundational domains above that are not addressed or addressed minimally in other courses, particularly those domains within the section of an Overview of the Health System. As HSCI 314 was an optional course in the program, not all students were exposed to the content in this course, which may have left them with less exposure to important content related to certain foundational domains.
- To address this gap and to ensure that students are exposed to the domains that have been found to be more minimally covered in the current BSPH curriculum, the PH program developed a program modification to the BSPH program which now includes HSCI 314 as a required core course in the curriculum. This program modification was approved by the Department, College and Educational Policies Committee of the University and will be part of the BSPH required curriculum for incoming students to the major as of Fall 2018.

D11. Public Health Bachelor's Degree Foundational Competencies

Students must demonstrate the following competencies:

- **the ability to communicate public health information, in both oral and written forms, through a variety of media and to diverse audiences**
- **the ability to locate, use, evaluate and synthesize public health information**

1) Provide a matrix, in the format of Template D11-1, that indicates the assessment opportunities that ensure that students demonstrate the stated competencies.

Template D11-1. Assessment Opportunities for Demonstration of BSPH Foundational Competencies

Skills Courses and other learning experiences through which students demonstrate the following skills.	Course number(s) & name(s) or other educational requirements	Specific assessment opportunity
Public Health Communication: Students should be able to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences		
Oral communication	HSCI 431: Health Behavior	The final two weeks of the semester, each group will give a 15 minute presentation, followed by a 5 minute Q&A. This presentation is comprised of a brief overview of the article selected, the theory and its constructs, and how the theory was applied in the study.
	HSCI 441: Community Health Education	In groups, students will conduct a needs assessment of needs and resources for a specific health topic within a specific population and setting and will present results of the assessment to the class.
	HSCI 445: Senior Seminar in Health Education	Students, in groups, will conduct an evaluation on a selected intervention proposal. The results of the evaluation will be presented in the form of a PowerPoint presentation.
	HSCI 488: Epidemiology: Introduction to Study of Disease	Students will work in groups to design an appropriate study to investigate a chosen association between an outcome and exposure using epidemiologic concepts covered in class. They will then prepare a brief presentation of the proposed study to the class.
Written communication	HSCI 331: Public Health Education	Students will Identify one specific target area and write a paper that provides a detailed overview of the health issue, discusses risk factors and specific health behaviors related to the issue, identifies the Healthy People goal and objectives related to the topic area, presents a summary of a health education intervention that seeks to increase knowledge on the health issue and change health status in the community, and discusses the role of health educators within the intervention.

	HSCI 431: Health Behavior	Students will be paired into groups and assigned a theory. Given this theory, each group must research a peer reviewed journal article (from 2008-present) and complete the paper per the guidelines.
	HSCI 441: Community Health Education	For the Community Needs Assessment described above, in addition to a presentation, students will also submit their results in written form to the instructor.
	HSCI 445: Senior Seminar in Health Education	Working in groups, students will develop a comprehensive evaluation report for their selected health promotion program that addresses the specific health topic, target population, and setting.
Communicate with diverse audiences	HSCI 331: Public Health Education	Students will work both independently and with a small group to complete this project. The purpose of this assignment is to introduce students to the work of health educators in various health education settings such as a public/community settings, clinic, hospital, or other healthcare setting, school or university, or corporate work site.
	HSCI 345: Public Health Issues	The course itself has various majors and students must select one chapter of the book to present to the class on with group members.
	HSCI 441: Community Health Education	The Needs Assessment activities of the course include key informant interviews, intercept surveys which allow students to work on strategies of communicating with diverse audiences.
Communicate through variety of media	HSCI 437: Strategies For Making Health Decisions	Students will conceptualize, design, and produce an information brochure. In addition, the student will write a short paper detailing their design and testing process.
	HSCI 441: Community Health Education	Group final presentations use powerpoint, video clips, and other media sources.
	HSCI 445: Senior Seminar in Health Education	Health education community projects utilize multi-strategy media techniques (powerpoint, videos, brochures, workbooks) as well as incorporates a final group oral presentation.
Information Literacy: Students should be able to locate, use, evaluate, and synthesize information		
Locate information	HSCI 331: Public Health Education	In the Healthy People Paper, students will identify a Healthy People goal and objectives related to the topic area and present a summary of a health education intervention that seeks to increase knowledge on the health issue and change health status in the community.
	HSCI 439: Community Health Action	Students will work in small groups to experience community health action and to identify key health related legislature.
	HSCI 445: Senior Seminar in Health Education	Group paper literature review and rationale for the health problem require students to locate relevant information for their evaluation report.
	HSCI 488: Epidemiology: Introduction to Study of Disease	Working in groups, students present to the class a background of an exposure and outcome of interest, including outcome symptoms, epidemiologic characteristics and national/global statistics of the outcome.

Use information	HSCI 345: Public Health Issues	Students will identify one key piece of the legislation that has been proposed in response to a perceived public health problem and summarize the piece of legislation in a final paper.
	HSCI 390/L: Biostatistics and Lab	Lecture assignments/exams and lab book assignments/quizzes require students to use information to test for statistical associations.
	HSCI 441: Community Health Education	Final paper needs assessment and review of evidence-based programs.
	HSCI 437: Strategies For Making Health Decisions	Students will use information to conceptualize, design, and produce an information brochure.
Evaluate information	HSCI 390/L: Biostatistics and Lab	Students evaluate information using statistical techniques in lab book assignments, lab quizzes, exams, lecture assignments and lecture exams.
	HSCI 431: Health Behavior	Students complete 4 article critiques, and students students evaluate each other (self/peer evaluation).
	HSCI 445: Senior Seminar in Health Education	Working in groups, students will develop a comprehensive evaluation report for their selected health promotion program that addresses the specific health topic, target population, and setting.
Synthesize information	HSCI 441: Community Health Education	The group community needs assessment project and the accompanying individual mini projects allows students to synthesize information related to the development of a needs assessment.
	HSCI 445: Senior Seminar in Health Education	The evaluation presentation and evaluation report assess how students synthesize information on theory, public health issues and interventions.
	HSCI 439	Students will work in small groups to experience community health action and to identify key health related legislature. They will need to discuss how this legislature can effect community organizations and how community organizations can impact legislature. This final project will be an 8-10 page paper of their culminating experience which will include many components that were completed during the checkpoints.

*The table above includes a sample of courses from the BSPH program. A sample of assessment opportunities for the BSPH Foundational Competencies BSPH required courses is included in the ERF (ERF → D11 → 1. BSPH Foundational Competencies Assessment)

2) **Include the most recent syllabus from each course listed in Template D11-1, or written guidelines, such as handbook, for any required elements listed in Template D11-1 that do not have a syllabus.**

   Syllabi for the BSPH program referenced coursework in the table above are included in the ERF (ERF → D10 → 2. BSPH Core Course Syllabi).

3) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

   Strengths:

   - The BSPH program offers a rich and diverse curriculum, with most of the defined BSPH foundational competencies being assessed in multiple courses throughout the program.
   - In addition to the core program classes listed above, students are also assessed on BSPH foundational competencies in the variety of elective courses offered in the program.

Weaknesses/Improvement Plans:

- Though faculty teaching different sections of courses in the program must meet the same learning objectives within sections of the same courses, different instructors might assess domains and competencies in different manners within a course.
- The PH Faculty Lead evaluates syllabi of multi-section courses at the beginning of the semester to ensure students are exposed to necessary content in a course and assessed on necessary competencies.
- Beginning Fall 2018, we plan to include a checklist column on the designated faculty leads list indicating the completion of syllabi review.

D12. Public Health Bachelor's Degree Cumulative and Experiential Activities

Students have opportunities to integrate, synthesize and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative and scholarly or applied experience or inquiry project that serves as a capstone to the education experience. These experiences may include, but are not limited to, internships, service-learning projects, senior seminars, portfolio projects, research papers or honors theses. Schools and programs encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.

1) **Provide a matrix, in the format of Template D12-1, that identifies the cumulative and experiential activities through which students have the opportunity to integrate, synthesize and apply knowledge as indicated.**

Template D12-1. Cumulative/Experiential Activity for the BSPH Program

Cumulative and Experiential Activity (internships, research papers, service-learning projects, etc.)	Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.
Supervised Academic Internship	The internship is a culminating experience, providing the opportunity to observe and participate in professional health education practices. The experience allows students to synthesize knowledge and apply health education skills. In addition, the experience allows students to practice health education competencies and prepare for employment in various community & educational settings. The objectives of the Supervised Academic Internship are as follows: (1) To provide on-the-job training and exposure to a variety of health education activities for the purpose of developing the student's professional readiness for the field. (2) To develop skills that will assist students in becoming ready for the job market in health education/public health. Skills include effective resume and cover letter writing; dressing for success, and interviewing techniques. (3) To promote the student's personal and career development through interaction with the preceptor and members of the organization.
HSCI 445: Senior Seminar in Health Education Final Paper	Students participate in a group project to implement and evaluate a health promotion program focusing on a health topic of interest among a target population in need. Student groups conduct a pilot test in class of said program and obtain process feedback to improve a final program and evaluation proposal

2) **Include examples of student work that relate to the cumulative and experiential activities. (electronic resource file)**

Examples of student work, including images of student created posters developed based on their internship and student samples of the HSCI 445 paper, are included in the ERF (ERF → D12 → 2. BSPH Cumulative Experience Student Examples).

3) **Briefly describe the means through which the program implements the cumulative experience and field exposure requirements.**

BSPH students are required to complete a 135-hour internship as well as register and attend an internship course (HSCI 494/I). An affiliation agreement and liability forms must be submitted by the student and

approved by the Internship coordinator prior to the start of any hours. Students are expected to meet with the internship coordinator & the internship preceptor throughout the semester and maintain a log of hours worked at the internship site. The time log includes the date, hours worked, tasks accomplished, and signature of the preceptor. All logs are to be uploaded to the internship Canvas site. In addition to reporting hours worked on site, students are required to attend five (5) class sessions to provide a collective opportunity to share & reflect upon the internship experience and to learn various aspects of professional development. Additionally, students complete a free online HIPAA training and pass a post-test in order to receive their certificate of completion. By the end of the semester, students submit and present posters of their internship experiences. Additional details can be found in the HSCI 494: Internship syllabus in the ERF (ERF → D12 → 2. BSPH Cumulative Experience Documentation).

4) Include handbooks, websites, forms and other documentation relating to the cumulative experience and field exposure. Provide hyperlinks to documents if they are available online, or include electronic copies of any documents that are not available online.

Further detailed information on the BSPH internship is included in the HSCI 494: Internship syllabus, as well as the HSCI 494: Internship Information program site. These documents and links to these documents are included in the ERF (ERF → D12 → 4. BSPH Cumulative Experience Documentation). The syllabus for HSCI 445: Senior Seminar in Health Education is also included in the ERF (ERF → D10 → 2. BSPH Core Course Syllabi).

D13. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences

The overall undergraduate curriculum and public health major curriculum expose students to concepts and experiences necessary for success in the workplace, further education and lifelong learning. Students are exposed to these concepts through any combination of learning experiences and co-curricular experiences.

1) **Briefly describe, in the format of Template D13-1, of the manner in which the curriculum and co-curricular experiences expose students to the concepts identified.**

Template 13-1. BSPH Cross-Cutting Concepts and Experiences

Concept	Manner in which the curriculum and co-curricular experiences expose students to the concepts
Advocacy for protection and promotion of the public's health at all levels of society	HSCI 331: Public Health Education introduces students to concepts related to advocacy for protection and promotion of the public's health at all levels of society.
Community dynamics	HSCI 439: Community Health Action covers basic concepts and techniques of community health action as applied to the initiation and enhancement of community health and health-related services.
Critical thinking and creativity	In various courses in the program students work on projects, papers and assignments that utilize critical thinking and creativity skills. Each course evaluation assesses students' perception of how the course/instructor encouraged them to think critically.
Cultural contexts in which public health professionals work	HSCI 331: Public Health Education covers cultural context in which public health professionals work through Background of the Profession and Agencies and Organizations Associated with Health Education lectures. In HSCI 331, students are also required to interview and observe a public health professional in the workplace. Students are also exposed firsthand to various professional work environments during the onsite internship.
Ethical decision making as related to self and society	Students are exposed to concepts of ethics pertaining to self and society across two lectures in HSCI 331: Public Health Education.
Independent work and a personal work ethic	Courses throughout the program require students to do individual papers, assignments and exams which encourages students to work independently and build strong personal work ethic.
Networking	The Health Education Student Organization (HESO) holds various events including guest speaker series, trainings and other networking opportunities. One of the class sessions of the internship class, HSCI 494: Academic Internship, includes a panel of public health preceptors to provide an opportunity for students to network.
Organizational dynamics	Students are introduced to aspects of public health organizations through the Agencies and Organizations Associated with Health Education lecture in HSCI 331: Public Health Education. Students are also exposed to organizational dynamics in the Organizations of Care

	and Comparative Health Systems lectures in HSCI 314: Organization and Delivery of Health Services.
Professionalism	During the internship, students work in a professional environment and also have attend class sessions throughout the semester focused on professionalism in the workplace.
Research methods	Various aspects of research methods and design are covered in HSCI 390: Biostatistics, HSCI 445: Senior Seminar in Health Education, and HSCI 488: Epidemiology: Study of Disease.
Systems thinking	Various diagrams incorporating feedback and process mapping (flow charts) are covered in theory lectures in HSCI 431: Health Behavior Theory and in finance lecture in HSCI 314: Organization and Delivery of Health Services.
Teamwork and leadership	Courses throughout the program require students to work in teams on group project and allow the opportunity for students to take a leadership role in their designated group.

2) **Provide syllabi for all required coursework for the major and/or courses that relate to the domains listed above. Syllabi should be provided as individual files in the electronic resource file and should reflect the current semester or most recent offering of the course.**

Syllabi for the required coursework in the BSPH program are included in the ERF (ERF → D10 → 2. BSPH Core Course Syllabi).

3) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths:

- The CSUN BSPH program demonstrates comprehensive curriculum and co-curricular experiences to expose students to the cross-cutting concepts to further public health education and lifelong learning.
- Courses such as HSCI 331: Public Health Education and HSCI 494: Internship introduce students to the majority of cross-cutting concepts, and engagement through the Health Education Student Organization (HESO) also provides opportunities for networking.
- Various courses throughout the BSPH program also utilize critical thinking skills and creativity, teamwork and leadership, and independent study.

Weaknesses/Improvement Plans:

- Aside from these comprehensive cross-cutting experiences, the CSUN BSPH program can better incorporate concepts of systems thinking into lectures.
- One suggestion is to introduce and define systems thinking in a single lecture in HSCI 431: Health Behavior Theory; and further demonstrate this concept through flowcharts and feedback diagrams in HSCI 441: Senior Seminar in Public Health.

D14. MPH Program Length

An MPH degree requires at least 42 semester-credits, 56 quarter-credits or the equivalent for completion.

Programs use university definitions for credit hours.

1) **Provide information about the minimum credit-hour requirements for all MPH degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form.**

   The MPH Program requires all students to complete a minimum of 42 semester credit units. The required curricula for the MPH program (both Community Health Education and Applied Epidemiology concentrations) is presented in Table D2.1.

2) **Define a credit with regard to classroom/contact hours.**

   Definition of a credit: (https://catalog.csun.edu/policies/credit-hour/) As of July 1, 2011 federal law (Title 34, Code of Federal Regulations, sections 600.2 and 600.4) requires all accredited institutions to comply with the federal definition of the credit hour. For all CSU degree programs and courses bearing academic credit, the “credit hour” is defined as “the amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than: One hour of classroom or direct faculty instruction and a minimum of two hours of out-of-class student work each week for approximately 15 weeks for one semester.” This equates to 15 contact hours in class, and a minimum of 30 out-of-class hours. A credit hour is assumed to be a 50-minute period. In courses in which “seat time” does not apply, a credit hour may be measured by an equivalent amount of work, as demonstrated by student achievement.

D15. DrPH Program Length

Not applicable

D16. Bachelor's Degree Program Length

A public health bachelor's degree requires completion of a total number of credit units commensurate with other similar degree programs in the university.

Programs use university definitions for credit hours.

1) **Provide information about the minimum credit-hour requirements for all public health bachelor's degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form.**

   The BSPH requires all students to complete a minimum of 120 semester credit units. The required curricula for the BSPH is shown below. This includes 48 units of General Education as required by the University, 23 units of Lower Division Public Health Major Requirements, 10 units of Upper Division Health Sciences Core Requirements, and 27 Upper Division Public Health Major Requirements. A full listing of the coursework and associated units can be found in Table D9-1 in section D9-1.

2) **Define a credit with regard to classroom/contact hours.**

   Definition of a credit: (https://catalog.csun.edu/policies/credit-hour/) As of July 1, 2011 federal law (Title 34, Code of Federal Regulations, sections 600.2 and 600.4) requires all accredited institutions to comply with the federal definition of the credit hour. For all CSU degree programs and courses bearing academic credit, the "credit hour" is defined as "the amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than: One hour of classroom or direct faculty instruction and a minimum of two hours of out-of-class student work each week for approximately 15 weeks for one semester." This equates to 15 contact hours in class, and a minimum of 30 out-of-class hours. A credit hour is assumed to be a 50-minute period. In courses in which "seat time" does not apply, a credit hour may be measured by an equivalent amount of work, as demonstrated by student achievement.

3) **Describe policies and procedures for acceptance of coursework completed at other institutions, including community colleges.**

   Transfer policies and procedures: (https://catalog.csun.edu/policies/transfer-policies-of-csu-campuses/) Most commonly, college level credits earned from an institution of higher education accredited by a regional accrediting agency are accepted for transfer to campuses of the CSU; however, authority for decisions regarding the transfer of undergraduate credits is delegated to each CSU campus.

   California Community Colleges and other authorized certifying institutions can certify up to 39 semester (58.5 quarter) units of General Education-Breadth (GE-Breadth) or 37 semester (55.5 quarter) units of the Intersegmental General Education Transfer Curriculum (IGETC) for transfer students to fulfill lower division general education requirements for any CSU campus prior to transfer.

