

CEPH Interim Report

Introduction

The Council on Education for Public Health (CEPH) conducted an accreditation site visit of the Master of Public Health (MPH) program at California State University, Fresno on March 20-21, 2013. During the past year, the MPH program has addressed the concerns and comments cited by the site visit team. This interim report addresses criteria for which there was a “partially met” assessment. Specifically, this report provides evidence to support Criterion 1.2, Criterion 1.7, Criterion 2.6, and Criterion 2.7.

Criterion 1.2: Evaluation

“In its fall 2013 accreditation decision letter, the Council asked that the program document that it has “implemented a system that follows documented practices for collecting and analyzing data on the program’s identified performance measures. The report must contain updated data and must describe the systems and/or responsible individuals associated with each indicator.”

The MPH program has three measurable outcome objectives to assess effectiveness. These three objectives include: instructional; scholarly activities; and service. The following table displays the data source and responsible parties associated with each objective. Updated data is also included.

MPH Program Objectives with Data Systems and Responsible Parties.

Objective	Data Source	Responsible Parties
<p>1. Goal 1: To utilize a competency-based curriculum planning and evaluation system in order to be able to effectively evaluate the public health knowledge, skills, and attitudes of students.</p>		
<p>Instructional Objectives</p>		

1.1. The MPH faculty will review course offerings and document which competencies are addressed in each course at a minimum of once every three years.

Annual Department Program Review

Department Chair, MPH Director, and MPH graduate faculty

Updated data: The MPH graduate faculty met on March 25, 2014 to review course syllabi and to document the competencies addressed in each course. A syllabus template was also created and distributed to the faculty. The syllabus template included a list of the 10 core competencies, the specific competency/competencies addressed in the course, and details on how to link the competency/competencies to course goals, learning outcomes, and assignments and/or examinations.

- 1.2. At least 80% of students will demonstrate mastery of competencies required in the public health field.

Updated data: The syllabus for PH 285F (Fieldwork in Health) was reviewed by the MPH Director, the MPH graduate faculty, and current MPH students on March 25, 2014. The following competencies were selected to be incorporated into this course: (4B1) incorporates strategies for integrating with persons from diverse backgrounds (i.e. cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious orientation, mental and physical capabilities); (6C3) incorporates the CORE Public Health Functions and Ten Essential Services of Public Health into the practice of public health sciences; and (8B6) establishes mentoring, peer advising, coaching or other personal development opportunities for the public health workforce. The MPH Director will meet with the Fieldwork Coordinator in fall 2014 to ensure these three competencies are reflected in all fieldwork policies and evaluations. The fieldwork evaluations consist of a series of statements on a Likert scale from 0 to 4 (0 strongly disagree; 4 strongly agree) designed to assess student performance, ability, and level of professionalism. Open-ended questions to determine areas for improvement are also included. The MPH Director and Fieldwork Coordinator will analyze this data each semester. Likert scale scores of 2 (neutral) or less, and any open-ended responses of concern, will be addressed with the preceptor and with the student.

Fieldwork Evaluations

Department Chair, MPH
Director, Fieldwork
Coordinator

<p>1.3. At least 80% of the MPH core and elective courses will incorporate written communication.</p> <p>Updated data: There are 14 (93.3%, n = 15) MPH core and elective courses that incorporate written communication.</p>	<p>MPH Course Syllabi</p>	<p>Department Chair, MPH Director, and MPH graduate faculty</p>
<p>1.4. At least 80% of the MPH core and elective courses will incorporate oral communication.</p> <p>Updated data: There are 11(80%, n = 15) MPH core and elective courses that incorporate oral communication.</p>	<p>MPH Course Syllabi</p>	<p>Department Chair, MPH Director, and MPH graduate faculty</p>
<p>1.5. Conduct an exit survey of MPH students at the time of their graduation.</p> <p>Updated data: Exit surveys are administered to each graduating student each semester. The last exit survey was administered to eight students (100% response rate) in May of 2014.</p>	<p>MPH Exit Survey</p>	<p>MPH Director, MPH graduate faculty</p>
<p>1.6. Conduct a survey of MPH alumni every three years.</p> <p>Updated data: An alumni survey was administered to 170 alumni in Summer 2014. The current response rate is 10.6%, however; data collection will continue throughout the summer months. The MPH Director will send out email reminders periodically during this period in an effort to increase this response rate. Other efforts to increase response rates are described in Criterion 2.7.</p>	<p>MPH Alumni Survey</p>	<p>MPH Director, MPH graduate faculty</p>
<p>1.7. Convene and sustain an MPH Advisory Board made up of program constituencies to review and recommend changes needed in all aspects of the MPH Program.</p>	<p>MPH Advisory Minutes</p>	<p>MPH Director, MPH Advisory Board, MPH graduate faculty</p>

Updated data: The MPH Advisory Board is comprised of MPH graduate faculty, student representatives, alumni, and community members. The MPH Advisory Board meets once each semester. For the fall 2013 semester, they met on October 16, 2013. For the spring 2014 semester, they met on May 6, 2014.

