

REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT
CALIFORNIA STATE UNIVERSITY, FRESNO

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

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Table of Contents

Introduction	1
Characteristics of a Public Health Program	2
1.0 THE PUBLIC HEALTH PROGRAM.....	3
1.1 Mission.....	3
1.2 Evaluation and Planning.....	4
1.3 Institutional Environment.....	6
1.4 Organization and Administration	7
1.5 Governance.....	7
1.6 Fiscal Resources.....	9
1.7 Faculty and Other Resources.....	10
1.8 Diversity.....	12
2.0 INSTRUCTIONAL PROGRAMS.....	15
2.1 Degree Offerings	15
2.2 Program Length.....	15
2.3 Public Health Core Knowledge.....	16
2.4 Practical Skills	16
2.5 Culminating Experience	17
2.6 Required Competencies.....	18
2.7 Assessment Procedures.....	20
2.8 Bachelor's Degrees in Public Health.....	22
2.9 Academic Degrees	23
2.10 Doctoral Degrees.....	23
2.11 Joint Degrees	23
2.12 Distance Education or Executive Degree Programs.....	23
3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.....	24
3.1 Research.....	24
3.2 Service.....	24
3.3 Workforce Development.....	25
4.0 FACULTY, STAFF AND STUDENTS.....	26
4.1 Faculty Qualifications	26
4.2 Faculty Policies and Procedures.....	27
4.3 Student Recruitment and Admissions	28
4.4 Advising and Career Counseling.....	29
Agenda.....	30

Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at California State University, Fresno (Fresno State). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in March 2013 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

Fresno State is the sixth oldest institution in the California State University (CSU) system. The university began as a normal school in 1911. It currently enrolls approximately 22,000 students; approximately 88% of its students are enrolled in undergraduate degree programs. Fresno State, like other CSU system schools, has historically focused on bachelor's and master's level education. In 2006, Fresno State became the first CSU institution to be approved to independently offer a doctoral degree, the EdD in education. Currently, the university also offers doctoral education in nursing and physical therapy. As an institution, Fresno State has a strong commitment to community engagement, focusing particularly on local underserved communities. Fresno State is designated as a Hispanic-serving institution.

The MPH program is located in the Department of Public Health (DPH) in the College of Health and Human Services (CHHS). The college also houses departments of communicative disorders and deaf studies; kinesiology; nursing; physical therapy; recreation administration and leisure studies; and social work education and gerontology. In addition to the MPH, the DPH offers bachelor's degrees with options in community health, health administration and environmental and occupational health and safety.

The MPH admitted its first students in 1993 and received its first CEPH accreditation in 1996. In 2008, CEPH accredited the program for a seven year-term, with required interim reporting on eight issues, including Criterion 1.6 (Resources). The program submitted a series of interim reports during 2009 and 2010 but could not document compliance with Criterion 1.6. The Council, therefore, acted to confer probationary accreditation in fall 2010, requiring submission of a full self-study document in fall 2012. This site visit relates to the fall 2012 self-study submission and must determine whether the program can return to normal accreditation status or whether the Council must revoke accreditation.

Characteristics of a Public Health Program

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

- a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.
- b. The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.
- c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.
- d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.
- e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.
- f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the public health program at Fresno State. The university holds regional accreditation, and the program and its students have the same rights, privileges and status as other comparable programs. The faculty complement and the design of the curriculum demonstrate the program's commitment to cross-disciplinary collaboration, an ecological perspective and the aim of developing professional public health values. Students engage in service learning as a required component of the curriculum, and the program ensures that students complete internship experiences in organizations and agencies that work with local, underserved populations.

Faculty are trained in a variety of public health and related disciplines, though the program has a strong foundation in community health education, which is the degree program's area of focus. The program has adequate resources to support a single-concentration MPH program, though successful operations require a great deal of dedication and willingness to commit to a very heavy workload, particularly for the program director. Though programmatic evaluation and planning is an area that would benefit from

additional development, the program has developed a strong system of assessing curricular adherence to stated competencies.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met with commentary. The program's mission, values, goals and objectives were developed by the primary faculty with input from students. The graduate faculty and the MPH Advisory Board (community representatives and alumni) reviewed and discussed drafts. The final mission, goals and objectives were adopted by vote of the faculty in the Public Health Department. This group also approved a process for review of the mission, goals and objectives every five years that includes students, faculty and Advisory Board members. The mission, goals, objectives and values are published on the department's website, included in the MPH Student Orientation Handbook, posted in the MPH office and made available on the MPH Blackboard site.

The self-study document lists the following mission statement: "The mission of the *Public Health Department* is to promote, preserve, and restore health. This is accomplished by educating graduate students to be effective leaders and practitioners at the local, national, and international levels." (emphasis added) On the following page, the self-study document states that "The mission of the *MPH program* is to promote, preserve, and restore health." (emphasis added) The self-study document notes that the MPH program mission statement and goals draw on and support both the university's mission statement and its strategic plan. On the MPH program website under "Mission," it states "The mission of the Master of Public Health Program is centered on a rigorous academic program, the quest for scholarly activity, and service to the community. To fulfill this mission, the MPH program's goals were developed to prepare graduate students to be effective leaders and practitioners through learning, scholarship, and engagement."