   "Certification" is the official notification from a California Community College or authorized institution that a transfer student has completed courses fulfilling lower division general education requirements. The CSU GE-Breadth and the Intersegmental General Education Transfer Curriculum (IGETC) certification course lists for particular community colleges can be accessed at www.assist.org.

   Students may be permitted to transfer no more than 70 semester (105 quarter) units to a CSU campus from an institution that does not offer bachelor's degrees or their equivalents, for example, community colleges. Given the university's 30-semester (45-quarter) unit residency requirement, no more than a total of 90-semester (135-quarter) units may be transferred into the University from all sources.

4) **If applicable, provide articulation agreements with community colleges that address acceptance of coursework.**

   The University publishes a series of articulation agreements with local California Community Colleges outlining how coursework at the community college applies to CSUN requirements, both in the major and in General Education. These are available online at the Articulation System Stimulating Interinstitutional

Student Transfer (ASSIST) website. ASSIST is the official repository of articulation for California's public colleges and universities.

5) **Provide information about the minimum credit-hour requirements for coursework for the major in at least two similar bachelor's degree programs in the home institution.**

In addition to the BSPH degree, the Health Sciences Department also offers a BS in Health Administration. The BSHA degree also requires students to complete a minimum of 120 semester credit units. Details regarding this degree can be found in the University Catalog: https://catalog.csun.edu/academics/hsci/programs/bs-health-administration/. Similarly, the Department of Environmental and Occupational Health (EOH) offers a BS with a minimum of 120 semester credit units. Details can be found: https://catalog.csun.edu/academics/eoh/programs/bs-environmental-and-occupational-health/.

D17. Academic Public Health Master's Degrees

Not applicable.

D18. Academic Public Health Doctoral Degrees

Not applicable.

D19. All Remaining Degrees

Not applicable.

D20. Distance Education

The university provides needed support for the program, including administrative, communication, information technology and student services.

There is an ongoing effort to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. Evaluation of student outcomes and of the learning model are especially important in institutions that offer distance learning but do not offer a comparable in-residence program.

1) **Identify all public health distance education degree programs and/or concentrations that offer a curriculum or course of study that can be obtained via distance education. Template Intro-1 may be referenced for this purpose.**

   Please see Introduction-1. CSUN has offered a distance-based MPH degree option in Community Health Education since 2014 (Cohort 1).

2) **Describe the public health distance education programs, including**

   a. **an explanation of the model or methods used:**

      CSUN has offered a distance-based MPH degree option in Community Health Education since 2014. Our distance-based (online) MPH is a two-year program consisting of 14 courses (42 units). Most of our courses are 8 weeks long (with the exception of Program Planning, HSCI 694 Research Design in Health Sciences, and HSCI 693A which are 12 weeks long and HSCI 693a Supervised Field Training (Internship) which is 16 weeks long. These courses have a longer duration to address more complex competencies, learner objectives, and or time requirements. Courses are delivered one at a time with the exception of HSCI 693a Supervised Field Training (Internship) and HSCI 697 Directed Comprehensive Studies which run concurrently to one other course due to time allotment needed for these courses. A sample course schedule attached is included as a link in Section H5. Our model is 100 percent distance education with all course requirements being accomplished online, asynchronously. Once a week, for student engagement and connectivity, faculty host 1-2 hour synchronous Adobe Connect, formerly Zoom, sessions in their courses covering lecture content and paper and project requirements. If students are unable to attend, they have the ability to view a recording and write a brief summary of the session offering insight of what they observed, for the same credit. We originally used Moodle as our online learning management system (LMS) but have been in transition to Canvas this last academic year (2017-2018).

   b. **the program's rationale for offering these programs:**

      We launched the distance-based MPH in response to a market analysis we conducted and internal data that included requests from traditional face-to-face students for an online option to accommodate their working schedules and or family commitments.

   c. **the manner in which it provides necessary administrative, information technology and student support services:**

      Admissions are coordinated by a full-time staff person who is funded by our College of Extended Learning (Tseng College) with the assistance of a program assistant. These two positions handle two other online programs but are very responsive to candidate's questions and in coordinating all admissions applications documentation required. The Academic Lead (Burke) also assist with admissions and all student needs once admitted to the program such as advising, administrative needs, mentoring, coordinating annual information, orientation, and internship sessions online, coordinating the comprehensive examination process, assistance with course development (content), faculty management, and accreditation needs for three cohorts that run simultaneously each year. Information technology support (in addition to the University's standard IT) is offered M-F via phone 9:00am – 7:00pm PT except Fridays it is offered until 5:00pm and via email all days of the week 9:00am – 10:00pm. There is also a full-time course development specialist designated for the MPH program. Administrative support exists for all levels of administrative needs. Financial aid support services are

also provided. Other student support services such as online writing support, counseling services, library services and assistance, student health, are available to the student as part of their tuition. Online, email, and in person services are available. As part of the Chancellor's initiative we are also offering a service called Inside Track for admissions mentoring with students to ensure they have a thorough understanding of the profession of public health and if public health is in fact a good fit for the prospective student's future. All graduate policies including degree requirements are processed with Graduate Studies, in accordance with the same MPH face-to-face program and other graduate programs university-wide requirements.

d. the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the university, and:

Students complete mid-term course evaluations, final course evaluations, and end of program evaluations to ensure the program is meeting academic rigor. Courses are an exact equivalent in terms of learner objectives and content required, to the stateside MPH graduate courses. Any courses requiring changes are required to adhere to the university's curriculum process with approval by the Dean's office curriculum committee and CSUN's Graduate Studies Committee (GSC).

Distance-based MPH students are taught by the same faculty who teach the on-campus MPH program and are therefore given the same assignments and examinations as the campus-based students in equivalent online courses. The 2016 criteria requirements related to competencies for distance-based students are met through the assessment methods used for each course. Although some assignments are tailored to an online format, such as discussion forum assignments, most of the assignments are the same and provide similar assessments of student competencies. The syllabi are varied since they are based on Tseng's online format template, but these variations are similar to the differences in instructors that are seen in on-campus classes.

Our distance-based MPH program was accredited with CEPH in 2015 with a substantive change. CSUN is also accredited by WASC to ensure academic standards and program competencies. Our program objectives (both distance-based MPH and campus-based MPH) are guided by the NCHEC MCHES competencies and the CPH 10 essential public health services. Finally, all courses must have 135 hours of Distance Education Accrediting Commissions (DEAC) Carnegie contact hours to ensure academic rigor, engagement, and preparation. Academic oversight is continually provided to all courses in development and while in progress by the Faculty Lead.

e. the manner in which it evaluates the educational outcomes, as well as the format and methods:

Educational outcomes are assessed by students assessing their competency level (Likert scale 1-5) on each MPH program competency in both a post internship survey and alumni survey. Student competency is also measured by completion of course learner objectives in individual courses (course grades), and competency in culminating experiences including the internship (completion of required hours, preceptor evaluation of student, and student's self-evaluation of performance competencies) and comprehensive examinations (passing).

3) Describe the processes that the university uses to verify that the student who registers in a distance education course (as part of a distance-based degree) or a fully distance-based degree is the same student who participates in and completes the course or degree and receives the academic credit.

Secure login and passcodes are provided for all email, LMS, and electronic accounts for each student. Those students admitted conditionally and needing to complete the Upper Division Writing Proficiency Exam must take the proctored examination as required by the university for graduation. CSUN notifies students in writing that it uses processes that protect student privacy and alerts students to any projected additional student charges associated with the verification of student identity at time of registration. Students sign contracts verifying their identity and understanding of program responsibilities and requirements prior upon admission. Because all courses meet synchronously each week and there are regular synchronous information sessions faculty and the program lead are able to physically see students via web cams and identify each student. In addition – students have to sign contracts for their internship placement and in the comprehensive exam course that verify their identity in culminating experiences. Finally, students participate in an annual graduate ceremony and MPH hooding which further identifies their identity. For those

accessing financial aid, government required documents and signature verifications are processed for each student.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- The distance-based MPH program provides students with the same curriculum as students in the campus-based MPH program and PH PIF faculty teach the majority of courses in both programs.

Weaknesses/Improvement Plans:

- We are looking at the feasibility of implementing online proctoring software such as ProctorU for online examinations including the comprehensive exam.
- In addition, with the new implementation of Inside Track (Cohort 5 Academic Year 2018) we will be implementing a more holistic admissions process where we actually interview and use an evidence-based coaching model with prospective candidates via web conferencing and phone which will assist in early established identity verification.

E1. Faculty Alignment with Degrees Offered

Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their education and experience.

Faculty education and experience is appropriate for the degree level (bachelor's, master's, doctoral) and the nature of the degree (research, professional practice, etc.) with which they are associated.

1) **Provide a table showing the program's primary instructional faculty in the format of Template E1-1. The template presents data effective at the beginning of the academic year in which the final self-study is submitted to CEPH and must be updated at the beginning of the site visit if any changes have occurred since final self-study submission. The identification of instructional areas must correspond to the data presented in Template C2-1.**

Template E1-1. Primary Instructional Faculty Alignment with Degrees Offered As of Fall 2018

Name*	Title/ Academic Rank	Tenure Status or Classification	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
Bahr, Kaitlin	Associate Professor	Tenure-track	PhD, MPH	University of California, Los Angeles	Epidemiology	MPH (AE), MPH (CHE) BSPH
Benjamin, Stephanie	Associate Professor	Tenure-track	PhD, MPH	Tulane	Epidemiology	MPH (AE), MPH (CHE) BSPH
Blackman, Kacie	Assistant Professor	Tenure-track	PhD	Virginia Tech	Human Nutrition, Foods and Exercise	BSPH
Burke Winkelman, Sloane	Professor	Tenured	PhD, MS	Texas Woman's University (PhD); University of North Texas (MS)	Health Studies; Health Promotion	MPH (AE), MPH (CHE) BSPH
Chu, Larry	Professor	Tenured	PhD, MPH, MS	University of California, Los Angeles	Epidemiology (PhD and MPH); Biostatistics (MS)	MPH (AE), MPH (CHE) BSPH
Ebin, Vicki	Professor	Tenured	PhD, MSPH	University of California, Los Angeles	Community Health Sciences; Nutritional Sciences	MPH (AE), MPH (CHE) BSPH

Efrat, Merav	Associate Professor	Tenured	EdD, MPH	University of Southern California (EdD); CSUN (MPH)	Education; Community Health Education	MPH (AE), MPH (CHE) BSPH
Emetu, Bobbie	Assistant Professor	Tenure-track	PhD, MPH, MLS	Indiana University (PhD and MPH); University of Wisconsin (MLS)	Health Behavior; Behavioral, Social, and Community Health; Liberal Studies	MPH (AE), MPH (CHE) BSPH
Forster, Myriam	Assistant Professor	Tenure-track	PhD, MPH	University of Southern California (PhD); California State University, Northridge (MPH)	Preventive Medicine-Behavioral, Social, and Community Health; Health Education and Behavior	MPH (AE), MPH (CHE) BSPH
Kwan, Patty	Associate Professor	Tenure-track	PhD, MPH	University of Southern California	Health Behavior Research	MPH (AE), MPH (CHE) BSPH
Rainisch, Bethany	Associate Professor	Tenure-track	PhD, MPH	University of California, Los Angeles (PhD), Emory University (MPH)	Community Health Sciences (PhD), Behavioral Science and Health Education (MPH)	MPH (AE), MPH (CHE) BSPH
Sawyer, Mirna	Assistant Professor	Tenure-track	PhD, MPH	University of California, Los Angeles (PhD), Emory University (MPH)	Community Health Sciences (PhD), Behavioral Science and Health Education (MPH)	MPH (AE), MPH (CHE) BSPH
Spear, Suzanne	Assistant Professor	Tenure-track	PhD	University of California, Los Angeles	Community Health Sciences	MPH (AE), MPH (CHE) BSPH
Toledo-Corral, Claudia	Assistant Professor	Tenure-track	PhD, MPH	University of Southern California	Preventive Medicine; Biostatistics and Epidemiology	BSPH
Yi, Jenny	Professor	Tenured	PhD, MPH	University of Massachusetts, Amherst (PhD); University of Minnesota, Minneapolis (MPH)	Community Health Education; Public Health Nutrition	MPH (AE), MPH (CHE) BSPH
Young, Kathleen	Professor	Tenured	PhD, MPH, MS	University of New Mexico (PhD); San Francisco State University (MPH)	Public Health; Health Policy	MPH (AE), MPH (CHE) BSPH

2) **Provide summary data on the qualifications of any other faculty with significant involvement in the program's public health instruction in the format of Template E1-2. Schools and programs define "significant" in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students' practice experience (preceptors, etc.) is not required. The identification of instructional areas must correspond to the data presented in Template C2-1.**

Template E1-2. Non-Primary Instructional Faculty Regularly Involved in Instruction - Data from Fall 2018

Name*	Academic Rank^	Title and Current Employment	FTE or % Time Allocated**	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in C2-1
Adams, Crystal	Lecturer	Co-Owner of Community Business	0.6	MPH	California State University, Northridge	Community Health Education	BSPH
Alhiyari, Yazeed	Lecturer	Lecturer at CSUN	0.87	PhD, MS	UCLA, Texas Tech	Biomedical Physics, Molecular Pathology	BSPH
Bahadorani, Nasim	Lecturer	Director of Health and Preventative Care, Professional Team Insurance Services	0.6	DrPH, MS	Loma Linda, Midwestern University	Public Health; Biomedical Science	BSPH
Chaudhari, Lisa	Lecturer	Adjunct faculty at another university (Northern Arizona University); Education and Research Consultant	0.6	PhD	University of Georgia	Anthropology	BSPH

Chiappelli, Francesco	Lecturer	Tenured Full Professor at another university (UCLA School of Dentistry)	0.2***	PhD, MA, Doctor of Endodontics	UCLA, IPSEMG (Brazil)	Counseling Psychology, Research Methodology and Statistics, Doctor of Endodontics	BSPH
Cohen, Susan	Lecturer	Evaluation/grant consultant	1.0	MPH	California State University, Northridge	Community Health Education	BSPH
Edmonds, Robin	Lecturer	MPH Alumni Association Secretary	0.6	MPH	California State University, Northridge	Community Health Education	BSPH
Fedortsova, Nadejda	Lecturer	Lecturer at CSUN	0.4	DrPH, MS	UCLA	Biostatistics	BSPH
Goodman, Jeffrey	Lecturer	Associate Program Director and Core Faculty, Graduate Program in LGBT Health Policy and Practice (George Washington University); Private Consultant in Health Policy (Principal); APHA National Action Board; SOPHE	0.6	MPH	University of South Florida, San Jose State University	Community Health Education	BSPH

Gutierrez, Miguel-Angel	Lecturer	Lecturer at CSUN	0.2***	PhD (in progress)	UCLA	Molecular Cellular and Integrative Physiology	BSPH
Maida, Carl	Lecturer	Adjunct Professor of Public Health (UCLA)	0.4	PhD, MA	UCLA, New School for Social Research	Anthropology	BSPH
Madjzoob, Gretta	Lecturer	Lecturer at CSUN	0.4	PhD, MPH, MEd	University of California, Los Angeles (PhD, MEd); California State University, Northridge (MPH)	Education (PhD, MEd); Community Health Education (MPH)	BSPH
Marquard-Tormey, Janet	Lecturer	Director, School Health Services Division, Health Policy Director for School Health Services, Currently Grants Administrator and Policy Adviso (Northeast Valley Health Corporation)	0.6	MPH	California State University, Northridge	Community Health Education	BSPH
Parks, Robyn	Lecturer	Professor for Extension Program (Pierce College); Certified Childbirth Educator; Medical Sign Language Interpreter	0.8	MPH	California State University, Northridge	Community Health Education	BSPH

Rogers, Christopher	Lecturer	Lecturer at CSUN	0.97	PhD (in progress), MPH	University of Southern California, California State University, Northridge	Preventive Medicine-Behavioral, Social, and Community Health, Applied Epidemiology	BSPH
Salazar, Jose	Lecturer	Director, Program Development Department & Contract Compliance, Tarzana Treatment Centers, Inc. (TTC)	0.4	DrPH, MPH	University of CA, Berkeley	Public Health, Community Health Education	BSPH, MPH
Sepsis, Peter	Lecturer	Senior Consultant – Workforce Health Consulting Group, Kaiser Permanente Health Plan	0.6	MS, MPH	San Jose State University, Illinois Benedictine University	Health Education, Preventive and Rehabilitative Cardiovascular Health	BSPH
Spinello, Elio	Lecturer	Partner, RPM Consulting; Technology Coordinator CSUN College of HHD	0.4	EdD, MPH	Pepperdine, California State University Northridge	Education Technology, Community Health Education	BSPH
Valdez-Barkwill, Mary Carla	Lecturer	Adjunct Faculty (Los Angeles Mission College)	1.0	MPH	California State University, Northridge	Community Health Education	BSPH
Vergel de Dios, Vir-Iaesta	Lecturer	Health Educator (Pasadena City College)	0.4	DrPH (in progress), MPH	Claremont Graduate University, California State University, Northridge	Community Health Education	BSPH

Wallace, Debra	Lecturer	Family Nurse Practitioner, Kaiser Permanente	0.4	Doctoral Nursing Practice, MSN	WesternU of Health Science, UCLA	Family Nurse Practitioner	BSPH
Walter, Lauren	Lecturer	Lecturer at CSUN	0.4	MPH	UCLA	Community Health Sciences	BSPH
Wicks, Tanya	Lecturer	Consultant	0.8	MPH	California State University, Northridge	Community Health Education	BSPH
Winkelman, Craig	Lecturer	General Dentistry	0.6	DDS	University of the Pacific	Dental Surgery	BSPH

*For template E1-2, a faculty member is considered to have significant involvement in the program's public health instruction if they taught 0.4 FTE or greater in the public health program during the current or previous semester. Data is presented on faculty that were teaching in the public health program for the most recent semester (Fall 2018).
**1.0 FTE is equivalent to 15 units taught in the public health program.
***Taught 0.4 FTE or greater in the Spring 2018 semester.