Goal 2: Ensure all MPH students are prepared to assume leadership roles in public health and health education settings.

2.1. All MPH students will complete a 180 hour internship at a pre-approved field training site to demonstrate the application of knowledge, skill, and attitude competencies.

Fieldwork Evaluations

MPH Director, Fieldwork Coordinator

Updated data: All MPH students complete a 180 hour internship in the PH 285F course. This course is offered in the fall and spring semesters. There were 12 students enrolled during the fall 2013 semester and 14 students enrolled during the spring 2014 semester.

2.2. All MPH students will complete a field training course to better understand leadership in public health and health education.

Fieldwork Evaluations

MPH Director, Fieldwork Coordinator

Updated data: The MPH Director will meet with the Fieldwork Coordinator in fall 2014 to identify leadership competencies in the student and preceptor evaluations.

Scholarly Activities Objectives

Goal 3: To promote and foster an interactive environment conducive to student and faculty search for and exploration of established and innovative concepts related to public health.

3.1 At least 75% of the graduate faculty will participate in research activities either directly for or in consultation with local, regional, state, national, and/or organizations in the investigation of public health-related issues and problems.

Updated data: All MPH graduate faculty (100%, n = 3) participated in research activities either directly for or in consultation with local, regional, state, national, and/or organizations in the investigation of public health-related issues and problems. Specific examples include grant funding to explore civic engagement among minority communities, the Central California Public Health Training Academy designed to meet the Standards for Cultural and Linguistic Competency (CLAS), and local efforts with the American Lung Association to promote lung health.

Annual faculty report

Department Chair, MPH Director, and MPH graduate faculty

3.2. At least 75% of the graduate faculty will publish one paper in a peer-reviewed journal during a three-year period.

Updated data: All MPH graduate faculty (100%, n = 3) publish one paper in a peer-reviewed journal during a three-year period. Specific examples include papers on asthma management techniques and behaviors, the impact of religion on health outcomes, and the importance of cultural competency in health education settings.

Annual faculty report

Department Chair, MPH Director, and MPH graduate faculty

Goal 4: To stimulate the design of research and projects that have a practical application to the reality of the community we serve.

4.1 All MPH program students will report having some experience in research and projects.

Student Records,
Student Exit Survey

Department Chair, MPH
Director

Updated data: All MPH program students have experience in research and projects in the PH 280 (Seminar in Techniques of Health Research), PH 298 (Project), and PH 299 (Thesis) classes.

4.2 At least 80% of MPH students will obtain a “B” or better in PH 202 (Advanced Biostatistics), PH 209 (Advanced Epidemiological Concepts), and PH 280 (Research Methods).

Student Records,
Graduate Writing
Requirement

Department Chair, MPH
Director, and MPH
graduate faculty

Updated data: Over the past five cohorts (2009-2013), 96.5% (n = 58) obtained a “B” or better in PH 202, 90.0% (n = 58) obtained a “B” or better in PH 209, and 58.3% (n = 48) obtained a “B” or better in PH 280. The most recent cohort (2013) will be enrolling in PH 280 during the fall 2014 semester. PH 280 meets the needs for the Graduate Writing Skills Requirement. The MPH Director and MPH graduate faculty reviewed this course during the spring 2014 semester and incorporated additional university and program support. For instance, students have access to the Graduate Writing Studio on campus which provides assistance with the writing process. The MPH program has also reviewed its’ admission criteria to ensure students who

are accepted into the program demonstrate proficiency in writing. Students are referred to the Graduate Writing Studio during their first year in the program if proficiency in writing is not evident in their application (GRE writing score less than 4 on a scale from 0-6 or a grade of “C” or lower in their upper division writing class as an undergraduate student).

Service Objectives

Goal 5: Promote active involvement in serving the Fresno State campus, communities, and Central California region.