The first area of commentary relates to the lack of consistency of the stated mission across the locations in which it is published. This inconsistency makes it difficult for reviewers and for stakeholders to understand the program's mission and may indicate a lack of clarity of focus. Additionally, the MPH program mission should not duplicate but support accomplishment of the department mission while maintaining a focus on what graduate students in the program can expect to know and be able to do by the end of their studies.

In developing and agreeing on values for the program, the faculty and constituents first looked at concepts and values that should broadly guide the operation of the program. They then developed a

number of values statements each specific to the education, service or scholarly activity work area of the program. The statements were refined into seven overall values for the program as a whole, which are provided to students, faculty, staff and the community.

The program developed two goals each in the areas of instruction, scholarly activity and service. A set of draft objectives supporting each of the goals was reviewed and approved at a department faculty retreat in March 2011.

The second area of commentary relates to the lack of alignment of some objectives with the goal statements which they are proposed to help accomplish. For example, goal 3, which relates to scholarly activity states: "Promote and foster an interactive environment conducive to student and faculty search for and exploration of established and innovative concepts related to public health." Objective 3.1 appropriately sets a target for faculty participation in research activities with external organizations to address public health related issues. Objectives 3.2 and 3.3 address faculty publications and presentations but do not define specific activities that support promoting and fostering an interactive environment, as noted in the objective. There also is no objective to address student effort in this area and how it might be measured. Objectives under goal 4 similarly do not support accomplishing the work specified by the goal statement.

1.2 Evaluation and Planning.

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

This criterion is partially met. The MPH program has established a number of methods for measuring progress against the goals and objectives identified in the self-study document under criterion 1.1. The self-study document describes the methods and sources of information, which include the faculty annual report, a course syllabi review on a rotating basis that analyzes three courses per year, an exit survey completed by graduating students, student records, an alumni survey done every third year and evaluation forms from the fieldwork in public health. The self-study identifies which method(s) will be used and who will be collecting the data on each of the program objectives. The MPH program director, in consultation with the department chair and dean, has responsibility for monitoring the evaluation process as a whole.

Data collected from the various sources noted above are used to assess student achievement as well as meeting of program objectives. In fall 2007, the program implemented a formal evaluation process, the Student Outcomes Assessment Plan (SOAP), which compiles data on student outcomes on specific assignments to analyze curricular effectiveness and to suggest possible curricular changes. Program

faculty review data and recommendations for curriculum modifications at the beginning of the fall semester. The SOAP report is also reviewed by the associate provost and the Division of Graduate Studies to assure that evaluation feedback is linked to improvements in the program.

The self-study provides a listing of the outcome measures and targets used to assess accomplishment of the program's objectives, along with data for the past three academic years.

The concern relates to the fact that the program does not appear to collect and analyze data on many of the identified measures. The data provided in the self-study are very general. For example, one objective states, "At least 80% of the MPH core and elective courses will incorporate written communication." The self-study provides data that indicate actual performance of exactly 80% per year for each of the three years in the reporting period. During on-site discussions, faculty members could not articulate the process used to collect data or to calculate this measure. Faculty simply indicated that the program director reviews all courses and that "nearly all" of the classes incorporate written communication. There was no evidence that the 80% figure cited in this and other measures was based on an actual count of the program's offerings. Another objective states, "At least 75% of the graduate faculty will present his or her scholarly endeavors during a three-year period." The self-study lists the faculty annual report as the source of data for this measure, but, again, faculty and program leaders could not describe the process through which an individual or committee reviews the annual reports, tracks which faculty members have presentations in a given year and then compiles the results across a three-year period to determine compliance. During the site visit, program faculty and leaders indicate that the data reported in the self-study (100%, 75% and 75%) are based on the fact that scholarly presentations are an expectation for all full-time faculty. Again, faculty could not identify the numerator and denominator used to calculate the three years of data in the self-study—data appear to be based on a qualitative sense of overall performance rather than an actual calculation of the measure.

Site visitors' discussions with faculty, alumni and students provided clear evidence that the faculty has used information at least one of the program's targeted outcomes to make changes. A faculty review of the reasons for low graduation rates led to the decision to change the culminating experience from an exam and project or thesis done in a timeframe controlled by the student to a more rigorous project or thesis process with set timeframes and milestones defined by the program. Faculty and students with whom the site visit team met shared that this change has been very positively received and has already produced improvements in graduation rates.

The MPH program director led the development of the self-study document beginning in August 2011. A graduate student provided assistance with the logistics of developing the document, and two additional students assisted with the review. The program director distributed the draft for review by all faculty and

staff in fall 2012 and incorporated their input into the document. The program director also posted the self-study on the program website for comments and shared the draft with senior university administrators. Students, alumni and community members were invited to participate in the review process, and several verified their participation during meetings with site visitors. The Advisory Board and selected preceptors also provided input. The final copy of the self-study document was reviewed by the department faculty, CHHS dean and graduate dean.