3) **Include CVs for all individuals listed in the templates above.**

CVs for PIF and non-PIF faculty listed in the tables above are included in the ERF (ERF → E1 → 3. PH Faculty CVs).

4) **If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates.**

For template E1-2, a faculty member is considered to have significant involvement in the program's public health instruction if they had greater than 0.4 FTE in the public health program (i.e., taught at least 2 courses required by BSPH or MPH students) in the current or previous semester. Data is presented on faculty that were teaching in the public health program for the most recent semester (Fall 2018).

5) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths:

- The CSUN Public Health program has a robust and diverse faculty body that teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their education and experience.
- All PIF have a doctoral degree and an MPH or a public-health related masters degree.
- The non-PIF lecturers also demonstrate the Public Health Program's commitment to serving diverse students through qualified and dedicated professionals.

Weaknesses/Improvement Plans:

- The number of students in both the undergraduate and graduate programs in the PH program have grown substantially in the decade, which have considerably increased the need for additional faculty resources to accommodate the quantity of classes/class sections offered.
- As a California State University and teaching institution, the number of lecturers within the program exceeds that of PIFs; providing some BSPH students with limited exposure to PIFs during their academic tenure.
- To meet the needs of the growing student population in both the BSPH and the MPH programs, 11 new PIF have been hired in the PH program within the last 8 years.
- The PH program maintains a rich, diverse pool of qualified, capable and able non-PIF to accommodate courses/course sections in the program not taught by PIF.
- The HSCI department continues to hire new Public Health faculty, and we are confident in coming years the number of PIFs and non-PIFs will remain significant.

E2. Integration of Faculty with Practice Experience

To assure a broad public health perspective, the program employs faculty who have professional experience in settings outside of academia and have demonstrated competence in public health practice. Schools and programs encourage faculty to maintain ongoing practice links with public health agencies, especially at state and local levels.

To assure the relevance of curricula and individual learning experiences to current and future practice needs and opportunities, schools and programs regularly involve public health practitioners and other individuals involved in public health work through arrangements that may include adjunct and part-time faculty appointments, guest lectures, involvement in committee work, mentoring students, etc.

1) **Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if applicable. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.**

Several faculty members identified in Template E1-2 are active public health practitioners working in settings outside of academia in addition to their teaching in the Public Health Program, as is noted by their current employment.

The table below includes additional faculty members who have taught a course or courses within the Public Health Program in the last 3 years (not included in Template E1-2 above) which have been identified as having significant practice experience outside of which is typically associated with an academic career. These faculty members provide important links to public health agencies for our students and help to ensure the relevance of curricula to current and future practice needs. Information on their position/location of practice outside of CSUN, their degrees held and courses which they have taught over the last 3 academic years are included. Further information can be found on the faculty CVs in the ERF (ERF → E2 → 1. PH Practitioner Faculty CVs).

Table E2. Additional PH Faculty with Practice Experience

Name	Title and Current Employment	Graduate Degree(s)	Course(s) Taught
Frank Alvarez	Area Health Officer, Los Angeles County Department of Public Health	MD, MPH	HSCI 345, HSCI 488
Marianne Link	Assistant Director, Health Promotion and Administration, Klotz Student Health Center(KSHC); Co-chair, CSUN Alcohol Policy Advisory Committee	MPH	HSCI 336
Douglas Morales	GIS Manager: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, GIS Unit	MPH	HSCI 488, HSCI 587
Deborah Forman	Nutritionist, Private Practice	MS, RD	HSCI 337
Joy Guihama	Program Officer, Craig H. Neilsen Foundation	MPH	HSCI 531, HSCI 540
Shoshanna Nakelsky	Epidemiologist, LA County Department of Public Health	MPH	HSCI 488
Barbara Spraktes-Wilkins	Senior Epidemiologist, Ventura County Public Health	DrPHc, MPH	HSCI 488
Sheri Strahl	Chief Administrative Officer, The University Corporation, Strength United; Technical Assistance Provider, Cal State University, Sacramento/California Department of Public Health - Close to Home Sexual Violence Prevention	MPH	HSCI 441, HSCI 445
Joanne Tillman	National Health Education Program Manager, AIDS Healthcare Foundation, Positive Healthcare-Managed Care Division	MPH	HSCI 441, HSCI 445

Both PIF and Non-PIF also frequently invite practitioners from various fields of public health to provide guest lectures for classes in the program.

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- The Public Health program prides itself on the quality and quantity of instructors with public health practice experience outside of academia. These public health practitioners incorporate such experiences into the classroom and provide opportunities for students to be exposed to working professionals.
- Such practitioners include County Department of Public Health officers and managers, a nutritionist, and directors and managers of local community organizations, centers, and foundations.
- These lecturers mainly teach elective courses in the BSPH program, and select senior seminar courses required of all undergraduates.

Weaknesses/Improvement Plans:

- Very few of the graduate courses are taught by these well-versed practitioners, and it may be beneficial in coming semesters for the Public Health program to offer select graduate courses to these practitioners.

E3. Faculty Instructional Effectiveness

The program ensures that systems, policies and procedures are in place to document that all faculty (full-time and part-time) are current in their areas of instructional responsibility and in pedagogical methods.

The program establishes and consistently applies procedures for evaluating faculty competence and performance in instruction.

The program supports professional development and advancement in instructional effectiveness.

1) **Describe the means through which the program ensures that faculty are informed and maintain currency in their areas of instructional responsibility. The description must address both primary instructional and non-primary instructional faculty and should provide examples as relevant.**

The Public Health program ensures that both tenure-track (PIF) and non-tenure track (non-PIF) faculty maintain currency in their areas of instructional responsibility through procedures in accordance with those outlined in the University Administrative Manual Academic Personnel Policies And Procedures (Section 600) and the University Administrative Manual Academic Personnel Policies And Procedures for Temporary Academic Personnel (Section 700). Both of these documents can be found in the ERF (ERF → E3 → 1. Personnel Policies).

According to Section 606.1 of Section 600:

"Each faculty member has the responsibility of establishing and maintaining a record of professional information to be submitted by the faculty member at the appropriate time for use in evaluation for retention, tenure, promotion, and service salary increase. The Professional Information File shall contain a current curriculum vitae and such forms as the University may, from time to time, prescribe. The file shall also contain data on: 1) Professional Preparation; 2) Teaching Effectiveness; 3) Contributions to the Field of Study; and 4) Contributions to the University and Community. The faculty member may include, additionally, any other pertinent support material."

All identified PIF fall into the categories of probationary tenure-track or tenured. The professional information file of each tenure-track probationary faculty member is reviewed each year by different committees (at the Department, College and University levels) until the time that a faculty member receives tenure. Tenured faculty undergo the review process at least once every five years. The Department Personnel Committee, Department Chair, College Personnel Committee and Provost make recommendations regarding faculty retention based on the four criteria listed above (Professional Preparation, Teaching Effectiveness, Contributions to the Field of Study and Contributions to the University and Community). As part of this review of faculty, the various committees are charged with assessing that the faculty member's professional preparation (degrees earned and areas in which degrees were earned), as well as any additional research, service, organizational affiliations and activities with outside organizations, align with the courses the faculty member is teaching.

For non-tenure track faculty (all identified non-PIF fall into this Lecturer category), a similar record of professional information, including a recent CV, courses that they are applying to teach, educational qualifications, other relevant information related to teaching experience, quality of teaching, professional experiences relevant to the courses and any evidence of contributions by the lecturer to the lecturer's field of study is kept. This file is submitted to the Department Chair at such time as the lecturer submits to the Chair a request for a subsequent appointment. This file is reviewed by the Department Chair and Public Health Program Director and Lecturers are assigned to courses based on area of expertise and currency in their areas of instructional responsibility.

2) **Describe the program's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable.**

Peer evaluation

Both PIF and non-PIF faculty are evaluated on their instructional effectiveness based on the policies and procedures defined in the University Administrative Manual Academic Personnel Policies And Procedures

(Section 600), the University Administrative Manual Academic Personnel Policies And Procedures for Temporary Academic Personnel (Section 700), the College Personnel Policies and Procedures and the Department of Health Sciences Policies and Procedures. All 4 documents are included in the ERF (ERF → E3 → 1. Personnel Policies).

As noted in the Department of Health Sciences Policies and Procedures (III.A.1) and Section 600 (612.5.2.2), each Fall semester, one member of the Department Personnel Committee and the Chair of the Department will visit one class of a probationary faculty member under consideration for retention, tenure and promotion. Each of these class visitors will complete a peer evaluation aimed to assess/evaluate the faculty member's instructional effectiveness. A written report of the class visit is provided to the faculty member and the candidate may request a meeting to discuss the report. The form for peer evaluations is included in the ERF (ERF → E3 → 2. Evaluation Forms).

The procedures for evaluating tenured faculty's instructional effectiveness is similar, though a review is conducted at least once every five years. The periodic review process is described further in Section 600.

As noted in Section 700 for non-tenure-track faculty (706.3), a class visit shall be made during the first semester a lecturer is employed. Subsequent visits shall be made at least once for every 24 units taught by the lecturer, or at least once every three (3) years, whichever comes sooner. The same peer evaluation form is used for probationary tenure-track, tenured and non-tenure-track faculty.

Student evaluation

As described in Section 600 (612.5.2.2.b) and Section 700 (706.3.2), written or electronic student questionnaire evaluations are required for all faculty who teach. A minimum of two classes annually for each faculty member shall have student evaluations. As of Fall 2017, student responses are collected through electronically distributed surveys. Prior to Fall 2017, student responses were collected via written responses. The Department of Health Sciences Policies and Procedures (III.B.1) notes that all probationary faculty shall have at least 2 classes evaluated each semester and tenured faculty shall have at least 2 classes evaluated each year. Student evaluation of instruction summaries and comments are provided to faculty and included in the faculty Personnel Action File.

The peer and student evaluation of instructional effectiveness are both taken into consideration by the Department Personnel Committee, Department Chair, College Personnel Committee and Provost when making recommendations regarding faculty retention.

3) Describe available university and programmatic support for continuous improvement in faculty's instructional roles. Provide three to five examples of program involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty.

Opportunities for faculty development occur at a number of levels within the University structure.

The Office of Faculty Development on campus offers resources, toolkits and events to both PIF and non-PIF to support faculty in their instructional roles. The mission of Faculty Development is to promote a culture of faculty success and fulfillment using evidence-based practices that supports their teaching, scholarship, and involvement in the community.

- **Example 1**: **New Faculty Orientation:** New PIF in the PH program attend the New Faculty Orientation (NFO) offered through Faculty Development, which provides teaching tips, resources and tools that faculty can incorporate into their instruction.

  Of the current 16 PIF, all attended the NFO at the onset of their appointment as tenure-track faculty.

Additional Resources for PIF and non-PIF faculty

- **Teaching Toolkit:** Non-PIF can also take advantages of the resources provided by Faculty Development, such as instructional related readings and the Teaching Toolkit, which includes strategies and activities that all faculty can incorporate into their instruction in the classroom.
- **Faculty Development Events**: Faculty Development also offers workshops throughout each semester on various aspects of instruction and instructional techniques.

- **Faculty Learning Communities**: Faculty Development facilitates Faculty Learning Communities, which encourage both PIF and non-PIF faculty to interact and discuss instructional related ideas and challenges.

The **Faculty Technology Center (FTC)** provides all full- and part-time faculty support for Academic Technology. The FTC has staff and facilities to help faculty incorporate technology into their teaching. The FTC provides a walk-in center, a video production studio, a multimedia training lab, and individual appointments for assistance. The FTC staff of instructional designers and technologists, along with a team of Academic Technology Fellows, assist faculty with the use of: Canvas, lecture capture and creation, learning analytics, teaching with tablets, and other learning technologies. Many PH faculty (both PIF and non-PIF) regularly utilize FTC services throughout the year.

- **Example 2: eLearning Institute:** Provides faculty the opportunity to participate in a week-long training workshop during the summer with support and training from instructional designers, technologists and members from the Office of Student Success Innovations and Faculty Development. The training helps faculty demonstrate the necessary tools and strategies for teaching and learning.

  Of the current public health faculty, 4 PIF and 1 non-PIF have participated in the eLearning Institute and several have attended shorter workshops modeled after the Institute.

- **Example 3**: **myCSUNTablet:** Faculty learn with course designers about innovative use of tablet technologies integrated with pedagogy, creative use of authoring tools, and accessible design. CSUN launched a parallel eText initiative to help faculty adopt, assemble, and create electronic materials. There are currently over 60 faculty-authored eTexts in production, many of which are free to students and used in tablet classes. CSUN's tablet initiative is unique in a number of ways, most notably the intentional goals of increasing student engagement using a one-to-one tablet deployment and improved quality of teaching materials together with the goal to reduce costs for students. Several faculty within the public health program have developed eTexts and currently participate in the myCSUNTablet initiative.

  Of the current public health faculty, 4 PIF and 1 non-PIF have participated in the myCSUNTablet initiative.

Additional Resources for PIF and non-PIF faculty

Undergraduate Studies on the Roof (formerly CIELO) supports a wide variety of activities, including: sharing knowledge, skills and values through seminars, workshops, conversations and publications; engaging in and sharing original research on student learning; building faculty learning communities that are cohort based (such as new faculty, senior faculty for teaching excellence, faculty teaching first-time freshmen, part-time faculty, and teaching assistants); course or discipline-based; and topic based (e.g. teaching and learning with technology, community service-learning, problem-based learning, linked courses); encouraging students to become independent, self-reliant learners and responsible members of their communities; exploring alternate modes of learning (e.g. modules, self-paced learning, on-line instruction, limited seat time); involving students in conversations with faculty regarding teaching-learning issues; and investigating transition issues for new students to help them get the most from their college experience.

4) Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement.

Instructional effectiveness is one of 4 criteria considered in decisions regarding faculty retention and advancement. The 4 criteria as described above are 1) Professional Preparation; 2) Teaching Effectiveness; 3) Contributions to the Field of Study; and 4) Contributions to the University and Community. Further description of the procedures used in considerations of faculty advancement in rank can be found in Section 600 (630-635). The evaluation of teaching effectiveness is done through peer and student evaluations described further in section E3.2. These evaluations are included in the Personnel Activity File of each faculty member. The Department Personnel Committee, the Department Chair, the Dean, the College

Personnel Committee and the Provost review all peer and student evaluations, in addition to other relevant criteria, in considering requests for faculty advancement in rank.

5) **Select at least three indicators, with one from each of the listed categories that are meaningful to the program and relate to instructional quality. Describe the program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the lists that follow, the program may add indicators that are significant to its own mission and context.**

Faculty currency

(1) Peer/internal review of syllabi/curricula for currency of readings, topics, methods, etc.:

Before the start of each semester, each instructor teaching a course will submit their syllabus to the designated course Faculty Lead. Each Lead Faculty reviews the text, readings, topics and schedule of the syllabi to ensure all section syllabi are consistent, updated, and indicate competencies addressed. The Public Health Program Director ensures that the Faculty Leads list is updated each academic year, and that Leads communicate with section faculty prior to the start of every semester. Over the last three years the use of Faculty Leads to review syllabi has been consistent and successful. Each year minor adjustments are made to the timeline for submission of syllabi to the Faculty Lead. The Faculty Leads list is maintained by the Department office and is available for all faculty to see on the share drive. The Faculty Leads list is provided in the ERF (ERF → E3 → 5. Faculty Leads documentation).

Faculty instructional technique

(1) Peer evaluation of teaching:

The process for peer evaluation of teaching is described in detail in above section E3.2. Each Fall all probationary tenure-track faculty receive two separate peer evaluations of teaching effectiveness, one from a tenured faculty member in the department, and another from the Department Chair. After each peer evaluation, the probationary faculty and peer reviewer have a brief consultation to discuss recommendations for improvements in teaching effectiveness to be incorporated in to the classroom. Over the past three years this peer evaluation process occurred consistently every Fall semester per University policy; and all probationary faculty thus far have retained probationary status and/or been promoted.

(2) Student satisfaction with instructional quality:

Over the last 3 years, changes to the instrument for student evaluation were put up for discussion at the Department level to ensure the instrument was assessing relevant measures which demonstrated faculty instructional effectiveness. A Department committee was formed and the student evaluation instrument was assessed through discussion and comparison of the instrument in use to the instrument used by other campus departments. Changes were drafted to reflect measures deemed by the committee as both important and appropriate assessments of faculty instructional effectiveness and the Department faculty voted to implement the changes in Spring 2017. Both the previously used and the revised, currently used instruments for student evaluations of faculty are included in the ERF (ERF → E3 → 2. Evaluation Forms).

School- or program-level outcomes

(1) Courses that integrate technology in innovative ways to enhance learning:

The Public Health program offers many courses that integrate technology in innovative ways to enhance learning, at both the undergraduate and graduate level. Over the past three years, the number of courses that have integrated technology has increased due to greater support by the University through the Faculty Technology Center (FTC) and numerous FTC workshops offered through the academic year and summer.

The campus Learning Management System recently changed from Moodle to Canvas. Both Learning Management Systems allowed faculty to electronically post material intended to help students review and practice with important course content, including slides, activities, lecture videos and online quizzes. Several

courses in the undergraduate Public Health program have been redesigned over the past few years to include an online and/or hybrid option, including HSCI 336, HSCI 390, HSCI 391, HSCI 345, and HSCI 488. These courses employ strategies to enhance learning such as online discussion forums, online homework review and practice quizzes and/or lecture videos. A few sections of designated courses have also been designed as iPad courses, including HSCI 331, HSCI 431 and HSCI 441. These courses were redesigned as iPad courses as a way of increasing student learning and engagement, improving the quality of teaching materials, and decreasing cost through the campus myCSUNtablet initiative.

The distance-based MPH program, described in further detail in Section D20, teaches all courses using an online format, employing technology such as synchronous virtual lectures via online classroom software, lecture recordings, online discussion forums, and online quizzes and exams to enhance student engagement and learning.