5.1 All full-time MPH program faculty will be involved in at least one community service activity per academic year.

Annual faculty report

Department Chair and MPH Director

Updated data: All MPH graduate faculty are involved in at least one community service activity per academic year. Specific examples include volunteer work at homeless shelters, hospitals, and churches.

5.2 All MPH students will report participating in a community service project through coursework, community organization, or regional initiative.

Student Records, Exit Survey

Department Chair and MPH Director

Updated data: All MPH students enroll in PH 203 (Seminar in Community Health Organization) which is a service learning course. This course involves students working with community-based organizations to conduct needs

assessments. The ultimate goal of the course is to organize and empower a community to take action around a health issue.

Goal 6: Strengthen relationships between Fresno State and public or private community organizations in order to provide opportunities for faculty, students, and graduates to help meet the health needs of the Central California region.

6.1 At least 80% of the full-time graduate faculty will provide consultation and other service related to their area of expertise through participation in governing boards, advisory boards, task forces and the like, for groups, organizations, and agencies at the local community, regional or national/international levels.

Updated data: All MPH graduate faculty (100%, n = 3) provide consultation and other service related to their area of expertise. Specific examples include service on the Anthem-Blue Cross Community Advisory Board and service on the Central California Asthma Collaborative.

Annual faculty report

Department Chair, MPH Director, MPH graduate faculty

6.2 The MPH program and its constituencies will plan, implement, and evaluate at least one educational program (i.e., training, professional development, etc.) for public health professionals in the Fresno State service area.

Updated data: The Department of Public Health implements a series of lunch and learn workshops on various health-related topics. There were four workshops implemented during the 2013-2014 academic year. The MPH Director also conducted an APA style workshop for

Annual faculty report

Department Chair, MPH Director, MPH graduate faculty

students on March 25, 2014. Evaluation forms were collected and evaluated for each workshop. Overall, evaluations revealed high levels of satisfaction with the information presented.

Criterion 1.7: Faculty and Other Resources

“In its fall 2013 accreditation decision letter, the Council asked that the program document that it has “implemented a system that allows the program to maintain accurate, current information on total student enrollment and enrollment in any given semester or term. The report must contain updated data in the format of Template 1.7.2.”

A database tracking student progress is maintained for each cohort. Each student is tracked by cohort to ensure course completion (including letter grades for all courses) and fulfillment of program requirements (including the writing requirement, advancement to candidacy, thesis or project committee assignment, fieldwork placement, etc.). The MPH Director will also enroll in Tableau data tracking workshops during the fall 2014 semester, which will assist in tracking student enrollment. In addition, a policy was created and approved at the Department level during the spring 2014 semester to address breaks in enrollment. This policy states that students need to reapply to the university and to the MPH program for a leave of absence extending more than one semester. Readmission to the MPH program will not be allowed after more than two semesters as students will not have the continuity in the courses, which is necessary to develop the required professional competencies. Readmission will also not be allowed for students exceeding a five year period. Upon approval at the University level, this policy will be incorporated into the MPH program orientation manual, and will also be posted on the program’s website.

The Department of Public Health has assigned three full-time faculty to the MPH program on a half-time basis, including Dr. Miguel Perez, Dr. Suzanne Kotkin-Jaszi, and Dr. Kara Zografos. It should be noted that the MPH program is a half-time program to accommodate the needs of working professionals. Therefore, full-time faculty are assigned 50% of their WTUs to the MPH program (equivalent to 100% of program time). Updated data is provided in Table 1.7.2.

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Department (schools) or Specialty/Concentration Area (programs)

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Department or Specialty Area										
	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
Health Promotion 2013-2014	3	1.5	4	.8	7	2.3	47	28.0	15.7	6.7
Health Promotion	3	1.5	2	.4	5	1.9	55	27.0	18.3	11.0

2012-2013										
Health Promotion 2011-2012	1	.2	7	.8	8	1.0	56	31.7	56.0	7.0
Health Promotion 2010-2011	1	.2	6	.8	7	1.0	55	33.7	55.0	7.9

**Faculty FTE is based on .5 time allocated to the MPH program. The MPH program is a part-time program with faculty time allocated accordingly.

Criterion 2.6: Required Competencies

“In its fall 2013 accreditation decision letter, the Council asked that the program document that it has “developed and implemented a consistent and appropriate set of competency statements to guide the curriculum.”