1.3 Institutional Environment.

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

This criterion is met. Fresno State is the sixth-oldest institution in the 23-campus California State University (CSU) system. It began as a teachers' college in 1911, became a state college in 1935 and became a university when the entire system was renamed in 1982. Fresno State enrolls more than 22,000 students, mostly in bachelor's and master's-level educational programs. The School of Education and Human Development offers a doctoral degree (EdD), and this degree was the first doctoral degree offered by a CSU system institution. Currently, the departments of nursing and physical therapy also offer doctoral-level programs. The university is federally-designated as an Hispanic-serving institution. Fresno State is accredited by the Western Association of Colleges and Schools. Its last accreditation review was in 2004, and the next review will occur in 2014.

The MPH program is housed in the Department of Public Health in the College of Health and Human Services (CHHS). In addition to the MPH, the department also offers a bachelor's degree in public health in three concentrations (community health, health administration and environmental and occupational health and safety). The MPH program director reports to the department chair. The department chair reports to the CHHS dean, and the CHHS dean reports to the university's vice president for academic affairs.

Decisions about the program's budget occur primarily at the CHHS level—after university-level committees and administrators allocate funds to the colleges and schools, school deans allocate funds to the departments. Department chairs can request additional funds from the dean, and program directors consult with department chairs to make requests specific to their programs. The MPH program director informed site visitors that the process for requesting funds outside of the basic budget allocation is standardized. The program director provides a written justification for any needed funds, such as graduate assistant salaries, funding for student conference travel, funding beyond \$700 annually for faculty conference travel and student events. The dean reviews and makes decisions on all such requests.

Faculty and staff recruitment, selection and advancement follow similar chains, and all of these processes are standardized across the university and governed by university regulations. Program faculty are involved in search committees for new faculty members, but decision making occurs at the level of department chair and above. Similarly, academic standards are centralized at the university level, and curriculum changes must progress through the department, college and university levels, though proposals may originate with program faculty members.

1.4 Organization and Administration.

The program shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the program's public health mission. The organizational structure shall effectively support the work of the program's constituents.

This criterion is met. The program has an organizational setting that is conducive to public health learning, research and service. The program's administrative structure includes a director, who is responsible for the following activities: direct and coordinate the graduate program, lead marketing and recruitment efforts, coordinate admissions processes, provide initial student advising, maintain student records, handle student petitions and appeals, lead program planning and curriculum development and coordinate program review and assessment. The program director receives the equivalent of one class of release time to carry out these responsibilities.

Though the program currently offers a single MPH concentration in health promotion, faculty have training and experience in a variety of fields, including environmental health, health policy and health services administration. Faculty participate in research initiatives with faculty in other departments and colleges through participation in entities such as the Central California Center for Health and Human Services. The university has increased its emphasis on interdisciplinary work and has recently implemented a "cohort" hiring mechanism to facilitate recruitment of a group of faculty that will conduct research on a particular topic with an emphasis on interdisciplinary work. The department has been approved to search for a faculty member to address water and health through the cohort mechanism, and this search will allow the program to enhance the disciplinary diversity of its faculty.

1.5 Governance.

The program administration and faculty shall have clearly defined rights and responsibilities concerning program governance and academic policies. Students shall, where appropriate, have participatory roles in the conduct of program evaluation procedures, policy setting and decision making.

This criterion is met. The program does not have a separate committee structure; it conducts all decision making through the DPH's committees. The only exception is the Advisory Committee, which is specific to the MPH program. The DPH's Committee of the Whole consists of all full-time and part-time faculty and

meets bi-monthly. The department also structures decision making through the activities of the following committees:

- Personnel Committee: reviews departmental recommendations concerning reappointment, tenure, leaves of absence and promotions. Three primary program faculty currently serve on the committee.
- Curriculum Subcommittee: reviews curriculum proposals from the departments and programs. All departmental faculty, including the program's faculty, currently serve on this committee.
- Committee on Program Evaluation: monitors assessment data that relates to the university's SOAP process. Three primary program faculty serve on the committee.
- Re-Admissions Committee/Academic Probation and Disqualification: makes recommendations on specific student requests and petitions as needed and reviews files in cases of academic probation. Two primary program faculty serve on the committee.
- Committee on the Protection of Human Subjects: monitors departmental research and research proposals that involve human subjects. One primary program faculty member serves on the committee.

Faculty indicated that membership for these committees is typically selected through a consensus process of the full faculty, though, in cases where interest is greater, the faculty hold an election for open positions.

The program director guides general program policy development and day-to-day operations, but nearly all decisions receive discussion and deliberation from the departmental Committee of the Whole, and final decision-making authority rests with the tenure and tenure-track faculty in consultation with the department chair. This principle applies to decision-making relating to faculty recruitment, student recruitment and admissions and academic standards. Faculty workload, including research and service expectations, is strictly defined by the faculty's collective bargaining agreement.

Program faculty serve on a number of university-level committees, including the Committee for Faculty Equity and Diversity, the Academic Senate and the Graduate Research Advisory Board.