(2) Implementation of grading rubrics:

The majority of faculty members in the Public Health program implement grading rubrics in their courses for various assignments, including group presentations and written assignments. Over the past three years there has been an effort to ensure uniformity across course sections to improve program outcomes. Faculty Leads (as discussed above) review syllabi and provide rubrics and assessment guidelines to course instructors to promote transparent assignment information. Thus, the number of grading rubrics has increased over the past three years. Rubrics for selected courses are included in the ERF (ERF → E3 → 5. Sample Course Rubrics).

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- There are several well-defined processes and procedures through the program and the University ensures that PH faculty are informed and maintain currency in their areas of instructional responsibility.
- The Program and University provide many opportunities and resources in support of continuous improvement in faculty's instructional roles.

Weaknesses/Improvement Plans:

- The PH Program will continuously look at new strategies to ensure that faculty teaching in the program are evaluated appropriately and provided with support to expand or refine their instructional techniques.

E4. Faculty Scholarship

The program has policies and practices in place to support faculty involvement in scholarly activities. As many faculty as possible are involved in research and scholarly activity in some form, whether funded or unfunded. Ongoing participation in research and scholarly activity ensures that faculty are relevant and current in their field of expertise, that their work is peer reviewed and that they are content experts.

The types and extent of faculty research align with university and program missions and relate to the types of degrees offered. For example, when doctoral degrees are offered, the program's research portfolio in those areas take on greater importance. All types of research are valuable, whether conducted with the purpose of improving public health practice or for generating new knowledge.

Faculty integrate research and scholarship with their instructional activities. Research allows faculty to bring real-world examples into the classroom to update and inspire teaching and provides opportunities for students to engage in research activities, if desired or appropriate for the degree program.

1) **Describe the program's definition of and expectations regarding faculty research and scholarly activity.**

   The University definition of and expectations regarding faculty research and scholarly activity are described in the University Administrative Manual Academic Personnel Policies and Procedures (Section 600), the College of Health and Human Development Personnel Policies and Procedures and the Department of Health Sciences Personnel Policies and Procedures. These 3 documents can be found in the ERF (ERF → E3 → 1. Personnel Policies).

   In Section 600 (632.4), in reference to the expectations for research and scholarly activity of tenure-track faculty, the University standard requires that the individual demonstrate continued growth as a recognized scholar and contributor to the field of study. In the Department of Health Sciences Personnel Policies and Procedures it states that: "retention, tenure and promotion requires establishing a continuing accumulation of scholarly and creative activities throughout the candidate's entire academic career and must include a research agenda." A scholarly agenda is required and must be documented as a part of the Contributions to the Field of Study criteria for retention, tenure and promotion.

2) **Describe available university and program support for research and scholarly activities.**

   The Office of Research and Sponsored Projects is dedicated to assisting University faculty and staff in obtaining research and creative activity support from federal, state, corporate, and foundation sponsored programs. Support includes trainings, workshops, proposal development and access to an international database of funding opportunities.

   The Office of Faculty Development also offers Probationary Faculty Grants for probationary, tenure-track faculty to help enable them to complete research the applicant has in progress, initiate research and publication projects, including pedagogical research and/or develop pilot data and a proposal for a larger extramural grant. Grant writing skills through workshops and coaching is also available through the NIH Faculty Scholars Academy, whereby faculty work on a team to work on and/or review R01 grant applications.

3) **Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students.**

   Many of our PH faculty engage in research activities and incorporate aspects of their research activities into their instruction of students in the classroom. The following are a selection of the examples provided by faculty:

   - Dr. Patty Kwan noted that she has shown sections of smoking cessation curriculum developed from the NIH grant she received to MPH students in HSCI 535: Curriculum Development in Health Education.
   - Dr. Bethany Rainisch noted that she demonstrated program planning, implementation, & evaluation to BSPH students in 441/445 & 531 using examples from the START grant she received including Gantt Charts, surveys, logic models, impact & outcome evaluation measures.

- Dr. Myriam Forster noted that some de-identified data from past studies were made available to MPH students for analytic purposes. Findings and study design are discussed in graduate evaluation classes as appropriate. Evaluation findings presented in the context of real-world evaluation studies.
- Dr. Mirna Troncoso Sawyer noted that she has presented on her research on Latino family food decisions to BSPH students during HSCI 431: Health Behavior and to MPH students in HSCI 533: Advanced Concepts of Health Behavior within her lectures exploring ecological approaches in public health.

4) Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities.

Students at both the undergraduate and graduate level have been involved in faculty research in the Public Health program. The following are a selection of the examples provided by faculty:

- Dr. Merav Efrat noted that as part of a graduate course, students had the opportunity to develop the knowledge and skills needed to implement phone-based breastfeeding education to pregnant low-income Latinas in the community. This course included self-guided assignments, didactic instruction and supervised field work.
- Dr. Bethany Rainisch noted that MPH students worked as graduate assistants on her START grant to: conduct a needs assessment, collect data via electronic surveys, market program services, conduct service intake information, perform literature searches, develop questionnaires, schedule appointments, manage evaluation data, create conference presentations and abstracts.
- Dr. Suzanne Spear noted that she had 3 CAMINO students (MPH) help on research projects. She received an RSCA grant to translate a health behavior survey into American Sign Language and pilot test online survey. Students helped with IRB application and literature review and attended project meetings with Deaf Studies. She had 2 other students work on data entry for an evaluation of an overdose prevention program, literature review, and poster presentation. Dr. Spear also conducted an evaluation of the 3 WINS Fitness Program whereby 3 BSPH students and 3 MPH assisted in the development and collection of pre/post surveys of participants in ten community parks.

Several other faculty noted that students were frequently involved in research activities including grant writing, data collection, data analysis, manuscript and/or abstract preparation and conference presentations.

5) Describe the role of research and scholarly activity in decisions about faculty advancement.

In Section 600 (632.4), as mentioned in the University standard above, for advancement in rank and/or tenure, a faculty member must demonstrate continued growth as a recognized scholar and contributor to the field of study. Scholarly achievements made prior to the initial tenure-track appointment or previous promotion at California State University, Northridge shall be considered as establishing a pattern of scholarly activities. However, additional significant contributions to the field since appointment are expected for tenure and initial promotion. Additional significant contributions since previous promotion are also expected for subsequent promotion. As defined by the Department of Health Sciences Policies and Procedures, faculty are to demonstrate the completion of two significant contributions for advancement to the rank of associate professor, and an additional three significant contributions for advancement from associate to full professor. Details of what constitutes a “significant contribution” can be found in the Health Sciences Policies and Procedures (ERF → E3 → 1. Personnel Policies).

6) Select at least three of the following measures that are meaningful to the program and demonstrate its success in research and scholarly activities. Provide a target for each measure and data from the last three years in the format of Template E4-1. In addition to at least three from the list that follows, the program may add measures that are significant to its own mission and context.

Table E4. Outcome Measures for Faculty Research and Scholarly Activities*

Outcome Measure	Target	Year 1 (2015-2016)	Year 2 (2016-2017)	Year 3 (2017-2018)
Percent of primary faculty participating in research activities	**80%**	100% (13)	92.3% (12)	92.9% (13)
Number of articles published in peer-reviewed journals	**7**	12	6	11
Presentations at professional meetings	**14**	14	18	17

*Table above includes only identified PIF in the Public Health program (13 total faculty in 2015-2017 and 14 in 2017-2018).

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- Faculty in the PH program are engaged in a wide variety of research projects in the field of public health.
- The diverse research interests of the PH faculty allow students exposure to many different aspects of the public health, including maternal and child health, mental health, injury prevention, chronic and infectious diseases, substance abuse, sexually transmitted diseases and nutritional environments.
- The University has support efforts in place to assist faculty in securing grants and manuscript

Weaknesses/Improvement Plans:

- The typical teaching load of PIF at CSUN is four courses per semester. Due to this high teaching load, the majority of faculty are not able to engage in as many research projects/opportunities as would typically be seen at a research institution, like those with a R1 classification status, without receiving release time from their standard course load.
- Both the University and College have begun to offer more avenues for research funding and release time from courses in recent years, such as Probationary Faculty Grants and other assistance in grant-writing.
- The HSCI Department also began offering Faculty Research funds in Spring 2018. The applications are evaluated and approved faculty may be granted a small amount of funding to assist in research that can lead to scientific innovation, collection of preliminary data and facilitate competitiveness for intramural and extramural funding. The Department intends to continue this offering each academic year. A description of this funding source and the application process is included in the ERF (ERF → E4 → 7. Funding Sources for Faculty).
- We saw variation in the number of publications over the self-study period. This was driven in large part by faculty engagement in leadership in university and department service, as well as faculty engagement in grant applications.

E5. Faculty Extramural Service

The program defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service as described here refers to contributions of professional expertise to the community, including professional practice. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.

As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the program's professional knowledge and skills. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

1) **Describe the program's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations.**

   The University defines contributions to the community as "community service, undertaken to advance the goals of the University." Additionally, the Department of Health Sciences further specifies service as that which involves contributions of unpaid services to community agencies and professional organizations, which draw upon the academic expertise and professional competence of the candidate. While there is no formal expectation of the amount of service contributions, faculty are recommended to play a steady and significant role in extramural community service.

2) **Describe available university and program support for extramural service activities.**

   The Office of Community Engagement (OCE) at CSUN develops civic responsibility, integrates meaningful community service into our academic experiences, and sustains partnerships with our surrounding communities. OCE enriches scholarship; research and creative activity; enhances curriculum; prepares educated, engaged citizens; strengthens democratic values and civic responsibility; addresses critical social issues and contributes to the public good. The OCE also offers funding opportunities for faculty to work with students and engage in community-based research.

   The Institute for Community Health and Wellbeing is a collaborative of campus and community affiliations focused on strengthening individuals and communities through creative partnerships and education. We match campus expertise and resources in response to regional needs. The Institute partners with a number of centers on the CSUN campus that aim to help both the on and off campus community and participates and coordinates various on campus projects that are aimed with community wellbeing through collaboration with faculty, students and off campus partners.

3) **Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students.**

   Many of our PH faculty engage in extramural service activities. The following are a selection of the examples provided by faculty:

   - Dr. Bobbie Emetu is a committee member of the Los Angeles County Lesbian & Bisexual Women's Health Collaborative. Through the collaborative reserarch is produced and training is conducted throughout LA county on how to care for lesbian and bisexual women in the healthcare system. Research conducted by the collaborative is shared in the course HSCI595 "Community Health Strategies in HIV/STI" and the components shared in the County-wide training are presented in the course.
   - Dr. Sloane Burke Winkelman noted that she volunteers for Domestic Violence agencies and shares her experiences with these agencies and the work that they do in courses. She has also been able to provide agencies that she has worked as internship opportunities to students (HSCI 693A).
   - Dr. Myriam Forster noted that she works with Valley Care Community Consortium (VCCC) to help small community based organizations to develop evaluation studies/project. Dr. Forster presents challenges and results from evaluation projects as examples of process and summative evaluation projects in her course. (HSCI 695)

- Dr. Jenny Yi noted she served as a board of director for non-profit community based organizations and served as a grant reviewer for the HRSA/BPHC (Health Resources and Service Administration/Bureau of Primary Health Care). Dr. Yi shares her expertise in grant reviewing by teaching her Health Administration students how to properly develop a budget.

4) Describe and provide three to five examples of student opportunities for involvement in faculty extramural service.

- Dr. Myriam Forster noted that in her work with the VCCC to coordinate a census county of residents using food pantry, shower services, English language classes in local community. Graduate students from her evaluation course volunteer/consult to help CBO develop evaluation protocol and data collection infrastructure.
- Dr. Kaitlin Bahr, Dr. Stephanie Benjamin and Dr. Larry Chu collaborated with MPHSA students to organize a community health forum for both CSUN community members as well as members of surrounding communities designed to review important facts about the 2014-2016 Ebola Outbreak, describe prevention efforts and discuss common myths that were being reported during the outbreak.
- Dr. Suzanne Spear conducted an evaluation of the 3 WINS Fitness Program in the San Fernando Valley during the 2017-2018 academic year. 3 WINS is a free exercise program developed and implemented by the CSUN Kinesiology Department. The evaluation consisted of a pre/post survey of participants in ten community parks and provided evaluation experience for six students (3 BSPH and 3 MPH).

5) Select at least three of the following indicators that are meaningful to the program and relate to service. Describe the program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list that follows, the program may add indicators that are significant to its own mission and context.

1. Percent of PIF participating in extramural service activities: Public Health PIF continuously engage in extramural service as part of their activities for advancement. Among the 14 PIF faculty in the program, approximately 86% have indicated that within the last three years, they have engaged in extramural service activities. This percent has remained relatively stable over the past three years. Some faculty partner with community-based organizations through grant-affiliated work or act as consultants, while others actively participate as board members on national public health associations.

2. Public/private or cross-sector partnerships for engagement and service: One of the goals of the Public Health program is for PIF to be actively involved in community service activities. This goal is accomplished through numerous cross-sector partnerships that faculty are engaged in via research and/or community service throughout the public and private sectors. Over the past three years the number of cross-sector partnerships steadily increased as the PH program hired more faculty. Below are a few examples of partnerships over the past three years:

    - MEND (Meet Each Need with Dignity): Faculty and student organizations frequently partner with MEND to provide needed services to homeless youth and adults.

    - VOH (Vision of Breast Health): Faculty partner with VOH to aid in the education and resources of the Lactation Education courses in the PH program.

    - Tarzana Treatment Centers: Faculty partner with TTC on numerous substance abuse and HIV/AIDS research grants to provide students and community members access to free rapid testing and alcohol counseling.

    - Homeless Healthcare Los Angeles: Each year the faculty and PH program in collaboration with the HSCI Department partner with Homeless Healthcare to host a holiday donation drive.

    - Harm Reduction Center Skid Row: Faculty evaluating an overdose prevention program as part of NIH grant - analyzing incident reports.

    - 3 WINS Fitness Program: Faculty and students partner with 3 WINS to conduct an evaluation that consists of a pre/post survey of participants in ten community parks.

3. Number of faculty-student service collaborations: The Public Health program defines faculty-student service collaboration as an experience by-which students work with faculty on community-based grants and projects to improve the health and behavior of select populations in the community. Over the past three years PH PIF have engaged in 16 collaborations. This has steadily increased as the PH program hired more faculty, and faculty have received internal and external grant funds.

6) Describe the role of service in decisions about faculty advancement.

In Section 600 (635.2) when describing the role of service in decisions about faculty advancement, it is noted that positive recognition shall be given to those faculty who help the University serve students and community members from underrepresented groups. Community service is noted as desirable for advancement in rank at each level of tenure-track positions.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- Faculty in the PH Program regularly engage in extramural service in the community, through various public/private cross-sector partnerships, as consultants, program evaluators, and health educators.
- PH Faculty frequently engage students on community based projects and partnerships.

Weaknesses/Improvement Plans:

- Faculty in the PH program will continue to retain, build and expand partnerships with outside organizations for extramural service.
- The program has not developed a way to track and assess student community service activities.
- Beginning Spring 2018 the MPH exit surveys have included specific questions to collect data on student community-service activities. Additionally, in Fall 2018 PH faculty will discuss how better to create sustainable opportunities for students to engage in service activities. Also in Fall 2018, the BSPH exit surveys will be updated to include specific questions to collect data on student community-service activities.

F1. Community Involvement in Program Evaluation and Assessment

The program engages constituents, including community stakeholders, alumni, employers and other relevant community partners. Stakeholders may include professionals in sectors other than health (eg, attorneys, architects, parks and recreation personnel).

Specifically, the program ensures that constituents provide regular feedback on its student outcomes, curriculum and overall planning processes, including the self-study process.

1) **Describe any formal structures for constituent input (eg, community advisory board, alumni association, etc.). List members and/or officers as applicable, with their credentials and professional affiliations.**

   Community involvement in the Public Health Program's evaluation and assessment is done through the Community Advisory Board (CAB) which consists of industry professionals, alumni, current students and faculty within the Department of Health Sciences. The primary functions of the CAB is to advise the governance of the program in terms of curricular needs, particularly around preparing graduates for the workforce and meeting their respective competencies.

   The current CAB consists of 15 members as outlined in Table F1.1. Membership on the CAB is done via invitation only and on a voluntary basis. All members of CAB have equal voting privileges and all inputs or suggestions are weighted equally. New members are recruited annually (i.e. Spring of each year) in order to gain new insights from current industry professionals and diversify the committee to align with the changing diversity of the field. Existing members are encouraged to continue serving on the CAB but are also reminded that their participation is strictly voluntary and that they may withdraw at anytime. Although the meetings are held on campus during the evenings where dinner is provided by the Health Sciences Department, CAB members are also told that they do not need to be in attendance at these meetings to participate in CAB. Inputs from CAB can be done via phone, emails or meetings outside the CAB meetings.

Table F1. List of CAB members.