To address Criterion 2.6, the MPH director consulted with the MPH graduate faculty and current MPH students during the fall 2013 (September 9, September 23, October 21, and November 18) and spring 2014 (February 25 and March 25) semesters to select 10 competencies to guide the curriculum from the Core Competencies for Public Health Professionals developed by the Council on Linkages between Academia and Public Health Practice. The MPH director also consulted with members from the MPH Advisory Board on March 20, 2014 to obtain feedback on the selected competencies. Following, are the 10 competencies:

1. Interprets qualitative and quantitative data (1B9).
2. Describes the characteristics of a population-based health problem (i.e., equity, social determinants, environment) (1C2).
3. Develops plans to implement policies and programs (2B7).
4. Interprets demographic, statistical, programmatic, and scientific information for use by professional and lay audiences (3C5).
5. Incorporates strategies for integrating with persons from diverse backgrounds (i.e., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious orientation, mental and physical capabilities) (4B1).
6. Conducts a comprehensive review of the scientific evidence related to a public health issue, concern, or intervention (6B5).
7. Incorporates the CORE Public Health Functions and Ten Essential Services of Public Health into the practice of public health sciences (6C3).
8. Applies the basic public health sciences (including, but not limited to, biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to public health polices and programs (6C4).

9. Prepares proposals for funding from external sources (7B10).
10. Establishes mentoring, peer advising, coaching or other personal development opportunities for the public health workforce (8B6).

Criterion 2.6: Required Competencies

In its fall 2013 accreditation decision letter, the Council asked that the program document that it has “mapped the revised competency statements to the required coursework. Information must be presented in the format of Table 2.6.1, with accompanying narrative describing the process used.”

To address Criterion 2.6, the MPH director reviewed the program curriculum with the MPH graduate faculty, current MPH students, and members from the MPH Advisory Board during the spring 2014 semester to establish links between the core competencies and the program courses. Primary (P) and reinforcing (R) courses that specifically address each core competency were identified upon review of course assignments and/or learning activities. Additionally, some course content was revised to address the core competencies. For instance, PH 225A will be redesigned for the fall 2014 semester to include content and learning activities specific to social determinants of health. In an effort to ensure consistency among program syllabi, a syllabus template was created and distributed to the faculty. This syllabus template included a list of the 10 core competencies, the specific competency/competencies addressed in the course, and details on how to link the competency/competencies to course goals, learning outcomes, and assignments and/or examinations. Table 2.6.1 displays a matrix mapping the core competencies to the required coursework.

Table 2.6.1: Courses and activities through which competencies are met

Core Competencies	Course Number and Name	Course Number and Name	Course Number and Name	Course Number and Name	Other Learning Experience
Interprets qualitative and quantitative data (1B9)	PH 202 (Advanced Public Health Statistics) P	PH 251 (Health Care Economics) P	PH 253 (Management of Health Services) P		PH 298 (Culminating Experience: Project) R PH 299 (Culminating Experience: Thesis) R

Describes the characteristics of a population-based health problem (i.e., equity, social determinants, environment) (1C2)	PH 210 (Introduction to Health Policy) P	PH 225A (Foundations of Health Promotion I) R	PH 251 (Health Care Economics) P		
Develops plans to implement policies and programs (2B7)	PH 210 (Introduction to Health Policy) P	PH 225A (Foundations of Health Promotion I) R	PH 251 (Health Care Economics) P		
Interprets demographic, statistical, programmatic, and scientific information for use by professional and lay audiences (3C5)	PH 251 (Health Care Economics) P	PH 213 (Health Planning and Program Evaluation) P			PH 298 (Culminating Experience: Project) R PH 299 (Culminating Experience: Thesis) R
Incorporates strategies for integrating with persons from diverse backgrounds (i.e., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious orientation, mental and physical capabilities) (4B1)	PH 223 (Health Promotion and Policy Advocacy) P	PH 225B (Foundations of Health Promotion II) R			PH 285F (Practicum Experience) R
Conducts a comprehensive review of the scientific evidence related to a public	PH 280 (Seminar in Techniques of Health Research)				

health issue, concern, or intervention (6B5)	P				
Incorporates the CORE Public Health Functions and Ten Essential Services of Public Health into the practice of public health sciences (6C3)	PH 203 (Seminar in Community Health Organization) R	PH 206 (Environmental and Occupational Health) P			PH 285F (Practicum Experience) R
Applies the basic public health sciences (including, but not limited to, biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to public health policies and programs (6C4)	PH 202 (Advanced Public Health Statistics) R	PH 208 (Health Promotion) P	PH 209 (Advanced Concepts in Epidemiology) R	PH 210 (Introduction to Health Policy) P	
Prepares proposals for funding from external sources (7B10)	PH 203 (Seminar in Community Health Organization) P	PH 213 (Health Planning and Program Evaluation) R			
Establishes mentoring, peer advising, coaching or other personal development opportunities for the public health workforce (8B6)					PH 285F (Practicum Experience) P