Students and other non-faculty stakeholders participate in governance through the MPH Advisory Board. This board's bylaws requires student representation. Graduate students are encouraged to participate in the Student Public Health Association (SPHA), which organizes the department's annual banquet and graduation activities and sponsors service activities. MPH participation in this group has been low—the group primarily involves undergraduate students, and students and alumni who met with site visitors affirmed this. The self-study indicates that because most students are employed full-time, there have been low levels of interest in greater participation or in a graduate-level student or alumni organization. Students and alumni who met with site visitors affirmed this perspective, though a number were eager for

professional development opportunities, such as travel to conferences, and some students had been able to secure department or university funding to participate in these external activities or to conduct research.

1.6 Fiscal Resources.

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

This criterion is met. The program has adequate financial resources to fulfill its stated mission and goals, and its instructional, research, and service objectives. Since the last review, the program has achieved the level of fiscal support needed to expand the faculty complement to include four full-time faculty members (including the program coordinator) who devote 50% of their time to the program, as further discussed in Criterion 1.7.

All units of the California State system have the same funding mechanisms. Operating budgets are based on formulas that take into account the number and full-time equivalence of students enrolled in the major and in the department's classes, the number and full-time equivalence of faculty allocated to the department and/or program and other factors. Tuition and fees in the California State system are not considered to be part of the college, department or program; rather, they are part of the university's budget and are allocated centrally.

In the last five years, state funds have decreased, resulting in a concomitant decrease in faculty and staff salaries and benefits across the university, including in the college and department. However, financial resources are adequate to meet the needs of the program. Table 1 presents the school's budget for 2008-09 through 2012-13. The top half of the table (sources of funds) lists funds available to the Department of Public Health. The bottom half of the table (expenditures) relate to the graduate public health program. The program director noted that this is the first time that a budget has been defined for the graduate program, separate from the department's budget. The table does not document "as needed" funds requested by program faculty from the CHHS dean throughout the year. The dean has been very responsive to these requests, and in the last few years, such funds have supplemented faculty and student travel as well as other program enhancements. According to the provost, the funding situation for universities in California is improving. Proposition 30, a statewide measure that passed in November 2012, ensures that funding to state universities stabilizes, and the provost is optimistic that this will occur. Faculty members also affirmed that the resource situation has gradually improved in noticeable ways, such as the restoration of some administrative relief for tasks related to managing student files.

Table 1. Sources of Funds and Expenditures by Major Category, 2008 to 2013					
	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
Source of Funds					
Tuition & Fees	--	--	--	--	--
State Appropriation	\$1,692,770	\$1,360,934	\$1,517,201	\$1,436,467	\$1,435,291
University Funds	\$0	\$0	\$0	\$0	\$0
Grants/Contracts	\$0	\$0	\$0	\$0	\$0
Indirect Cost Recovery	\$0	\$0	\$0	\$0	\$0
Endowment	\$0	\$0	\$0	\$0	\$0
Gifts	\$0	\$0	\$0	\$0	\$0
Other (explain)	--	--	--	--	--
Other (explain)	--	--	--	--	--
Other (explain)	--	--	--	--	--
Total	\$1,692,770	\$1,360,934	\$1,517,201	\$1,436,467	\$1,435,291
Expenditures					
Faculty Salaries & Benefits	\$338,554	\$272,186	\$303,440	\$258,564	\$258,231
Staff Salaries & Benefits	\$20,787	\$20,787	\$20,787	\$19,018	\$19,018
Operations	\$2,500	\$2,500	\$2,870	\$3,845	\$3,845
Travel	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Student Support	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
University Tax	\$0	\$0	\$0	\$0	\$0
Other (explain)	--	--	--	--	--
Total	\$368,341	\$301,973	\$333,597	\$287,927	\$287,594

1.7 Faculty and Other Resources.

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

This criterion is met. The program's current probationary accreditation status relates to its past inability to demonstrate compliance with this criterion. At the time of the last accreditation review, the program offered two concentrations: health promotion and health policy and management. The program did not have sufficient resources (ie, three full-time faculty members who dedicate at least 50% effort to the MPH program) to support the health policy and management concentration. The program could not document that it had remediated the deficiency as required by 2009. The program suspended the health policy and management concentration in the 2009-2010 academic year, while continuing to search for additional faculty resources. In 2010, the program indicated that a faculty search had failed and that the program planned to "teach out" all students in this concentration and to offer only the health promotion concentration.

The faculty and other resources are adequate to meet the mission, and goals of the program, as currently configured, as well as its teaching, research, and service objectives. The program currently offers one concentration in health promotion, and four full-time faculty members devote 50% or more of their effort to the program.