Name	Job title/Professional affiliations
Frank Alvarez, MD	Area Health Officer Service Planning Area (SPA) 1 and 2 Los Angeles County Department of Public Health
LeeRoy Aquino, MPH	Project Manager Kaiser Permanente, Panorama City
Susan Cohen, MPH	Internship Coordinator Health Sciences Department CSU Northridge
Vicki Ebin, PhD, MPH	Professor Public Health Program CSU Northridge
Salazar Esparza, PhD	Associate Professor Health Administration Program CSU Northridge
Rei Johnson, MPH	Health Educator Los Angeles County Office of Education
Patty Kwan, PhD, MPH	Assistant Professor Public Health Program CSU Northridge
Sharon Merkins, PhD, MHS	Associate Researcher Division of Geriatrics David Geffen School of Medicine at UCLA
Bethany Rainisch, PhD, MPH	Associate Professor Public Health Program CSU Northridge
Jose Salazar, MPH	Director of Program Development Tarzana Treatment Center
Barbara Spratkes-Wilkins, PhD	Epidemiologist Ventura County Public Health
Stephen Updyke, MPH	CSUN MPH Alumni
Carla Valdez, MPH	Part-time Instructor Public Health Program CSU Northridge
Tanya Wicks, MPH	Senior Program Manager Perinatal Advisory Council: Leadership, Advocacy and Consultation
Sloane Burke Winkleman, PhD, MPH	Professor Public Health Program & Distance-based MPH Faculty Lead CSU Northridge

2) **Describe how the program engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.**

The CAB meets during the spring semester of every year. During each meeting, CAB members are provided with updates on the following items which are standard items across all years:

- Data on the current student body
- Data on admissions from the previous year (i.e. previous fall semester) and a forecast for the new cohort (i.e. upcoming fall semester)
- Graduation rates
- Addition of new courses or concentrations, if any
- Addition of new faculty, if any
- Revisions to existing courses, internship requirements, etc.
- Revisions to program policies and procedures, if any
- CEPH accreditation status and annual reports
- Announcement on continuing education opportunities, if any
- Updates on student clubs and activities (e.g. MPH student newsletter)

Additional items are also discussed on an as-needed basis. For example, during the Spring 2017 CAB meeting, members discussed availability of internship sites for the new MPH students in the Applied Epidemiology concentration. Since the concentration was new and only had the first cohort in Fall 2016, the list of internship sites specifically for students in this concentration was very limited. CAB members made suggestions as to potential sites and offered to make connections with their own contacts to help add to the list.

Each CAB meeting always end with a discussion of suggestions and inputs from CAB members. They are asked for their thoughts on the standard items as listed above plus any open comments. The open discussion tends to involve the current strengths and weaknesses of the program, how it can be improved for current and future students, feedback from employers as to the competencies of our graduates, etc.

After each meeting, minutes are emailed to all CAB members regardless of whether or not they were in attendance. Those who were not able to attend in person, may also comment on the minutes as needed. Beyond the formal CAB meetings during the spring of every year, CAB members provide feedback and input through informal methods such as emails, phone calls or in-person discussions. Many CAB members frequent the CSUN campus and have connections with student based clubs like MPHSA and HESO. Their involvement with the student body and faculty group allows for informal exchange of ideas which have also resulted in programmatic changes.

3) **Describe how the program's external partners contribute to the ongoing operations of the program. At a minimum, this discussion should include community engagement in the following:**

The CAB is involved in various ongoing operations of the program. CAB members assist in the development and assessment of various programmatic outcomes as outlined below.

a. **Development of the vision, mission, values, goals and evaluation measures**

The Public Health Program's full-time faculty are directly involved in developing the vision, mission, values, goals and objectives of the Program. These items are based on faculty experience in teaching, research and field work in the community. That being said, the CAB is indirectly involved in the development of the goals and objectives. based on their feedback of the program's curriculum, current students and graduates. The feedback and inputs obtained from CAB shape faculty's development of the goals and objectives.

b. **Development of the self-study document**

CAB members review data related to the self-study document and provide their input during each CAB meeting, as appropriate. The final self-study document is shared with CAB members who are asked for feedback and input.

c. Assessment of changing practice and research needs

Since the CAB is made up of public health professionals as well as faculty who conduct research, they provide input on the ever changing practice and research needs in the field.

d. Assessment of program graduates' ability to perform competencies in an employment setting

A number of CAB members are also internship preceptors who continually provide feedback to the program about graduates and success in student competencies while working in the field. A sample of the preceptor survey can be found in the ERF (ERF → F1 → 3. Preceptor Survey).

4) Provide documentation (eg, minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3.

Documentation in the form of CAB meeting minutes and the Preceptor survey provide examples of CAB's contribution to the points listed above are available in the ERF (ERF → F1 → 4. CAB Meeting Minutes and ERF → F1 → 3. Preceptor Survey).

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- Some CAB members are alumni of the CSUN MPH Program. Many graduated and have continued to work locally in surrounding communities where they continue to mentor current students, serving as internship preceptors, alumni chapter members and liaisons between current students and other industry professionals. Due to this high level of involvement, CAB members have a good understanding of the program and our students. In making suggestions and inputs on the program's governance, they do so partly from their own experiences and perspectives.
- Although many of our CAB members are affiliated with CSUN in some capacity (also noted as a potential weakness) and not completely external, they have worked with students from other public health programs and universities in the Los Angeles area and have a good sense of student needs and graduate competencies.
- CSUN's CAB consists of a diverse group of professionals representing different fields in public health and different stages of their careers. New graduates as well as current students are also part of CAB. Regardless of their experience or career paths, all CAB members' inputs are weighted equally.

Weaknesses/Improvement Plans:

- Affiliates of CSUN currently make up the majority of CAB members. Since CAB members are not completely external, inputs and suggestions on curriculum, policies and procedures may be biased.
- As of April 2018, we have expanded CAB memberships to include more individuals external to CSUN.
- Due to scheduling and time constraints, CAB only meets once per academic year and not all CAB members are available to attend.
- Beginning Fall 2018 we intend to hold one CAB meeting per semester or two total CAB meetings per academic year to allow members more opportunities to attend and provide their feedback in a face-to-face format.
- Additionally, beginning Spring 2019 we plan to provide more structured ways in which CAB members can provide feedback such as a distance-based questionnaire which can increase opportunities for members to provide additional feedback.

F2. Student Involvement in Community and Professional Service

Community and professional service opportunities, in addition to those used to satisfy Criterion D4, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

1) **Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate.**

   Public Health students are exposed to numerous opportunities to participate in community engagement and professional development. Students first learn about such activities through student organizations and associations, such as the Health Education Student Organization (HESO), the Master of Public Health Student Association (MPHSA), and Eta Sigma Gamma (ESG). Each Fall these organizations promote student membership and participation in activities via a department-wide listserv. Introductory club meetings discuss possible events to plan throughout the academic year, and students are encouraged to participate by faculty and peers.

   Students are also introduced to community engagement and professional development through their internship (HSCI 494 or HSCI 693A) and other core courses. During the internship course, students attend select class sessions focusing on resume essentials and interviewing skills, a preceptor panel, appropriate workplace behavior, speed mentoring, and HIPAA compliance. Select core courses promote student membership in, and attendance to, professional associations (i.e., APHA). Additionally, students are continuously exposed to community engagement opportunities and professional development through their interactions with faculty in class, during office hours, and on research projects.

2) **Provide examples of professional and community service opportunities in which public health students have participated in the last three years.**

   Below is a summary of community service opportunities in which Public Health Students have participated, separated by Organization/Association:

   MPHSA (Master of Public Health Student Association):

   - AIDS Walk: Each year MPH students, in collaboration with the undergraduate health education student organization (HESO), create a team, promote and support the AIDS walk.
   - CPR Training: This past year the MPH students hosted a CPR certification course through the American Heart Association.
   - Career Night: Each year the student association hosts a career night, where public health professionals and preceptors provide insight to graduate students on professions in Public Health, resume building, tips for success, and many more professional opportunities.
   - Ebola Information Session: The student association hosted an Ebola information session during the 2014-2016 Ebola in West Africa with expert epidemiologists to inform students and community members of important facts about the disease, describe prevention efforts and discuss common misconceptions that were being reported during the outbreak.
   - APHA Conference: Each year approximately several campus-based and distance-based MPH graduate students attend APHA to either present and poster, or actively learn about professional service and development opportunities.

   HESO (Health Education Student Organization):

   - Food Pantry: Each year the undergraduate organization hosts a food pantry to assist students in need of resources during finals week.
   - Toy Drive: The organization manages and hosts an annual toy drive during the December holidays to support low income families and provide joy to children in need.

   ESG (Eta Sigma Gamma):

- Family Health and Resource Fair: In November 2016, the Chapter provided comprehensive health information within the San Fernando Valley community.
- Meet Each Need with Dignity (MEND): For MEND's Christmas Program, during December 2016, members were involved in toy and food workshops; toy set-up and sorting; and toy distribution for families most in need for Christmas gifts.
- Joint Advocates on Disordered Eating (JADE): In February 2017, the Chapter helped to provide information on healthy eating during the National Eating Disorders Awareness Week.
- Sexual Health Event: During April 2018, members hosted a sexual health tabling event where sexual health information was provided; condoms (that members applied for and received) were offered; and interested students spun the sexual health wheel (that members created) and had the potential to win a price.
- Get Fruved Health Fair: Chapter participated in the Fair to increase awareness about the health benefits of fruits and vegetables.

Distance-based MPH students have participated in many of the events through MPHSA and ESG listed above. In addition, they have also participated in the following:

- Champions for Change Nutrition Education Community Event in Downtown LA, 2016.
- CSUN HHD/CAMINO 2015, 2016, 2017, 2018 Family Campus Day which connects MPH and other HHD graduate students with campus resources specific for graduate students such as the career center, writing center, student health center, graduate studies, etc.
- The Free UCLA Kaiser Permanente Center for Health Equity Conference focused on reducing Health Disparities in incidence, prevalence, mortality and burden of disease, 2015, 2016, 2017. This free event takes place in downtown LA each year.
- National Institutes of Health (NIH) Hispanic-Serving Health Professions Schools (HSHPS) workshop in Washington DC
- Obesity and Chronic Disease in San Francisco, July 5-8, 2018.
- SOPHE scholarship-funded Advocacy Summit attendance in 2018.
- We are proud to share that MPH Distance-Based Student from Cohort 2, Angela Oakley, received recognition from NCHEC as high scorer on the National CHES exam in April, 2018. Her story is featured on NCHEC's website.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- The Public Health program has a robust offering of student organizations and associations to provide students with opportunities for community engagement.
- Students are introduced and exposed to professional service and community engagement opportunities through continuous coursework, the internship, and interaction with faculty.
- Students are also encouraged to attend the annual Public Health Association conference each Fall, submit abstracts, and seek funding from CSUN's Associated Students.

Weaknesses/Improvement Plans:

- Though student associations and organizations promote community engagement activities, such occurrences are not consistent, and may have low response. For example, most MPHSA events are in the evenings due to work and course schedules. This often leads to low attendance and possible cancellation of events.
- CSUN is considered a commuter university, whereby many students commute to campus and leave once classes are completed. This typical student schedule makes it challenging to schedule community service activities.
- Starting Fall 2018 faculty advisors will recommend student organizations plan at least one event a semester in the evenings or on the weekends to allow all students an opportunity to attend. The student organization/association will also develop a master event calendar at the start of the academic year. This calendar will hopefully promote community engagement events early and frequently in order for students to participate.

F3. Assessment of the Community's Professional Development Needs

The program periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities.

1) **Define the program's professional community or communities of interest and the rationale for this choice.**

   The Public Health Program at CSUN is located in the San Fernando Valley, which is the largest service planning area (SPA) of Los Angeles County (over 2.2 million people). The professional communities of interest to our program are mainly located within this SPA. Such communities include local public health entities, hospitals and other healthcare facilities, public health government agencies, non-profit and private health organizations, and other service organizations. Additional professional communities may also be located outside of our local SPA, such as within nearby Ventura and Santa Clarita Valley, as well as within other Los Angeles County SPAs. The rationale for these professional communities is in accord with the student population that lives and attends our Public Health Program; and the opportunities for students to intern and work among these professional communities.

   In addition to the above professional communities, we also assessed professional development through the following secondary sources: (1) The National Center for Education Statistics' (NCES) Integrated Postsecondary Education Data System (IPEDS); (2) U.S. Bureau of Labor Statistics (BLS); (3) Eduventures' proprietary program database of 100 of the most distance-based-active institutions nationally; and (4) Professional association websites such as the Council on Education in Public Health (CEPH) and Association of Schools of Public Health (ASPH). These sources were identified as part of a nation-wide evaluation of current public-health related job trends and career opportunities for recent public health graduates.

2) **Describe how the school or program periodically assesses the professional development needs of its priority community or communities, and provide summary results of these assessments. Describe how often assessment occurs.**

   Besides providing recommendations and advice on the governance of the MPH program in terms of curricular and student needs, members of the MPH Community Advisory Board (CAB) also serve as representatives of the professional community in and around CSUN. As representatives of the professional community, CAB members provide input on their and their peers' professional development needs. Such needs have included continuing education in technology, applied practice skills, and qualitative and quantitative data analysis using specific software platforms. Additionally, the Public Health program consistently and regularly communicates with our internship preceptors and supervisors who provide feedback on the professional development needs of our students, which also is a good representation of the needs of emerging public health professionals in our area.

   In addition to the assessment of community preceptors, the Public Health program sought the assistance of a higher education research consultant known as Eduventures to complete a national market assessment of MPH programs (both traditional in class and online) in December of 2011. The results of this market analysis guided our initiative to implement both a distance-based MPH program that launched in August of 2014 and an Applied Epidemiology track within our traditional campus-based MPH program in 2015 (ERF → F3 → 2. Eduventures). The results of this market assessment confirmed a distance-based, accredited program would be well received in Southern California in addition to a new track in Applied Epidemiology.

3) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

   <u>Strengths</u>:

   - The Community Advisory Board (CAB) meets each year to further receive input from community professionals regarding the needs of the community and how CSUN's Public Health program can best meet these needs.
   - Preceptors and supervisors within the local community regularly provide feedback on the professional development needs of students.

Weaknesses/Improvement Plans:

- Although CAB members and internship preceptors and supervisors' inputs have been used as a proxy for development needs of the professional community in and around our area, no direct assessments have been conducted specifically among the professional community.
- While the market research report conducted by Eduventures was essential in identifying public-health related job trends and career opportunities for recent public health graduates, the report was conducted back in 2011. It is uncertain whether this report will be repeated to determine whether the public health profession and job trends have changed.
- The preceptor survey does not obtain feedback regarding the professional development needs of the community. Beginning Fall 2018, the internship coordinator in collaboration with the Program Director and Graduate Coordinators will implement a yearly preceptor survey aimed at gathering such data.
- We plan to continue the yearly assessment of community preceptors, and hope to sustain a market research report every 10 years to identify changes in the profession and job trends.

F4. Delivery of Professional Development Opportunities for the Workforce

The program advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

1) **Describe the program's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3.**

   Each year the Public Health Program strives to partner with prominent community organizations, campus departments, Institutes and Centers to provide professional development activities. The planning and implementation of such professional development activities on CSUN's campus are managed by the organizing body conceptualizing such events in collaboration with the Public Health Program. For example, events may be hosted by select campus departments, while others are coordinated through interdisciplinary campus grants. Once event dates are solidified, promotion, recruitment, and incorporation of public health themes occur in collaboration with the Public Health program.

   Each year select events focus on salient public health topics, such as: nutrition public policy, breastfeeding awareness, and LGBT cultural competence. Events are often recommended by community preceptors in response to the growing need for skills and professional development within SPA2. Faculty and Public Health students are encouraged to contribute and participate in such events. Public Health community partners and alumni are also consulted and invited to attend the events.

2) **Provide two to three examples of education/training activities offered by the program in the last three years in response to community-identified needs. For each activity, include the number of external participants served (ie, individuals who are not faculty or students at the institution that houses the program).**

   Each year since 2015 we support, along with the Department of Nutrition and Dietetics and Magaram Center for Food Science, Nutrition, and Dietetics and other campus and community partners, a Nutrition and Health Public Policy Forum with keynote speakers, assembly members, and attendees. The annual event is in response to the need for Latino populations within SPA2 to improve healthy eating habits to reduce obesity and type II diabetes. Close to 300 community attendees each year. The event serves to update the community on current health policies and bills while showcasing student and community partner's public policy efforts related to health, nutrition, and obesity prevention (ERF → F4 → 2. Events → Public Policy Event).

   In 2016, we supported a lactation education seminar, Microbial to Global: Why Breastfeeding Matters. This event was in response to below average breastfeeding rates in SPA2 among Latina, and the significant benefits breastfeeding has on maternal and child health. The day-long event in August was attended by over 100 community members seeking continuing education or professional development to become a lactation educator or current lactation consultants. Our CAMINO grant provided a stipend for 20 of our MPH graduate students to attend (ERF → F4 → 2. Events → Microbial to Global Brochure).

   In 2015 our department hosted an LGBT Cultural Competence training for public health professionals. This event was in response to the growing LGBT population on campus and within the surrounding SPA2 community. Five community partners also supported this initiative along with our Public Health Alumni Chapter and MPHSA graduate student group. Students were also welcomed to attend. CHES units were provided by Perinatal Advisory Council/Leadership Advocacy and Consultation and Licensed Clinical Social Work units were provided by CSUN's MSW program. The half day training included LGBT health disparities, the importance of terminology and signage, ending with best practices in LGBT care. Over 100 people attended.

3) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

   <u>Strengths</u>:

- Professional education activities are provided yearly to students and community members on various public-health related topics.
- Events are coordinated in collaboration with campus and community partners, Centers, and departments.

Weaknesses/Improvement Plans:

- Over the past three years the Public Health program has hosted only one event.
- Beginning Spring 2018 we initiated a yearly brainstorming session with input from CAB, Public Health faculty, and the Health Sciences department on salient public health topics that can provide students and community professionals with much needed career development.

G1. Diversity and Cultural Competence

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical under-representation, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status. This list is not intended to be exhaustive.

Cultural competence, in this criterion's context, refers to competencies for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite competencies include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences, especially as these differences may vary from the program's dominant culture. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the competencies for recognizing and adapting to cultural differences and being conscious of these differences in the program's scholarship and/or community engagement.

1) **List the program's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the program; and describe the process used to define the priority population(s). These populations must include both faculty and students and may include staff, if appropriate. Populations may differ among these groups.**

   CSUN as a University is leading diversity-themed change in an intentional manner. In addition to our proud designations as a HSI (Hispanic Serving Institution) and AANAPISI (Asian American, Native American, and Pacific Islander Serving Institution), we continually seek opportunities to sustain diversity and to forge pathways for access and cross-divisional collaboration in support of inclusion. (*CSUN's Equity and Diversity)*

   The self-defined, priority underrepresented populations of the Public Health program at CSUN is based on the University definition of Traditionally Underserved Populations, which includes students who identify as African American, American Indian, Latino, and Pacific Islander. Additional underrepresented populations may include gender minorities.