P=Primary, R=Reinforcing

Criterion 2.7: Assessment Procedures

In its fall 2013 accreditation decision letter, the Council asked that the program document that it has “explicitly linked design and assessment of culminating experience to the program’s competencies.”

To address Criterion 2.7, the MPH director reviewed the culminating experience syllabi with the MPH graduate faculty and current MPH students during the spring 2014 (February 25 and March 25) semester. It was determined that competency 1B9 (interprets qualitative and quantitative data) and competency 3C5 (interprets demographic, statistical, programmatic, and scientific information for use by professional and lay audiences) were being reinforced in the culminating experience courses (PH 298 and PH 299). These competencies are now included in the course syllabi.

Criterion 2.7: Assessment Procedures

In its fall 2013 accreditation decision letter, the Council asked that the program document that it has “implemented policies and practices to reduce attrition, to accurately track graduation rates and to ensure that graduation rates are 70% or greater by the maximum allowable time to graduation. The report must include updated data in the format of Template 2.7.1.”

As mentioned previously, a policy was created and approved at the Department level in the spring 2014 semester to address attrition. This policy states that students need to reapply to the university and to the MPH program for a leave of absence extending more than one semester. Readmission to the MPH program will not be allowed after more than two semesters as students will not have the continuity in the courses, which is necessary to develop the required professional competencies. Readmission will also not be allowed for students exceeding a five year period. Upon approval at the University level, this policy will be incorporated into the MPH program orientation manual, and will also be posted on the program’s website.

Program admission standards are also more restrictive. For instance, the majority of students admitted for fall 2014 have a 3.0 GPA or higher, two or more years of experience in the field of public health, and stronger undergraduate writing skills. Students were referred to the Graduate Writing Studio during their first year in the program if proficiency in writing was not evident in their application (GRE writing score less than 4 on a scale from 0-6 or a grade of “C” or lower in their upper division writing course as an undergraduate student).

The culminating experience courses (PH 298 and PH 299) were redesigned to consist of a more structured format. For instance, students are required to schedule regular meetings with their project or thesis chair to assess progress. Timelines are also developed to assist students in meeting various deadlines. This revised format has resulted in higher completion rates for projects and theses. Updated data is provided in Table 2.7.1.

Table 2.7.1. Students in MPH – Health Promotion Degree, By Cohorts Entering Between 2006-07 and 2013-14									
	Cohort of Students	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
2006-07	# Students entered	16							
	# Students withdrew, dropped, etc.	1							
	# Students graduated	1							
	Cumulative graduation rate	6.2%							
2007-08	# Students continuing at beginning of this school year	14	11						
	# Students withdrew, dropped, etc.	2	0						
	# Students graduated	3	0						
	Cumulative graduation rate	25.0%	0.0%						
2008-09	# Students continuing at beginning of this school year	9	11	9					
	# Students withdrew, dropped, etc.	0	1	0					
	# Students graduated	3	0	0					
	Cumulative graduation rate	43.7%	0.0%	0.0%					
2009-10	# Students continuing at beginning of this school year	6	10	9	17				
	# Students withdrew, dropped, etc.	1	0	0	0				
	# Students graduated	1	4	0	0				
	Cumulative graduation rate	50.0%	36.4%	0.0%	0.0%				
2010-11	# Students continuing at beginning of this school year	4	6	9	17	16			
	# Students withdrew, dropped, etc.	0	0	0	1	0			
	# Students graduated	1	4	0	0	0			
	Cumulative graduation rate	56.2%	72.7%	0.0%	0.0%	0.0%			
2011-12	# Students continuing at beginning of this school year	3	2	9	16	16	17		
	# Students withdrew, dropped, etc.	0	0	0	1	0	2		
	# Students graduated	1	1	4	2	0	0		
	Cumulative graduation rate	62.5%	81.8%	44.4%	11.8%	0.0%	0.0%		
2012-13	# Students continuing at beginning of this school year	2	1	5	13	16	15	13	
	# Students withdrew, dropped, etc.	0	0	0	1	1	1	0	
	# Students graduated	0	0	0	0	0	0	0	
	Cumulative graduation rate	62.5%	81.8%	44.4%	11.8%	0.0%	0.0%	0.0%	
2013-14	#Students continuing at beginning of this school year	2	1	5	12	15	14	13	11
	#Students withdrew, dropped, etc.	0	0	0	0	0	0	0	0
	#Students graduated	0	0	2	3	1	6	0	0
	Cumulative graduation rate	62.5%	81.8%	66.7%	29.4%	6.2%	35.3%	0%	0%