The student-faculty ratio (SFR) is more challenging to analyze. The table in the self-study that relates to this criterion's request for SFR data presents student enrollment data that is significantly different from the student enrollment data presented later in the document, in Criterion 4.3. The SFR table in this criterion indicates a student enrollment of for 2012-13 of 32 students, with a headcount of 14.1 and an SFR of 7.4. Criterion 4.3 indicates that the total student headcount for 2012-13 is 60, with an FTE of 39.6, which would produce an SFR of 13.7. Narrative information in Criterion 4.3 uses numbers that differ from both of these sets. In response to site visitors' questions, faculty had difficulty verifying student numbers and distinguishing between students actively enrolled in classes and those who had completed coursework but were still within the five-year window allowable to complete the culminating experience and graduate (though these students may or may not have culminating experiences in progress). Based on the totality of the evidence, including data on class sizes and evidence relating to students' access to faculty, the SFR does not appear to be a detraction from the program's ability to fulfill its mission, goals and objectives, but the program's inability to precisely and accurately present student enrollment data constitutes a serious concern.

Non-faculty, non-student personnel include a full-time assistant to the chair, a full-time administrative support assistant for faculty and students, a part-time fieldwork/internship coordinator, two part-time student assistants (20 hours/week), a graduate assistant to the program director for self-study development, and a part-time student assistant to assist faculty in grading.

The program coordinator receives three units of release time from teaching per semester and a graduate student to assist with the administrative aspects of the program for 20 hours per week. Self-study documentation and on-site interviews support the conclusion that three units of release time is not sufficient to be able to carry out the tasks of program administration without excessive, uncompensated extra effort. Although the program has been operating and continues to operate successfully under the current arrangement, it is clear that the program's long-term sustainability and quality would benefit from additional teaching release time to allow the program coordinator to devote more time to day-to-day operations.

All faculty have up-to-date (updated every three years) computers. Faculty have access to a laser printer and color copier. The MPH program office has a computer for the student assistant and a photocopier. The program has access to classrooms either assigned to it exclusively or jointly with other degree

programs. In addition, students have access to 30 computer stations. Graduate student research and meeting space is also available. No laboratory space is currently needed for the health promotion concentration. Library resources are adequate and include access for faculty and students to 22 online databases. The library has recently (since the last site visit) received a large donation to expand its resources. Travel funds may be and have been allocated by the Dean of the College Health and Human Services when needed and upon request.

The program has access to adequate alumni and community resources. In meetings with them, alumni and community stakeholders clearly indicated that they provide opportunities for student internships, engage in professional practice projects with the program faculty and are eager to continue to serve the program.

1.8 Diversity.

The program shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.

This criterion is met. The MPH program is committed to diversity and cultural competence in learning, research and service practices. The MPH program is guided by public health values including diversity and cultural competence. These values are incorporated as part of the program's website, program brochure and the Student Orientation Handbook.

Fresno State has been designated as a Hispanic-Serving Institution. The self-study document indicates that the five counties in the university's service area all have populations in which over 50% of the residents are Hispanic/Latino.

The program and department support the university's affirmative action plan, which identifies the following target under-represented groups: females, minorities, persons with disabilities and military personnel and veterans.

The university has implemented "Policies and Procedures for Addressing Discrimination, Harassment, and Retaliation." This document clearly denotes the guidelines and procedures that address harassment and discrimination for faculty, staff and students. The college, department and program also support the university's commitment to ensuring a supportive climate for working and learning in a diverse setting. This is reflected on the university website, which provides links for university policies, the complaint process, resources and training. The university's commitment also includes ensuring a supportive learning environment for low income and first-generation college students. During site visitors' meeting with students, an informal show of hands volunteered by one student indicated that 86% of MPH students present were the first in their family to earn a college degree.

The university is very proactive and regularly evaluates all policies pertaining to diversity. The Human Resources Department (HRD) developed the university's diversity plan to ensure compliance with all federal affirmative action and equal employment opportunity laws. The department annually reviews policies and updates any which are not consistent with current law or policy. The HRD manages the collection and review of information relevant to faculty, staff and student diversity.

The university maintains a strong commitment to the recruitment, development, promotion, and retention of a diverse faculty. The Fresno State president is responsible for assuring compliance with state and federal laws and regulations and assures that the university website includes links to the relevant policies. The provost also manages the diversity initiative which is supported by the program, department and college. Faculty search committees are required to include a non-voting EEO designee who provides a review of the process used during the search. Two of the department's faculty, including the MPH program director, serve as EEO designees on university search committees. To help assure retention of qualified faculty, new faculty members are provided a faculty mentor who assists in the retention and promotion process. Faculty members are also encouraged to engage in teaching, research, and service that address the needs of the diverse populations in the MPH program's service area. Although the program currently has no vacancies or searches in progress, new searches include marketing open positions through outlets that specifically target potential applicants from diverse backgrounds.

Staff are recruited by the university's HRD and assigned to positions. The HRD has recruitment policies posted on their website. Once a staff member is assigned to the Department of Public Health, the department and MPH program seek to create an environment supportive of diversity in the worksite. Staff currently includes two females (one African American, one Hispanic), two students (both female and Hispanic) and one graduate assistant (a female, Hispanic veteran).