   The Public Health program defines the priority underrepresented population of its faculty and staff in a similar way to that used for students described above.

2) **List the program's specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request 1.**

   The goals of the Public Health program are to:

   1. Sustain a diverse population of students and faculty, particularly from traditionally underserved groups and gender minorities;
   2. Provide students with a wealth of resources to support the persistence and ongoing success of the diverse student population;
   3. Utilize a holistic admissions process to admit students from traditionally underserved groups;
   4. Provide equal opportunities for all faculty applicants for the Public Health Program.

3) **List the actions and strategies identified to advance the goals defined in documentation request 2, and describe the process used to define the actions and strategies. The process may include collection and/or analysis of school- or program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies.**

   1. To assess the distribution of diverse populations among the student body, the university collects data on a variety of demographic characteristics by program, for both enrolled undergraduate and graduate students. This data is publicly accessible through the CSUN Counts website.

   2. In an effort to support the persistence and ongoing success of the diverse student population, students in both undergraduate and graduate programs in public health have the opportunity to take advantage of many of the diversity initiatives on campus as part of the CSUN community, designed to increase representation and/or support the persistence and ongoing success of a variety of populations. *CSUN Diversity Initiatives*

- The Educational Opportunity Programs (EOP) at California State University, Northridge designs, administers, and supports programs that deliver access and retention services to CSUN students. EOP provides services to historically low-income, historically educationally disadvantaged, first-generation college students; a population that not only reflects the diversity of CSUN's feeder communities but also the diversity of the University itself.

- The Pride Center supports lesbian, gay, bisexual, transgender, queer (LGBTQ) and questioning students, faculty and staff through programming and educational outreach to improve the campus climate for LGBTQ individuals as well as advocate for the respect and safety of all members of the campus community.

- The Veterans Resource Center (VRC) exists to assist CSUN students as they transition from military service to academic success. The VRC promotes the academic, personal and professional development of student veterans and their dependents through supportive services, resources and community building events.

- National Center on Deafness exists as a nationally known leader in providing educational support and services for deaf and hard of hearing students educated in a mainstream university environment that serves hearing and non-hearing students.

- International and Exchange Student Center – CSUN enrolls the largest number of international students attending a public comprehensive university. The primary interest in this area of enrollment focus is to provide a diverse global perspective to the educational experiences of our domestic students. The Student Panels for an International Curriculum and Education (SPICE) provides an opportunity for international students to visit classrooms to provide information about the background and cultures of the student presenters.

- The Associated Students provides funding to support numerous student clubs and organizations, some of which provide opportunities for identity and leadership development, collaboration with other diverse organizations, and the creation of a welcoming experience outside of the classroom. Clubs such as the Armenian Student Association, Black Student Union, Central American United Student Alliance, Chabad Jewish Student Center, Filipino American Student Association, MEChA, Muslim Student Association, and the Vietnamese Student Association illustrate the diverse communities of students who are supported at CSUN.

- Several of our undergraduate students have been involved as research scholars in the BUILD PODER (Building Infrastructure Leading to Diversity (BUILD) Promoting Opportunities for Diversity in Education and Research (PODER)) program on campus. BUILD PODER is an undergraduate biomedical research training program at California State University, Northridge established in 2014 through a $22 million BUILD initiative grant from the National Institutes of Health (NIH), housed under the National Institute of General Medical Sciences (NIGMS). The goal of the BUILD initiative is to diversify the NIH's research workforce by engaging and retaining students from diverse backgrounds in biomedical research, potentially putting them on a pathway to become future NIH-funded researchers. BUILD supports diversity at student, faculty and institutional levels through innovative approaches to research skill building and training, mentorship, and institutional change. - *CSUN Build PODER*

- Many of our MPH students have had the opportunity to obtain research assistantship positions through the CAMINO grant, led by one of the public health program faculty, Dr. Sloane Burke. CAMINO is a five-year grant funded by the Department of Education. Its purpose is to provide graduate students in the College of Health and Human Development pathways to healthcare careers, with particular attention to the needs of low-income, first-generation, and Hispanic students. – *CAMINO; College of Health and Human Development*

3. As part of the USDE CAMINO grant requirements, a Holistic Admissions Taskforce was convened. . The Taskforce has members from each of the graduate programs throughout the College of Health and Human Development, to include the MPH program. The mission of the Holistic Admissions Task Force is to assess and evaluate current graduate admissions practices, benchmarking against peer institutions, cataloguing best practices, determining a potential set of common and department specific practices, and evaluating resource implications. The ultimate goal is to expand and broaden admissions standards beyond the narrow GPA and GRE scores with the hope of recruiting a diverse pool of students devoted to public health.

Former MPH Graduate Coordinator, Patty Kwan has been active on the taskforce: Spring 2016-current. She attends two meetings per semester. The MPH program has re-examined their admission practices and have redesigned some of their materials as a result of participation on the task force. Dr. Kwan also helped develop a survey that was administered university wide about holistic admission practices on campus, this survey is currently in progress and we hope that it helps to open up a dialogue campus wide on the importance that holistic admission/review plays in increasing diversity on our campus. Dr. Sloane Burke (as PD for the CAMINO grant) also serves on this committee and represents the distance-based MPH. The stateside and distance-based MPH program student applications are identical.

4. The University considers qualified applicants for employment without regard to race, color, religion, national origin, gender, gender identity/expression, sexual orientation, age, disability, genetic information, medical information, marital status, or veteran status. The Public Health program adheres to the University policies to promote diversity among faculty.

- From the CSUN Equity and Diversity Faculty Hiring site: We recognize that diversity is to be acknowledged, appreciated, encouraged, and embraced. Sustained, institutional diversity requires thoughtful and purposeful commitment from all administrators, faculty, staff and students. The Chief Diversity Office works with all facets of the university to help achieve the goal of creating a culture that respects and celebrates a community of individuals with an array of human qualities and varying personal and professional experience. Further description of the role of the Chief Diversity Office in the faculty hiring process is described on the Equity and Diversity Faculty Hiring site and the Manual of Procedures for Search and Screen Committees for Full-Time Faculty Positions.

- Included on both full time and part-time faculty position announcements is the following statement related to diversity: “CSUN is committed to achieving excellence through teaching, scholarship, learning and inclusion. Our values include a respect for all people, building partnerships with the community and the encouragement of innovation, experimentation and creativity. CSUN strives to cultivate a community in which a diverse population can learn and work in an atmosphere of civility and respect. CSUN is especially interested in candidates who make contributions to equity and inclusion in the pursuit of excellence for all members of the university community.”

- The PH Program also has strong connections to neighboring universities with doctoral programs. Whenever a search is conducted we ask for assistance in disseminating information regarding our faculty search. In addition to advertising the search at APHA, Chronicles of Higher Education and other electronic listings, all program faculty send the announcement through various listservs. We continue to have a diverse part-time faculty pool as well as a multicultural group of internship community preceptors.

5. As part recruitment efforts for the MPH program, each year at APHA beginning Fall 2018, a CSUN public health representative (faculty and/or student) will be distributing program recruitment material to the American Indian, Alaska Native and Native Hawaiian Caucus, the Asian & Pacific Islander Caucus for Public Health, the Black Caucus of Health Workers, the Latino Caucus, the Lesbian, Gay, Bisexual and Transgender Caucus of Public Health Professionals, the Men's Health Caucus, and the Women’s Caucus to increase the representation of traditionally underserved populations in the program.

4) List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them. The description addresses curricular requirements; assurance that students are exposed to faculty, staff, preceptors, guest lecturers and community agencies reflective of the diversity in their communities; and faculty and student scholarship and/or community engagement activities.

To help ensure that faculty can assist in the facilitation of a culturally competent environment, documentation is provided by CSUN’s Equity and Diversity office to help guide Search and Screen committees in the determination if prospective faculty demonstrate a commitment to diversity. This document can also be found in the ERF (ERF → G1 → 4. Faculty Search).

Public Health core courses also include topics on diversity and cultural competency. Courses such as Current Issues in Public Health (HSCI 345), Introduction to Health Education (HSCI 331), Public Health Program Planning (HSCI 441 and HSCI 531) and Evaluation (HSC 445), and Community Organizing (HSCI

437 and HSCI 538). Diverse community representatives and experts are also invited to guest lecture select topics in core courses. Additionally, our robust pool of lecturers and community preceptors demonstrates the program's commitment to cultural competence and diversity.

Faculty are involved in numerous research and service projects within diverse local and county communities. Students are encouraged to work with faculty on such projects and identify diverse internship sites within the community. Students also have opportunities for scholarships through CAMINO and BUILD PODER.

5) **Provide quantitative and qualitative data that document the program's approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s) defined in documentation request 1.**

CSUN is designated as a HSI (Hispanic Serving Institution) and AANAPISI (Asian American, Native American, and Pacific Islander Serving Institution), and thus the program takes a few approaches in increasing representation of the priority population. Below is quantitative data on student demographics. No qualitative data is available to present.

BSPH

Table G1.5.1. Demographics of Bachelor's Students in the Public Health Program

	2014		2015		2016		2017	
	Female	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**
African American*	87	8	95	12	92	17	86	15
American Indian*	0	0	1	0	0	0	0	0
Latino*	414	67	565	101	646	120	602	123
Pacific Islander*	2	0	1	1	0	1	0	1
Asian American	113	37	128	50	137	67	113	51
White	107	14	110	14	111	17	104	20
Multi-Race/Other	14	6	19	12	14	9	18	6
Unknown	13	2	26	7	20	3	21	2
International	4	0	3	1	7	1	3	2
Total	**754**	**134**	**948**	**198**	**1027**	**235**	**947**	**220**

*Designated as Traditionally Underserved
**Data retrieved from CSUN Counts

Table G1.5.2. Further Demographics of Bachelor's Students in the Public Health Program

	2014		2015		2016		2017	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Traditionally Underserved	578	65%	776	68%	876	69%	827	71%
Better Served	306	34%	366	32%	378	30%	335	29%
International	4	0%	4	0%	8	1%	5	0%

*Data retrieved from CSUN Counts

Table G1.5.3. Full-time/Part-time Status of Bachelor's Students in the Public Health Program

	2014	2015	2016	2017
Full-time Status	814	1034	1139	1063
Part-time Status	74	123	123	104
Total	888	1262	1262	1167

*Data retrieved from CSUN Counts

MPH

Table G1.5.4. Demographics of Campus-based MPH Students (CHE and AE Concentrations – Campus and Distance-based)

	2014		2015		2016		2017	
	Female	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**
African American*	17	4	19	2	11	1	13	1
American Indian*	0	0	0	0	0	0	0	0
Latino*	49	9	45	7	55	6	45	6
Pacific Islander*	0	0	1	0	1	0	1	0
Asian American	17	3	12	4	9	6	14	5
White	39	7	31	9	32	8	33	10
Multi-Race/ Other	1	0	0	0	1	4	1	5
Unknown	5	2	6	1	12	2	9	3
International	2	0	5	0	5	0	2	0
Total	**130**	**25**	**119**	**23**	**126**	**27**	**118**	**30**

*Designated as Traditionally Underserved

**Data retrieved from CSUN Counts

Table G1.5.5. Further Demographics of MPH Students (CHE and AE Concentrations – Campus and Distance-based)

	2014		2015		2016		2017	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Traditionally Underserved	79	51%	74	52%	74	48%	66	45%
Better Served	74	48%	63	44%	74	48%	80	54%
International	2	1%	5	4%	5	3%	2	1%
	155	100%	142	100%	153	100%	148	100%

*Data retrieved from CSUN Counts

Table G1.5.6. Full-time/Part-time Status of MPH Students (CHE and AE Concentrations – Campus and Distance-based)

	2014	2015	2016	2017
Full-time Status	108	101	108	112
Part-time Status	47	41	45	36
Total	155	142	153	148

*Data retrieved from CSUN Counts

The data provided by CSUN counts in tables G1.5.4, G1.5.5, and G1.5.6 include data for both the campus-based and distance-based MPH students.

6) **Provide student and faculty (and staff, if applicable) perceptions of the program's climate regarding diversity and cultural competence.**

Beginning Fall 2018, students completing exit surveys will report on the perceptions of the program's climate regarding diversity and cultural competence.

Public Health program faculty were surveyed Spring 2018 with a number of items adapted from the 2010 CSUN Campus-Wide Climate Survey for Students, Staff, and Faculty. On our Public Health faculty program survey, climate refers to: current attitudes, behaviors, and standards of employees and students concerning the access for, inclusion of, and level of respect for individual and group needs, abilities, and potential. Complete results from the Public Health faculty program diversity climate survey can be found in the ERF (ERF → G1 → 6. Climate Survey). In summary, the majority of PH faculty are comfortable with the climate of diversity at CSUN and within the PH program, and agree that the PH program supports an environment of cultural competence.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- As a Hispanic Serving Institution (HSI), CSUN is dedicated to advancing diversity and cultural competence at all levels.
- The Department of Health Sciences and the Public Health program are proud to support and sustain a diverse Faculty representative of the student body.
- The PH program has been sustaining and/or increasing the number of traditionally underserved students in the last 5 years among both the BSPH and MPH programs.
- Students have access to a wide range of strategies on campus to further support diversity and cultural competence including: educational opportunity programs, BUILD PODER and CAMINO grants, the Pride Center, Veterans Affairs Center, National Center on Deafness, and Associated Students.

Weaknesses/Improvement Plans:

- A campus climate diversity survey had not been administered to CSUN students since 2010. Earlier this year, in March 2018, CSUN administered a new campus climate survey to obtain student perceptions of diversity in the University. Data from this survey is not yet available. Additionally, there previously was no formal survey to obtain student perceptions of diversity in the Public Health program.
- Beginning Spring 2018, we surveyed students yearly regarding the Public Health program's climate of diversity and cultural competence via the exit survey; and also surveyed Public Health faculty – which we aim to do every 3 years.

H1. Academic Advising

The program provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the program's curricula and about specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

1) **Describe the program's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering.**

BSPH

Academic advising for undergraduate majors in public health is provided both through the Department of Health Sciences via the full-time public health faculty, as well as through the Student Services Center for the College of Health and Human Development.

General department advisement is provided through one of the full-time public health lecturers (Dr. Gretta Madjzoob) for both public health and health administration students in the Department of Health Sciences. Students with questions regarding appropriate course sequencing, change of major requests (transferring into the public health major), graduation requirements and releasing of holds related to registration can speak with the Department General Advisor via email or an in-person meeting.

Each of the 12 other full-time public health faculty members (not including the 2 public health faculty members who serve as Graduate Coordinators for the MPH program) serves as an advisor to undergraduate public health students as well. Students are assigned to advisors based on last name, with an approximately equal distribution of students assigned to each advisor (the Program Director is assigned 25% more students). Full-time public health faculty members are all familiar with the course sequencing and the requirements for the major (including GE requirements) and regularly complete graduation applications for students. Faculty responsibilities for advisement include providing recommendations regarding course sequencing, discussing course options with advisees, discussing a course scheduling plan towards graduation for students, removing student advisement holds placed each Fall and completing paperwork students require for graduation.

In addition to faculty advisement, undergraduate students may also receive advisement through the College of Health and Human Development's Student Services Center/Educational Opportunities Program (EOP). The HHD Student Services Center/EOP works in partnership with students in meeting their academic goals, and through holistic advisement facilitates success in the various disciplines represented in the college. Services offered through the HHD Student Services Center/EOP include academic advisement for freshman, transfer and continuing students; HHD freshman and transfer student orientation; specialized services for Educational Opportunity Program students; academic success workshops; personal support; peer advisement; and faculty mentoring. (CSUN Catalog) Additional information regarding the advising services offered by the Center can be found on the HHD Student Services Center/EOP website.

In addition to the advising opportunities above, additional information/documents are also included on the BSPH website including an Advisement Form and a Recommended Course Sequencing Form to assist students in planning their coursework throughout their time in the major. Both documents are included in the ERF (ERF → H1 → 3. BSPH).

MPH

Graduate academic advising is provided by two Graduate co-Coordinators throughout the academic year and the Summer months. Each Coordinator is assigned an even distribution of students based on last name, and provide at least six hours of office hours combined each week. Advisement is not distinguished by MPH concentration (Community Health Education or Applied Epidemiology). As many of our graduate students work full-time and/or have work-family responsibilities, advising is accomplished through a variety of modalities, such as walk-in office hours, appointments via phone, and video conference via Zoom. Midway through each Fall and Spring semester, students are advised on course registration, as well as completing select graduate advising forms as needed for the Office of Graduate Studies (course

substitution, classification requests, and course repeat forms). Registration advisement includes submitting a designated Advisement Form or Survey online and/or meeting with a Coordinator during office hours. Information collected via Advisement Forms/Surveys is used to determine class sizes, issue permission numbers, and ensure students are on track to graduate per MPH concentration course plan.

Campus-based graduate students also have access to a regularly updated MPH Advising Canvas site, which provides students with announcements and much needed resources. Examples of resources include: links to apply to job and internship opportunities, information for registering for CPH and CHES exams, MPH and Internship Handbooks, upcoming student events and graduation information, and many others.

General academic advising for students in the distance-based MPH program is provided through the Faculty Lead, Dr. Sloane Burke Winkelman. Dr. Burke Winkelman provides academic advising for all questions related to course content, sequence, internship, comp exams, career advisement, professional development (CHES, CPH), and graduation. Two Tseng staff members (see job titles in Section C2-2) also assist in the academic advising of distance-based MPH students. Tseng also has a financial aid advisor that provides services to all students in distance-based graduate programs offered through Tseng.

2) Explain how advisors are selected and oriented to their roles and responsibilities.

BSPH

All public health full-time faculty are given an even distribution of students as advisees based on last name (excluding the two Graduate Coordinators). Each of these faculty members are provided with mentorship on their roles as an advisor when they are hired, through the Department Chair, the Program Director, and other full-time PH faculty who are willing to serve as mentors in advising. New faculty will typically review the program requirements with the more senior faculty mentors and then will shadow the faculty mentors during advisement sessions.