Criterion 2.7: Assessment Procedures

In its fall 2013 accreditation letter, the Council asked that the program document that it has “implemented consistent methods to collect accurate data from alumni, including annual tabulation of each graduating class’ employment rates and data on graduates’ competence. The report must include updated data.”

The methodology for the alumni survey previously included collecting questionnaire responses through U.S. mail from all individuals who had graduated in the program’s history. In an effort to increase response rates, the MPH Director converted this questionnaire into an online survey using Qualtrics software during the summer of 2014. The Alumni Association on campus was contacted and instructed to distribute the survey link to all MPH alumni via email, however; there was an error in this process and the survey link did not get emailed out to the alumni. The MPH Director then requested the MPH alumni list from the Alumni Association and sent out the survey link via email to each alumnus (n = 170). The current response rate is 10.6%, however; data collection will continue throughout the summer months. The MPH Director will send out email reminders periodically during this period in an effort to increase this response rate.

Thus far, the majority of the respondents earned their MPH degree in 2008 (33%), were female (67%), and Hispanic/Latino/Chicano (59%). The respondents were asked to rate their level of satisfaction with the overall content of the MPH courses and the quality of the MPH program faculty on a scale from 1 to 6 (1 very dissatisfied; 6 very satisfied). The majority (66%, n = 18) stated that they were “satisfied” or “very satisfied” with the overall content of the MPH courses. The majority (72%, n = 18) also stated that they were “satisfied” or “very satisfied” with the quality of the MPH program faculty.

Respondents were also asked to select strengths and weaknesses of the MPH program from a pre-constructed list, which also included an “other” category for write-in responses. In terms of strengths, the most frequency checked categories were curriculum/degree content, faculty quality, student environment, and career development opportunities. In terms of weaknesses, the most frequently checked categories were research opportunities, financial support, quality of advising, and career development opportunities. Write-in responses included: “ability to do the program while working” as a strength and the “elimination of the occupational and environmental health option” as a weakness.

In terms of employment, the majority (70%, n = 17) of the respondents stated that the MPH degree was “useful” or “very useful” in helping them to obtain a job. The majority (33%, n = 18) of the respondents also reported their salary range as \$90,001 or above. The table below depicts current places of employment for the MPH alumni surveyed.

Employment	Frequency (%)
Unemployed	2 (11%)
Hospital	2 (11%)
Community Health Center/Clinic	1 (6%)
Public Health Department	0 (0%)
Managed Care Plan	0 (0%)
Not-for-Profit Agency	2 (11%)
Self-Employed	0 (0%)
Private Company – Not Health-Related	0 (0%)
Federal Government Health Facility	4 (22%)
Other Written responses included: private health-related company, doctoral student, physician assistant student, college campus student health center, multi-hospital system, and teacher.	7 (39%)
n = 18	

The MPH Director will consult with the MPH graduate faculty and members from the MPH Advisory Board during the fall 2014 semester to revise the survey questions pertaining to graduates’ competence within the next year in an effort to better align this question with the program competencies. The current question asked respondents to rate on a scale from 1 to 4 (1 being the weakest; 4 being the strongest) the degree to which the MPH degree provided competence in various areas. The table below depicts mean levels of competence for the MPH alumni surveyed.

Graduates' Competence	Mean
Identify, formulate, and solve technical problems	2.33
Understand professional and ethical responsibility	3.11
Communicate effectively (written)	3.17
Communicate effectively (oral)	3.22
Understand the impact of your practice in a global context	2.83
Use the techniques, skills, and modern technology tools necessary for your practice	2.67
n = 18 Possible score range = 1-4.	