The university is committed to the recruitment, admission, retention, and graduation of a diverse student body and posts a link to relevant policies on its website. The MPH program recruits students from the Central California region. The Division of Graduate Studies recruits more broadly for all programs. The MPH program makes an effort to identify diverse applicants who have good potential to successfully complete the degree program. The MPH faculty reviews the applications and strives to admit applicants who bring diverse experiences and perspectives to the program. The MPH program cohort structure helps connect and encourage student interaction. The CHHS dean has implemented "graduate culture" gatherings once a semester to encourage networking as well as retention and successful completion of all degree programs in the college. The MPH program also closely monitors the progress of students primarily through looking at GPAs each semester to determine if a student is having problems and needs additional support to successfully complete the program.

During 2011, MPH student data showed that 17.5% were African American, 14% were Asian, 40.3% were Hispanic, 15.8% were White, 10.5% were Other/Unknown, and .02% were Non-Resident Alien. Nineteen percent (11) of students were male and 81% (46) were female.

The self-study and on-site interviews documented a number of ways in which the required curriculum supports cultural competence and understanding of diverse cultures. Instructional goals and objectives support work with the array of cultures and diverse populations in the Central California region. The service learning sites used in required courses consistently include non-profit organizations that provide services for culturally diverse populations in the Fresno area. Fieldwork sites provide the opportunity for students to work directly with culturally diverse populations--students also are required to complete their fieldwork at pre-approved sites that serve the region's various population groups. Course syllabi contain statements of the mission, goals and objectives specific to the course that include diversity. Four of the required MPH courses include course materials that address diversity and cultural competence directly.

The MPH program also maintains a relationship with the Directors of Health Promotion and Education, which allows MPH students to compete for CDC-funded public health internships available to students in minority-serving institutions.

The program's scholarly activity goals and objectives also support the MPH program's commitment to diversity and cultural competence. As part of the service goals, faculty and students are required to engage in research and projects that have practical application to the diverse populations in local and regional communities.

The MPH program has established three outcome measures against which it assesses its success in maintaining a diverse faculty, staff and students:

- At least 30% of faculty will be Hispanic.
- At least 50% of MPH students will be first-generation college students.
- At least 50% of staff will be African American.

Data included in the self-study indicate that the program has surpassed its target for first-generation college students and African American staff. The program has not attained its goal for Hispanic faculty members, with 20%, 22% and 25%.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master's degree. The program may offer a generalist MPH degree and/or an MPH with areas of specialization. The program, depending on how it defines the unit of accreditation, may offer other degrees, if consistent with its mission and resources.

This criterion is met. The program offers an MPH degree in health promotion. Table 2 presents the program's degree offering.

In addition to core coursework, fieldwork and a culminating experience, MPH students take a two-course series on health promotion (beyond the coverage in the social and behavioral sciences core course), as well as courses in research methods, community health organization and program planning and evaluation. The curriculum also allows for one elective course, but the program has been strongly encouraging all students to take the department's graduate health economics course as the elective. The department chair estimated that in the last three years, only two or three students have taken a course other than health economics as their elective. Several of these students have sought out courses in other departments or colleges that can develop grant writing skills, since such a course is not offered in the department at this time.

Table 2. Instructional Matrix		
	Academic	Professional
Master's Degree		
Health Promotion		MPH

2.2 Program Length.

An MPH degree program or equivalent professional public health master's degree must be at least 42 semester-credit units in length.

This criterion is met. The MPH degree requires 42 credit hours for completion. These hours include 19 credits of core coursework, 15 credits of concentration-specific coursework, four to five credits of fieldwork and a four-credit culminating experience. No student has graduated with fewer than 42 credit hours.

At Fresno State, one credit hour is equal to 15 classroom/contact hours per semester.

2.3 Public Health Core Knowledge.

All graduate professional public health degree students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.

This criterion is met. The self-study document summarizes the core courses required to be completed by all MPH students. The required curriculum includes one course each in the five core areas of public health: Advanced Concepts in Epidemiology (PH 209); Advanced Public Health Statistics (PH 202); Health Promotion (PH 208); Introduction to Health Policy (PH 210); and Environmental and Occupational Health (PH 206). Site visitors reviewed the syllabi on site and verified that they cover the core knowledge areas in appropriate depth.

2.4 Practical Skills.

All graduate professional public health degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to students' areas of specialization.

This criterion is met. All students in the MPH program are required to complete a 180 hour field placement/internship. Potential sites are selected and agreed on by the faculty advisor, student, internship coordinator and MPH program director. Sites are selected based on student needs, agency needs, and the availability of a qualified preceptor. Placement sites are usually county health agencies, voluntary health organizations, hospitals and other clinical centers in the San Joaquin Valley. A contract between the site and the university must be in place prior to the beginning of the internship. The contract defines the scope of work and the student's goals and intended learning objectives. The department has a full-time, MPH-trained staff member who serves as the internship coordinator.