In addition, there is documentation accessible online that has been developed by the University on how to access/read a student's degree progress report (DPR). New faculty are also given the documentation available to students regarding the recommended course sequencing and requirements in the program to use for reference.

MPH

Graduate advising is a designated responsibility of the Graduate Coordinator as indicated in the Health Sciences Bylaws. An informal orientation is provided by the Program Director and if possible, from the previous Graduate Coordinator. The majority of graduate advisor training is done on the job, with the help of the Office of Graduate Studies and input from program faculty. Training for the academic advisors in the distance-based program is provided by Tseng College.

The Tseng College has a designated Program Coordinator and Program Manager to oversee the distance learning MPH program with enrollment and administration. The Program Coordinator assists in enrollment and administrative advisement for all applicants and students of the program. Once an application is started, the Program Coordinator reaches out directly to each applicant to guide them through the process. This guidance continues for the duration of the program until culmination. The Program Coordinator and Program Manager are available via email, phone, and in-person for all MPH applicants and students for administrative support.

All academic advising (degree plans, graduation checks, course substitutions/credits, alternate degree plans, student issues, academic disqualifications, accreditation requirements, graduation and internship issues, etc.) for students in the distance-based MPH program is provided by the Faculty Lead per CSUN's Graduate Studies requirement. The Faculty Lead has close to 20 years of teaching and student advising experience in public health to include 17 years specific to distance learning, and 7 years specific to CSUN. In September, 2018 the distance-based program hired a part-time online MPH coordinator to assist the Faculty Lead with the many responsibilities of managing three concurrent online cohorts of approximately 100 students and supporting multiple faculty.

3) **Provide a sample of advising materials and resources, such as student handbooks and plans of study, that provide additional guidance to students.**

BSPH

Included in the ERF (ERF → H1 → 3. BSPH) are the following:

- BSPH Program Brochure
- BSPH Advisement Form
- BSPH Recommended Course Sequencing Form

Each of these documents can also be found on the BSPH Program website.

Additional information useful to students planning their coursework towards their degree can be found in the online University Catalog for the BSPH Program.

Campus-based MPH

Included in the ERF (ERF → H1 → 1. MPH) are the following:

- MPH Program Brochure
- MPH Info Sheet
- 2017-2018 MPH Handbook
- MPH Internship Handbook
- CSUN Graduate Student Handbook

Each of these documents can also be found on the MPH Program website.

Additional information useful to students planning their coursework towards their degree can be found in the online University Catalog for the MPH Program.

Distance-based MPH

The following links provide access to advising materials and resources that provide additional guidance to current and prospective students in the distance-based MPH program. Additional documentation is also listed in Section H5.

- Program Curriculum: https://tsengcollege.csun.edu/programs/MPH/curriculum
- Student Information: https://tsengcollege.csun.edu/studentinfo/currentstudents
- MPH Program Brochure: http://www.csun.edu/~exlinfo/brochure/mph/index.html
- About the Program: https://tsengcollege.csun.edu/programs/MPH

4) **Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable.**

BSPH

Table H1.4.1. BSPH Student Satisfaction with Academic Advising

n = 44	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
My faculty advisor was helpful in guiding me towards my degree.	4.55%	6.82%	6.82%	54.55%	27.27%
I was satisfied with my academic advising experience in the Public Health program.	4.55%	6.82%	9.09%	59.09%	20.45%

*Data from the BSPH alumni survey for graduates from the 2014-2015, 2015-2016 and 2016-2017 academic years.

MPH

Table H1.4.2. Campus-based MPH Student Satisfaction with Graduate Coordinator Academic Advising

How would you score your Graduate Coordinator's performance in the following areas?	Semester	Very poor	Poor	Average	Good	Outstanding	N/A
Understanding my academic goals.	Fall 2015 (n=5)	0.0% (0)	20.0% (1)	20.0% (1)	40.0% (2)	20.0% (1)	0.0% (0)
	Spring 2016 (n=16)	0.0% (0)	6.3% (1)	37.5% (6)	25.0% (4)	12.5% (2)	18.8 % (3)
	Fall 2016 (n=13)	0.0% (0)	0.0% (0)	7.7% (1)	46.2% (6)	46.2% (6)	0.0% (0)
	Spring 2017 (n=15)	6.7% (1)	6.7% (1)	6.7% (1)	40.0% (6)	40.0% (6)	0.0% (0)
Helping me to create a program geared toward my interests.	Fall 2015 (n=5)	20.0% (1)	0.0% (0)	20.0% (1)	40.0% (2)	20.0% (1)	0.0% (0)
	Spring 2016 (n=16)	6.3% (1)	18.8% (3)	37.5% (6)	12.5% (2)	12.5% (2)	12.5 % (2)
	Fall 2016 (n=13)	0.0% (0)	7.7% (1)	38.5% (5)	15.4% (2)	38.5% (5)	0.0% (0)
	Spring 2017 (n=15)	6.7% (1)	13.3% (2)	33.3% (5)	20.0% (3)	26.7% (4)	0.0% (0)
Effectiveness as an academic mentor.	Fall 2015 (n=5)	20.0% (1)	0.0% (0)	20.0% (1)	40.0% (2)	20.0% (1)	0.0% (0)
	Spring 2016 (n=16)	0.0% (0)	12.5% (2)	37.5% (6)	25.0% (4)	12.5% (2)	12.5 % (2)
	Fall 2016 (n=13)	0.0% (0)	0.0% (0)	15.4% (2)	46.2% (6)	38.5% (5)	0.0% (0)
	Spring 2017 (n=15)	6.7% (1)	20.0% (3)	0.0% (0)	40.0% (6)	33.3% (5)	0.0% (0)

*Data from the MPH Exit survey for graduates of the 2015-2016 and 2016-2017 academic years.

Data regarding academic advising satisfaction for the distance-based MPH program has not been previously collected. Data will be collected through the exit surveys in Spring 2018.

5) Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each.

BSPH

Undergraduate majors in public health have several opportunities for orientation to the program and the University.

First-time freshman are required to attend a New Student Orientation offered through the University. The New Student Orientation is a full-day event the university sets aside to prepare all its new students for the academic, cultural and social climate of California State University, Northridge. Throughout the orientation day, new students will be advised on appropriate steps to take in order to achieve academic success in and out of the classroom. Students will also get a chance to meet their peers, both fellow new students and

continuing CSUN students, who will offer help and suggestions to assist with a smooth transition into CSUN. (*Division of Student Affairs*)

The Public Health department has typically has workshops offered in the summer and during the academic year for transfer students to help orient them to the program requirements.

MPH

Each Summer the Health Sciences Department hosts a MPH Orientation for all incoming campus-based MPH students. Graduate Coordinators, along with assistance from the MPHSA board, conduct a two-hour orientation with an alumnus guest speaker, a student panel, internship coordinator, and a brief PowerPoint presentation on student expectations and program requirements. A number of Public Health faculty also attend to meet incoming students. During the orientation students are given a CSUN folder with Program and campus resources to help become acquainted with the University. A sample MPH Orientation presentation can be found in the ERF (ERF → H1 → 5. MPH Orientation Presentation).

For each entering distance-based MPH cohort, we conduct an online orientation session the first session of the program. This is a synchronous, live 1.5 hour session where students can ask any relevant questions about the program. This session is led by Dr. Burke Winkelman, with Tseng staff member Jesse Knepper attending to answer any relevant questions. Tseng tech support also attends and is able to provide any assistance for students new to technology.

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- The Public Health program provides ample advising to undergraduate and graduate students alike. Students are assigned a faculty advisor and office hours are clearly posted in numerous locations (online, department office, and faculty office doors).
- The majority of students agree that their faculty advisor was helpful and they are happy with the guidance they received from their faculty advisor.
- Students are well oriented to the University and Public Health program, either during New Student Orientation (for undergraduates) or the Summer MPH Orientation.

Weaknesses/Improvement Plans:

- There is no formal orientation process for Public Health faculty advising. Many faculty are advised on the job, which may lead to inconsistent information.
- To address the faculty advisor orientation process, we have tasked our department Collegiality Committee with obtaining faculty input and suggestions in Fall 2018.
- Each semester the Public Health program modifies its curriculum, causing advising materials to be in need of updating regularly. This task can often be delayed, impacting student advising and course scheduling.
- Starting August 2018, the Program Director and Graduate Coordinators plan to allocate one month during the Summer to update all Public Health program materials to reflect any changes to the curriculum. All updated materials will then be posted on the department website prior to the start of each Fall.
- Lastly, a full-time undergraduate student advisor for the department was recently hired mi-May 2018. It is our hope that this advisor will help provide consistent, accurate, and full-time advisement to Public Health students, as well as conduct advisement workshops and orientations during the Summer months.

H2. Career Advising

The program provides accessible and supportive career advising services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs and can provide appropriate career placement advice. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

The program provides such resources for both currently enrolled students and alumni. The program may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.

1) **Describe the program's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs.**

BSPH

Students are provided with career advising at both the Department and the University level.

At the Department level, career advising is provided primarily through students' assigned faculty advisors. Faculty advisors schedule consistent weekly office hours each semester, which students can utilize for questions about both their academic progress in the major, as well as questions on career options they are considering or career paths they are interested in exploring.

The Health Education Student Organization also holds workshops and events throughout the semester which brings public health professionals in to speak with students about various careers. Students also have the opportunity to ask questions regarding career planning to a series of public health professionals in the internship class (HSCI 494), where a scheduled session during the semester is a preceptor panel featuring public health professionals in a variety of fields.

At the University level, the University has a Career Center on campus. The Career Center at CSUN offers career exploration and advisement along with job-search strategies to students and eligible alumni. The Career Center offers career counseling and advisement, events, resume writing workshops, and includes job boards and electronic resources, where employers that want to hire CSUN students and graduates for jobs or internships can post. The Career Center also offers programs which engage students in the multidimensional process of career development and help them understand the factors that go into making plans for their future work life. Each program has a wealth of resources, events and activities to effectively assist students in advancing on their career path (*CSUN Career Center*). A further description of Career Center programs can be found on the Career Center Programs website. A full listing of programs, events, trainings/workshops and services offered to students through the Career Center can be found on the main page of the Career Center.

MPH

Graduate Coordinators and Public Health Program faculty provide career mentorship as needed to students who seek such advising. Faculty responsibilities as indicated by the Announcement for Faculty Hire include mentorship and advising to students. Students in the Applied Epidemiology concentration tend to seek career advisement from those faculty specializing in Epidemiology and/or Biostatistics, while students within the Community Health Education concentration seek mentorship from similar faculty. The MPHSA also hosts a graduate career night each year, open to all MPH students (both campus- and distance-based), inviting professionals and preceptors from the community to speak with students about public health-related job opportunities. Additionally, all MPH graduate students have access to the online "Job Opportunities" website where position announcements, fellowship, and internship opportunities are posted.

2) **Explain how individuals providing career advising are selected and oriented to their roles and responsibilities.**

Faculty provide students with career guidance based on academic, research, and community experience. Monthly program and department meetings also provide faculty a learning environment for discussions and tips pertaining to career mentorship with students.

3) **Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating.**

Career Center: Over the past three years, approximately 100 BSPH students have received career advising at the CSUN Career Center. As stated above, the Career Center offers assistance to students at various stages in career development, as well as alumni access to job opportunities.

Internship Course: All Public Health students are exposed to career development during their internship course (HSCI 494 or HSCI 693A). Select in-class sessions discuss resume building and workplace professionalism, and provide students an opportunity to learn from preceptors during a panel discussion. Each semester an average of 270 BSPH students enroll in the internship course (9 sections of 30 students each) and approximately 25 MPH students enroll in the graduate field experience.

Public Health Job Opportunities: Three years ago the Health Sciences department included a separate "Job Opportunities" tab on the department website available for all students and alumni to access. Job, fellowship, and internship opportunities are updated regularly as received by Public Health program faculty.

For the distance-based MPH students, Dr. Burke Winkelman provided resume feedback and revisions for three Cohort 1 alumni, as well as detailed job interview advice and mock-interviews for two alumni from Cohort 2.

While there is no formal career advising provided to alumni, graduates of the BSPH and MPH programs often return to campus to seek career advising with faculty, as well as gain assistance in applying to graduate and doctoral programs through letters of recommendation. CSUN public health alumni often attend APHA and receive career advising through networking events and other colleague meetings. Additionally, the HSCI alumni chapter occasionally hosts a career event open to all HSCI students and alumni (ERF → H2 → 3. Alumni Career Event).

4) **Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings.**

BSPH

Table H2.4.1 BSPH Student Satisfaction with Career Advising

n = 44	Year of graduation	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	N/A
I was satisfied with my career advising experience in the Public Health program.	Fall '14-Summer '15 (n=9)	0.0% (0)	0.0% (0)	33.3% (3)	22.2% (2)	22.2% (2)	22.2% (2)
	Fall '15-Summer '16 (n=11)	0.0% (0)	18.2% (2)	36.4% (4)	27.3% (3)	9.1% (1)	9.1% (1)
	Fall '16-Summer '17 (n=24)	8.3% (2)	16.7% (4)	25.0% (6)	29.2% (7)	12.5% (3)	8.3% (2)

*Data from the BSPH Alumni Survey for graduates from the 2014-2015, 2015-2016 and 2016-2017 academic years.

MPH

Table H2.4.2 Campus-based MPH Student Satisfaction with Graduate Coordinator Career Advising

How would you score your Graduate Coordinator's performance in the following areas?	Semester	Very poor	Poor	Average	Good	Outstanding	N/A
Effectiveness as a career mentor.	Fall 2015 (n=5)	20.0% (1)	0.0% (0)	20.0% (1)	60.0% (3)	0.0% (0)	0.0% (0)
	Spring 2016 (n=16)	6.3% (1)	18.8% (3)	18.8% (3)	25.0% (4)	6.3% (1)	25.0% (4)
	Fall 2016 (n=13)	0.0% (0)	0.0% (0)	23.1% (3)	53.9% (7)	23.1% (3)	0.0% (0)
	Spring 2017 (n=15)	6.7% (1)	20.0% (3)	26.7% (4)	26.7% (4)	20.0% (3)	0.0% (0)

*Data from the MPH Exit survey for graduates of the 2015-2016 and 2016-2017 academic years.

Table H2.4.3 Campus-based MPH Student Perceptions of Faculty Accessibility for Mentorship

		Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
MPH faculty were accessible (for mentorship).	Fall 2015 (n=5)	0.0% (0)	0.0% (0)	20.0% (1)	60.0% (3)	20.0% (1)
	Spring 2016 (n=16)	0.0% (0)	25.0% (4)	25.0% (4)	37.5% (6)	12.5% (2)
	Fall 2016 (n=13)	0.0% (0)	0.0% (0)	15.4% (2)	30.8% (4)	53.9% (7)
	Spring 2017 (n=15)	0.0% (0)	6.7% (1)	13.3% (2)	53.3% (8)	26.7% (4)

*Data from the MPH Exit survey for graduates of the 2015-2016 and 2016-2017 academic years.

Data on distance-based career advising and mentorship has not been previously collected. Data will be collected through the exit survey beginning Spring 2018.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- Students have access to career advising at the Program and University levels.
- Student organizations and the Internship course also hold career panels and speed mentoring events each semester.
- A new "Job Opportunities" site has been added to the department website, enabling students and alumni access to jobs, internships, and fellowships as they become known.

Weaknesses/Improvement Plans:

- There is no formal career advisor for the Public Health program, thus students seek informal career mentorship through faculty with similar interests.
- Students report mixed satisfaction with their career advising experience in the program.

- Faculty are not formally oriented to career advising, and mainly mentor students based on personal experience. To improve upon this orientation process, we have tasked our department Collegiality Committee with obtaining faculty input and suggestions beginning Fall 2018.
- Beginning Spring 2019, the Program Director and Graduate Coordinators plan to update Program advising materials and the website to include brief information about where students can access and locate career advising materials.
- For the distance-based MPH program, Dr. Burke Winkelman plans to expand to provide a summer career advising online webinar seminar for two hours each summer for all current students and alumni. The first session will be held in October 2018, delayed from the previous summer. A survey will be administered after each session.

H3. Student Complaint Procedures

The program enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to program officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

1) **Describe the procedures by which students may communicate any formal complaints and/or grievances to program officials, and about how these procedures are publicized.**

   According to the University Catalog: "Academic grievances may be filed when a student feels aggrieved in (non-grade) matters concerning an academic decision, action or judgment by a faculty member. A grade appeal may be filed when a student believes a grade is based on error, violation of University rule or policy, refusal by the instructor to report a grade, discrimination or other improper conduct toward the student. Grade appeals based wholly or in part on a subjective or qualitative judgment of an instructor will not be considered by the Board."

   https://catalog.csun.edu/policies/academic-grievances-and-grade-appeals/

   Formal complaints are typically brought to the attention of the Public Health Program Director and/or Graduate Coordinator, and then communicated to the Department Chair. If mediation is unsuccessful, the student is advised to submit a formal grievance using the Academic Grievance and Grade Appeal Form (ERF → H3) as provided online through CSUN Student Affairs.

   All students can readily access the grievance and complaint procedures via the online CSUN catalog, as well as through the CSUN Student Affairs website. Additionally, the MPH Student Handbook has a clear section on "Academic Grievances and Grade Appeals" that informs students of the procedures.

2) **Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal.**

   The steps for filing a complaint or grievance are described in the online video Academic Grievance and Grade Appeals and through the Academic Grievance Procedures document (ERF → H3).

   The student first completes an Academic Grievance and Grade Appeal Complaint Form. The faculty member under complaint is then forwarded the form and given an opportunity to respond within 10 academic days. The faculty response is then forwarded to the student who has 10 academic days to either accept the faculty response, or request the complaint be considered by the college. If the student requests further consideration, the department chair and college Dean receive a copy of the complaint. The Dean will attempt to propose a solution and arrange a meeting between all parties involved. After the meeting, the Dean has 5 academic days to respond to the student complaint. The Dean's response is then forwarded to the student who then has 10 academic days to either accept the Dean's response, or request the complaint be considered by the Board. If forwarded on, the Board completes an investigation and determines whether the grievance/appeal has merit; which leads to a hearing with the student, faculty member involved, and three Board members on a panel. During the hearing the student and faculty are asked to testify separately and present any witnesses. The panel deliberates, makes a final decision to the Board, and all parties are informed of the outcome.