Respondents also provided qualitative data on how the MPH program can be improved. Some of the responses included: “include more technical classes on how to use qualitative and quantitative computer programs”, “integrate more economics courses”, “create a more flexible advising schedule”, “provide teaching assistant opportunities”, and “provide more research opportunities”. The MPH graduate faculty will meet over the next year to review this feedback. For instance, in terms of providing more research opportunities, the MPH graduate faculty will discuss additional ways in which they can involve graduate students in their research and grant writing activities.

Criterion 2.7: Assessment Procedures

In its fall 2013 accreditation decision letter, the Council asked that the program document that is has “implemented methods to collect data from employers on graduates’ competence. The report must include preliminary data.”

The methodology for the employer survey previously included collecting questionnaire responses through U.S. mail from a list of prospective employers. Since the response rates from those surveys was very low, the results could not be used for evaluation or planning purposes. In an effort to increase the response rate, the MPH Director converted this questionnaire into an online survey using Qualtrics software during the summer of 2014. The survey link was emailed to 15 prospective and current employers. The response rate was 60%. The MPH Director plans to implement additional methods to further increase this response rate in future years. One such method might consist of conducting key informant interviews with those that fail to respond to the survey.

The most common employer work settings included research centers, hospitals, and non-for-profit agencies. The majority (89%, n = 9) of the respondents reported having a California State

University, Fresno MPH graduate on their staff. For those that reported not having a California State University, Fresno MPH graduate on their staff, “not having positions that require an MPH”, “not being familiar with the benefits of an MPH degree” and “having a budget insufficient to support MPH staff members” were listed as some of the reasons. The majority (75%, n = 8) of the respondents stated that they would be unable to provide financial support to their employees if they were accepted into the program, however; the majority (71%, n = 7) did indicate that they would be willing to allow enrolled employees flexibility in their schedule to attend classes.

The MPH Director will consult with the MPH graduate faculty and members from the MPH Advisory Board during the fall 2014 semester to revise the survey question pertaining to graduates’ competence within the next year in an effort to better align this question with the program competencies. The current question asked respondents to rate the MPH program graduates on a scale from 1 to 3 (1 being poor; 3 being excellent). Oral communication skills were ranked the highest (mean = 2.86), while “other” was ranked the lowest (mean = 1.00). The “other” was a written response pertaining to statistics and research. The MPH graduate faculty will meet over the next year to review this feedback. For instance, assignments and/or activities will be identified to strengthen skills in these areas. The table below depicts competence in various areas.

Graduates’ Competence	Mean
Oral communication, n = 7	2.86
Written communication, n = 7	2.71
Problem solving skills, n = 6	2.83
Leadership skills, n = 7	2.71
Conflict resolution skills, n = 5	2.20
Other, n = 1 Written response included: statistics and research background	1.00
Possible score range = 1-3.	

Additionally, respondents were asked to rate the MPH program graduates on a scale from 1 to 3 (1 being poor; 3 being excellent) on their ability to conduct various tasks. Applying behavior change principles in health education settings was ranked the highest (mean = 2.57), while responding to natural disasters and terror events was ranked the lowest (mean = 1.50). The table below depicts competence in these various areas.

Graduates' Competence	Mean
Utilize statistics, n = 7	2.43
Manage employees, programs, and budgets, n = 6	2.17
Apply theory to real-life public health issues, n = 7	2.43
Apply behavioral change principles in health education settings, n = 7	2.57
Mobilize the community around public health problems, n = 5	2.00
Respond to natural disasters and terror events, n = 2	1.50
Possible score range = 1-3.	

The employer survey also consisted of questions to assess professional development needs and interests. The majority (88%, n = 7) of the respondents stated that they would be interested in on-going professional development opportunities for their public health workforce, with health resources management being the most commonly cited response (38%, n = 3). The majority of the respondents (63%, n = 5) stated a hybrid method as the preferred format for these professional development activities, and weekday nights was cited as the preferred time (75%, n = 6). The majority (75%, n = 6) of the participants stated that they did not have a budget allocated for public health workforce development.

Conclusion

The Department of Public Health would like to express their appreciation to the CEPH Council and site visit team for their comprehensive assessment of the MPH program. Their recognition of strengths is a motivator for continued growth and improvement. Their concerns and comments are taken seriously by the MPH graduate faculty, Department Chair, and College administration. All feedback is viewed as beneficial, not just for accreditation purposes, but also for the overall growth of the MPH program.