Each placement site must have a preceptor who has a graduate degree (preferably an MPH) and who is in a supervisory capacity in the agency. Orientation for the preceptor is carried out by the MPH program's internship coordinator one-on-one. The internship coordinator supervises the student during the field placement. The coordinator meets with the preceptor and student at least twice during the placement and is available at any time to address issues that may arise while the student is on-site. The preceptor completes an evaluation of the student at the mid-point and at the end of the placement. The preceptor and/or internship coordinator discusses student progress with the program director after both the mid-term and the final evaluations.

Students in an internship are concurrently enrolled in PH285F, which is taught by the MPH program director. Students must maintain a daily log of their assignments, and the internship coordinator and program director review the log. Students also must participate in class sessions and seminars, including skills-based seminars on topics such as job search skills. The department chair is responsible for reviewing and submitting all department field placement grades.

Students complete an evaluation of the preceptor and the internship site and submit it to the program director and internship coordinator at the end of the placement. Field placement waivers are not available.

The self study lists the internship placement sites and preceptors for the past two academic years. The sites represent a broad range of agencies and organizations providing various public health services to specific populations. All listed preceptors have graduate degrees.

2.5 Culminating Experience.

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

This criterion is met. Students either register for a project or a thesis as the culminating experience. Both are supervised by a three-person committee, two of whom must be tenured or tenure-track professors in the program. The project is a more applied practical experience that suits a student's individual or professional goals and is focused on the process of implementation of public health programs in organizations. Often it includes the development and testing of educational or survey materials or the implementation and evaluation of a new intervention or process. The thesis is a systematic study of a public health issue that exhibits originality and critical and independent thinking. The thesis requires an oral defense. The project and thesis requirements and guidelines are published and readily available to students.

Recent changes in the administration of the culminating experience have enhanced student experience and resulted in a more efficient completion of requirements. As of fall 2012, each student completing the culminating experience must register for one of two courses (one for project and one for thesis). Each course is included in the teaching load of one of the program's primary faculty members, so one primary faculty member is dedicated to managing and facilitating the projects and the other to the theses. Faculty members have developed syllabi for each course, with structured supervision and incremental due dates. This added structure has been appreciated by both faculty and students. In addition, the university has instituted a new policy that requires students to pay to register for zero-credit courses, providing a new incentive for students to complete their culminating experience more efficiently. In response to a felt weakness in writing skills of students, the program has instituted a required writing course that students must pass before moving on to the culminating experience. Instructors of the writing course and the culminating experience courses discuss requirements and ensure alignment in expectations in these courses.

Students are clear on expectations and feel that the culminating experience provides them with an opportunity to apply what they have learned in class. Alumni state that the culminating experience

provided them with rich skills that they have used in their jobs. Review of selected final theses and projects by the site visit team indicate a thorough, comprehensive product.

2.6 Required Competencies.

For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify competencies for specializations within the degree program at all levels (bachelor's, master's and doctoral).

This criterion is partially met. The self-study document defines the 10 Essential Public Health Services as the competencies that address the program's core and concentration-specific knowledge.

The self-study also indicates that faculty derived competencies from the National Commission for Health Education Credentialing (NCHEC) and the Council on Linkages between Academia and Public Health Practice. After the initial list of the 10 Essential Services as the program's competencies, in the required list of coursework that develops each competency, the self-study presents a set of "sample learning experiences" for each of the 10 Essential Services, alongside a list of program courses. In response to site visitors' questions, faculty said that the "learning experiences" are actually "sub-competencies," often pulled directly from or derived from NCHEC or the Council on Linkages lists, which "relate to" each of the 10 Essential Services.

Site visitors' review of syllabi indicate that many courses list course-level learning objectives (though not all are measurable), some list course objectives, some list the 10 Essential Services, some list program objectives, some list concentration objectives for the now-discontinued health policy and administration MPH concentration and many list some combination of these, with little indication of how they connect or which are most relevant. The syllabi, taken as a whole, could not be read as referencing a single set of knowledge, skills and abilities. Some of the learning objectives on syllabi solely focused on NCHEC competencies, while others listed skills or terms that do not appear in any of the above-referenced lists.

The first concern relates to the program's inability to clearly articulate and consistently use a set of competencies to guide curriculum development. Ambiguity and inconsistency both within the self-study itself and between the self-study and the on-site interviews indicate that the program has not achieved consensus on a set of competencies that it intends to use. This effect is evident in a review of the program's syllabi. This effect is also evident in meetings with program students and alumni. Students seemed completely unfamiliar with the term "competencies," and, after some discussion and definition, current students volunteered that the curriculum is designed to help build the competencies necessary for the CHES exam, ie, the NCHEC competencies. They were unable to articulate any other framework for the curriculum's knowledge and skills, and they were unable to identify a source for such information,

other than indicating that “most courses lay out what you are supposed to learn in that course on the syllabus.”

A second concern, closely linked to the first, relates to the incomplete and/or inaccurate map between coursework and competencies. First, the self-study lists the 10 Essential Services, with four to seven “sub-competencies” beneath each (as described above), and a list of eight to 14 of the program’s courses (or other experiences, such as fieldwork or thesis) that correspond to each of the 10 Essential Services. Since the program, as a whole, offers 14 required courses and other experiences, this table indicates that most of the 10 Essential Services are covered in nearly every class and program requirement, an assertion that site visitors could not easily verify after reviewing course syllabi. A second, simpler self-study table lists the “competencies” (10 Essential Services) on the y-axis and the required courses (core and concentration) on the x-axis and indicates whether each course is a primary (P) or reinforcing (R) source for each competency. This matrix indicates that nearly every “competency” is addressed in nearly every course.