3) **List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution.**

   No student grievances have been submitted in the past three years. However, a number of grade appeals have been submitted and are listed below. Please note that student names have been removed for anonymity.

Student #	Date	Grade Appeal Status
Student #10	5/23/2017	Terminated by Student (8/31/17)
Student #9	5/26/2017	Resolved at Faculty Level - Grade Change (9/8/17)
Student #8	5/26/2016	Resolved at Department Chair level - Grade Change Completed (9/9/16)
Student #7	5/27/2016	Dismissed for lack of merit after Hearing - No Grade Change
Student #6	6/16/2016	Terminated by Student - Grade Change Exception by Associate Dean
Student #5	8/18/2016	Returned for improper filing
Student #4	11/21/2016	Dismissed for Lack of Merit after Preliminary Investigation (10/10/16)
Student #3	1/3/2017	Returned for improper filing
Student #2	4/22/2015	Dismissed for Lack of Merit after Preliminary Investigation
Student #1	5/27/2015	Returned for improper filing (grade was reported)

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- The University has established, well-defined policies and procedures for student complaints and academic grievances. There are formal procedures in place which help to ensure students have a mechanism of voicing any concerns; and any concerns that arise are handled in a fair manner.
- The MPH Handbook provides graduate students with information on grievances and grade appeals.

Weaknesses/Improvement Plans:

- Some students are unaware of the grievance process and may not know where to locate specific grievance forms.
- In some cases, students bypass the Graduate Coordinators and Program Director to speak directly with the Department Chair. This can escalate a potential grievance and make it difficult for mediation and/or a solution to be met.
- Beginning Spring 2019, we plan to include clear language on the Public Health website informing students how to access the grievance forms and the procedure under which such forms might be submitted.

H4. Student Recruitment and Admissions

The program implements 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.

1) **Describe the program's recruitment activities. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.**

BSPH

The CSUN Student Outreach and Recruitment (SOAR) website provides outreach, recruitment and informational services primarily to secondary school and community college students. SOAR serves as the clearinghouse for all prospective student inquiries and is home to Guest Relations and Campus Tours, Student Marketing & Communications, TRIO programs Upward Bound and Educational Talent Search, Community and Academic Partnerships, and Testing. Those interested in applying to CSUN can also request information, make an appointment to see a SOAR counselor, and utilize the prospective student portal for more details.

Prospective students specifically interested in the BSPH program may also view our Public Health Pathways video. This video provides current and prospective students with insight to the BSPH degree career opportunities, and the multidisciplinary scope of the BSPH program. Additionally, the BSPH program website is home to numerous informational links to brochures, course requirements, career opportunities, and recommended course sequences.

MPH

Campus-based

The Department of Graduate Studies is mainly responsible for the MPH program's recruitment activities. CSUN representatives attend numerous and diverse recruitment events in the Southern California area via tabling and booths. During these events, the CSUN representatives provide prospective students with MPH program brochures and collect necessary contact information. In addition to offsite graduate recruitment events, the department of Graduate Studies hosts the Advancement to Graduate Education Conference (AGE) each Fall. AGE is a free conference for CSUN students to learn how to successfully apply to graduate school with workshops on finance, professional networking, and keys to success, among others. Campus graduate programs are invited to attend AGE and given a table to provide program marketing materials to attendees.

Additionally, the MPH program website provides links to our Brochure and Info Sheet. Each Fall the Graduate Coordinators hold a live information session webinar for prospective students via Zoom to discuss program features, admissions requirements, and address FAQs. The webinar is advertised on the MPH website; announcements are sent throughout campus, as well as to other Public Health programs/departments across the CSU system. Our mph@csun.edu email is also monitored regularly for prospective student inquiries.

Distance-based

- **Marketing**: A marketing campaign is developed every year to reach out to prospective applicants, with input from both the academic and program management teams. This includes buying ad spots with outlets that are determined by our marketing team to have the largest reach to our target prospective student population and mass mailings to relevant organizations.

- **Outreach**: The academic and program management teams hold information sessions throughout the recruitment and application cycle to encourage the submission of qualified applications and answer any questions that prospective applicants may have concerning the program and application process. Education fairs, career fairs, and industry-relevant conferences are also attended when those opportunities are made available.

- **Recruitment**: Prospective applicants who have inquired about the online MPH are assigned a recruitment specialist, and are contacted as part of a coordinated communication plan, utilizing a customer relationship management platform. Outreach to these prospective applicants is conducted via email and telephone.

2) Provide a statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each. Schools should discuss only public health degree offerings.

BSPH

Undergraduate admissions are managed by the Office of Admissions and Records. To be considered for admission as a first-time freshman, applicants must meet all the standard CSU admission criteria as listed on the admissions website. Such criteria include a high school diploma or equivalent, college preparatory course requirements, SAT or ACT, and qualify through the CSU eligibility index. Application and document deadlines are also found on the admissions website. Once admitted, applicants must confirm Intent to Register by the listed deadline. Admission is provisional until all eligibility requirements and deadlines have been met. Applicants may appeal if their application for admission was denied or their offer of provisional admission was withdrawn. Transfer student admissions follows a similar procedure and can be found on the transfer student admissions website. Admissions and records also provides detailed procedures on applying for international and veteran applicants.

MPH

Campus-based

Admissions policies and procedures are accomplished in cooperation with CSUN Graduate Studies and the MPH program. The MPH website provides detailed information on how to apply via the Admissions Process site. All applications are fully online. Applications are accepted for Fall admission only, and admissions open every October. In the past two years, the MPH program has designated a priory application deadline of December 1; encouraging applicants to submit materials early to ensure timely receipt of all required documentation and priority review. Applicants are encouraged to use the MPH Checklist (ERF→ H4) when applying. The checklist outlines specific steps and requirements for applying. Students may apply to only one MPH concentration, Community Health Education or Applied Epidemiology.

Steps to apply include:

1. Complete the online CSU Graduate Admissions Application from the University admissions and Records Office. This is known as CalState Apply.
2. Send official transcripts to the Office of Admissions and Records. If necessary, send GRE and/or TOEFL scores. GRE scores are required for those applicants with less than a 3.0 overall GPA, or 3.2 GPA for their last 60 units. TOEFL is required for international students who do not have a bachelor's degree from an accredited U.S. university.
3. Create a separate account on ApplyWeb for the MPH-specific application. Upload the following to ApplyWeb: statement of purpose, unofficial transcripts, CV/resume, and three letters of recommendation (a secured link is sent directly to each recommender). Helpful hints are also provided in the MPH Checklist to assist applicants in writing a competitive personal statement.

Review of applications occurs on a rolling basis, with priority deadline applications reviewed first. The MPH Admissions Committees (Community Health Education and Applied Epidemiology, respectively) are each comprised of three Public Health PIF and one PIF alternate. Each electronic application is reviewed and scored using a designated score sheet by two committee members independently. The Committee utilizes a holistic admissions process based on the following criteria:

- Overall GPA;
- GRE scores for applicants with an undergraduate GPA less than 3.0;
- Work experience in either health education or a related health field;
- Three letters of recommendation; and
- Statement of purpose.

Reviewer scores are averaged and applicant scores are identified as Accept, Waitlist, or Deny. Score discrepancies prompt the alternate reviewer as needed.

Distance-based

The process for admission for distance based students is the same as for the on-campus students. Review of applications occurs on a rolling basis, with priority deadline applications reviewed first. The MPH Admissions Committee (distance-based Community Health Education) is comprised of three Public Health PIF. Each application is reviewed and scored using a designated score sheet by two committee members independently. The Committee utilizes a holistic admissions process based on the following criteria:

- Overall GPA;
- GRE scores for applicants with an undergraduate GPA less than 3.0;
- Work experience in either health education or a related health field;
- Three letters of recommendation; and
- Statement of purpose.

Reviewer scores are averaged and applicant scores are identified as Accept, Waitlist, or Deny. Although there are only two faculty reviewers for the distance-based program currently, the academic department has now convened a committee of at least 3 MPH faculty (Doctors Emetu, Spear, and Troncoso Sawyer) to assist in the process moving forward.

Test Name and Website	**Minimum Score Required for Graduate Students**
TOEFL - Test of English as a Foreign Language	• Internet Based score: 79 • Paper-based score: 550
IELTS - International English Language Test System	6.5 or higher
PTE Academic - Pearson's Test of English	58 or higher

Exception: If a graduate applicant has earned a bachelor's or master's degree from a college or university in the U.S., the TOEFL or other English language proficiency exam is not required.

If a graduate applicant has earned a bachelor's or master's degree from a college or university outside of the U.S. where English is the principal language of instruction, the TOEFL or other English language proficiency exam is not required. Please note:

- CSUN interprets "where English is the principal language of instruction" to mean that a school is located in a country where English is the daily medium of communication for the majority of residents, and that students receive academic instruction in English at all levels of education.

- Countries currently meeting the above requirement are: Australia, Belize, Canada, England, Ireland, New Zealand, Northern Ireland, Scotland, and Wales, plus a few nations in the Commonwealth Caribbean (Antigua and Barbuda, the Bahamas, the Cayman Islands, and Trinidad and Tobago).

To successfully apply to the online MPH program at CSUN, applicants will need to submit an online application that includes a personal statement and resume along with the application fee. In addition to the online application, three letters of recommendation (two from current or former professors and one from an employer preferred) and official transcripts from all higher education academic institutions attended will be mailed to physical mailing address provided on program's website.

The program management team is responsible for following up with applicants for outstanding application items. Once an online application is submitted, the program management team engages applicants via email and telephone to provide application support and guidance in an effort to ensure that outstanding application items are submitted and received by the application deadline. Once an application file is completed, it is forwarded by the program management team to the academic lead for an admission decision.

3) **Select at least one of the following measures that is meaningful to the program and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4-1. In addition to at least one from the list that follows, the program may add measures that are significant to its own mission and context.**

BSPH

For BSPH students, one of our targets in the Public Health program is to enroll a diversity population of undergraduate public health majors that is representative of the diverse communities CSUN serves. One of the ways in which we assess this is by measuring the percentage of students that enter the program from traditionally underserved populations (defined in G1.1).

Table H4.3.1. Entering Undergraduate Public Health and Public Health Promotion Students*

	Target	2014	2015	2016
Traditionally Underserved	60%	62.6% (164/262)	73.3% (294/401)	70.9% (217/306)

*Entering students may include first-time freshmen and transfer students.
**Traditionally Underserved based on University definition described in section G1.1 above.
***Data from CSUN Counts
****The table above includes data for the self-study years of 2014-2015, 2015-2016 and 2016-2017.

MPH

Similar to the BSPH program, one of the targets in the MPH program is to enroll a diverse student population, as many of our graduates go on to work in the diverse communities CSUN serves. As with the BSPH program, one of the ways in which we assess this is by measuring the percentage of students that enter the program from traditionally underserved populations (defined in G1.1). We monitor this percentage each year through data provided by CSUN Institutional Research.

Table H4.3.2. Entering MPH Students Traditionally Underserved

	Target	2014	2015	2016
Campus-based MPH	50%	54.2% (26/48)	50.0% (15/30)	48.1% (26/54)
Distance-based MPH	50%	44.0% (11/25)	34.0% (11/32)	38.0% (14/37)

*Traditionally Underserved based on University definition described in section G1.1 above.
**Data from CSUN Counts
***The table above includes data for the self-study years of 2014-2015, 2015-2016 and 2016-2017.

4) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths:

- Prospective students have access to numerous outreach and recruitment materials to learn about the BSPH and MPH programs.
- Each year Graduate Studies hosts a free conference for students to learn about different graduate programs on campus.
- Admission policies and procedures are clearly stated and easily accessible on the CSUN website.
- The MPH program uses a holistic admissions process to ensure unbiased, fair, and equal review of each application; not solely based on GPA or test scores.

Weaknesses/Improvement Plans:

- The MPH program does not sustain a robust recruitment agenda. We rely primarily on the efforts of the Graduate Studies office.

- Applicants must send official transcripts and test scores (if necessary) to the Office of Admissions and Records for review. Admissions and Records can take up to six weeks to send the MPH program an applicant-specific record via email with confirmed GPA and test scores. Such a process can greatly delay the MPH Admissions Committee from reviewing applications without accurate GPA/GRE information, thereby causing late admissions offers and the possibility of losing highly qualified applicants.
- The MPH graduate application currently utilizes two separate online application platforms (CSU Apply and ApplyWeb), often confusing international applicants.
- To alleviate confusion with multiple application platforms (CSU Apply and ApplyWeb), the office of Graduate Studies is in the midst of piloting a new online platform that allows applicants to submit all materials to one application website. We are hopeful this will also address the issue of delayed student GPA/GRE records, and expedite the MPH Admission Committee's review process.
- Over the past 3 years, we have seen a slight decline in the percentage of traditionally underserved populations in the MPH program. While our percentage remains near our target of 50%, to ensure our target is met, we plan to increase recruitment efforts in underserved populations. CSUN is the catchment area for San Fernando Valley and parts of Los Angeles, which represent an extremely diverse population, including underserved groups. As such, increasing recruitment efforts among undergraduate students on campus will help us reach our goal. In addition, each year at APHA beginning Fall 2018, a CSUN public health representative (faculty and/or student) will be distributing program recruitment material to the American Indian, Alaska Native and Native Hawaiian Caucus, the Asian & Pacific Islander Caucus for Public Health, the Black Caucus of Health Workers, the Latino Caucus, the Lesbian, Gay, Bisexual and Transgender Caucus of Public Health Professionals, the Men's Health Caucus, and the Women's Caucus to increase the representation of traditionally underserved populations in the program.

H5. Publication of Educational Offerings

Catalogs and bulletins used by the program to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.

Provide direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements.

Relevant to All Public Health Students

- CSUN Student Academic Calendar: https://www.csun.edu/admissions-records/student-academic-calendar
- CSUN 2017-2018 Academic Calendar (PDF): https://www.csun.edu/sites/default/files/2017-2018-academic-calendar-approved.pdf
- CSUN Academic Dishonesty Policy: https://catalog.csun.edu/policies/academic-dishonesty/
- CSUN Policies and Procedures: https://catalog.csun.edu/policies/alphabetical/

BSPH

- BSPH Catalog Listing: https://catalog.csun.edu/academics/hsci/programs/bs-public-health/
- Public Health 4-year Degree Roadmap: https://catalog.csun.edu/resource/road-map/2017/public-health-2017/
- Transfer Degree Roadmap: https://catalog.csun.edu/resource/transfer-road-map/2017/public-health-2017/
- BSPH Public Health Brochure: http://www.csun.edu/sites/default/files/public-health-brochure_0.pdf
- BSPH Advisement Form: http://www.csun.edu/sites/default/files/public-health-advisement-form.pdf
- BSPH Recommended Course Sequence: http://www.csun.edu/sites/default/files/ph-recommended-course-sequence_0.pdf
- CSUN Admissions Procedures and Policies: https://catalog.csun.edu/policies/admission-procedures-and-policies/
- CSUN Admissions Calendar: https://www.csun.edu/admissions-records/admissions-calendar
- CSUN Letter Grading Policies: https://catalog.csun.edu/policies/letter-grading/

Campus-based MPH

- MPH Catalog Listing (Community Health Education): https://catalog.csun.edu/academics/hsci/programs/mph-public-health-i/community-health-education/
- MPH Catalog Listing (Applied Epidemiology): https://catalog.csun.edu/academics/hsci/programs/mph-public-health-ii/applied-epidemiology/
- MPH Admissions Process: https://www.csun.edu/health-human-development/health-sciences/mph-admissions

- MPH Program Information Session Webinar: https://www.youtube.com/watch?v=abbmRJWj1Hc&feature=youtu.be
- MPH Brochure: http://www.csun.edu/sites/default/files/mph-brochure.pdf
- MPH Information Sheet: https://www.csun.edu/sites/default/files/MPH%20Info%20Sheet%202017.pdf
- MPH Frequently Asked Questions: https://www.csun.edu/health-human-development/health-sciences/mph-frequently-asked-questions
- MPH Internship Information: https://www.csun.edu/health-human-development/health-sciences/mph-internship
- MPH Internship Handbook (2016): http://www.csun.edu/sites/default/files/mph-internship-handbook.pdf
- MPH Internship FAQs: http://www.csun.edu/sites/default/files/mph-internship-FAQs.pdf
- 2017-2018 MPH Handbook: https://www.csun.edu/sites/default/files/MPH%20Handbook-2017_v3.pdf
- CSUN Grad Student Handbook: http://www.csun.edu/sites/default/files/New%20Student%20Handbook%2051616.pdf
- CSUN Grading Policies for Graduate Students: https://catalog.csun.edu/policies/grading-system-for-graduate-students/
- CSUN Graduate Student Admissions: https://www.csun.edu/admissions-records/apply-graduate-student

Distance-based MPH

- Distance-based MPH Program Degree Main Website https://tsengcollege.csun.edu/programs/MPH
- Distance-based MPH Program Requirements https://tsengcollege.csun.edu/programs/MPH/programrequirements
- Distance-based MPH Course Schedule https://tsengcollege.csun.edu/programs/MPH/courseschedules
- Distance-based MPH Admissions Policies and Procedures https://tsengcollege.csun.edu/programs/mph/apply
- Distance-based MPH Curriculum Description https://tsengcollege.csun.edu/programs/MPH/curriculum
- Distance-based MPH Practicum Description https://tsengcollege.csun.edu/programs/MPH/Practicum
- Tseng College Programs Policies https://tsengcollege.csun.edu/studentinfo/programpolicies https://tsengcollege.csun.edu/studentinfo/policies
- Tseng College Academic Honesty Requirement https://tsengcollege.csun.edu/studentinfo/programpolicies#academichonesty