In principle, coverage of many competencies in nearly all courses is neither impossible nor necessarily inappropriate, but in the program’s implementation, it points to inconsistencies and inaccuracies in the process of verifying the curricular coverage of the competencies. Faculty described the mapping process as a collaborative one that took place during a single retreat, within the past two years. Faculty met for several hours, discussed each of the 10 Essential Services, and volunteered ways in which the classes they teach relate to or build each of the 10. The program director was tasked with compiling the results of this discussion into a document that could provide the basis for the tables presented in the self-study.

Site visitors reviewed syllabi, using both mapping tables provided in the self-study as a reference, and found the mapping nearly impossible to verify. The difficulty related, first, to the fact that the courses do not all list the same type of guiding statements (measurable learning objectives vs. course objectives, for example). When site visitors attempted to follow the mapping based on course content (readings, assignments, etc.), this task proved equally challenging. It appears that four different courses address and/or require major assignments in program planning (PH 208: Health Promotion—the core course; PH 213: Health Planning and Program Evaluation; PH 225A: Foundations of Health Promotion I; and PH 225B: Foundations of Health Promotion II). Review of the syllabi indicates that some of these courses appear to be at least somewhat redundant. Students who met with site visitors agreed that program planning “comes up” in many different classes, though they acknowledge that the depth of coverage is different in the core course than in PH 213, for example. Coverage of concepts in different courses can be extremely appropriate. Often, developing a greater depth of knowledge through increasingly advanced classes can be a highly effective way to build competencies. In this program’s situation, however, the lack of clarity on 1) what competencies or sub-competencies all students should attain by completing the

program and 2) how and where each competency is addressed and assessed, means that it is impossible for reviewers (and, also for students) to clearly identify the linkages between competencies and the curriculum.

Site visitors' discussions with preceptors and graduates' employers reinforced this sense of confusion. When asked, repeatedly, what skills and knowledge students bring to their worksites and/or what skills and knowledge they feel that students could be better-prepared in, preceptors and employers could only answer that this is very individual. Their responses consistently focused on the fact that some students come to them with less life and work experience and need more coaching in "soft skills," including self-confidence, while other students already have work experience and come to them "ready to go." Even when pressed to discuss specific public health skills and knowledge that the program seems to be producing well versus areas in which the program might want to strengthen preparation, preceptors' and employers' answers returned to describing characteristics of individual students.

The final area of concern relates to the use of the 10 Essential Services, unaltered, as competency statements. While the list of services provides an important framework for organizing public health systems, the statements were not written as, or intended to be, competency statements to guide academic curricula.

The program plans to monitor competencies for relevance on an ongoing basis. Future revisions may be triggered by faculty participation in regional and national conferences, the San Joaquin Valley Public Health Consortium, the Central Valley Health Policy Institute, the Central California Regional Obesity Prevention Program and the American Cancer Society Leadership Council. The self-study also indicates that analysis of alumni surveys will inform future revisions.

2.7 Assessment Procedures.

There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

This criterion is partially met. Despite some inconsistency and lack of clarity in presentation of competencies in individual courses, all required courses do define specific assessment opportunities that relate to course objectives, learning objectives, competencies or whatever framework the faculty member uses for the individual course. Students plan and execute the practice experience with direct reference to and guidance from the program's competencies (defined as the 10 Essential Services).

The concern relates, first, to the fact that the program does not explicitly link the design and assessment of the culminating experience to the program's competencies. As discussed in Criterion 2.5, the program has made improvements to the culminating experience, which have greatly strengthened its rigor and

consistency. Faculty have developed rubrics to assure consistent expectations and assessment across the two options for the experience. What these rubrics and other materials associated with the experience lack, however, is any specific indication of the expectation that students will integrate skills and knowledge from across the curriculum in the experience. Without communicating this expectation to students and faculty, the culminating experience falls short of its potential to serve as an opportunity, beyond grades in required courses, for faculty to assess students' competencies.

Additional concern relates to the program's graduation rates. The university allows students five years to complete their degrees, but students may petition for extensions of that time. The cohort of health promotion students who entered in 2006 (and would have been expected to graduate in 2011) included 16 students. Ten students have graduated, and two students have successfully applied for extensions, making this cohort's current graduation rate (with the two extended students removed from the denominator) 70%, though the two-year extension should still have required graduation from the two continuing students at this time. The 2007-2008 cohort has a 91% graduation rate. The 2008-2009 cohort has graduated four of nine students for a 44% graduation rate. The flexibility of extensions and the program's imprecision in tracking students' entrances and exits makes it difficult to ascertain the true graduation rate, but it does appear to fall short of the 70% required by this criterion in at least several years. Analysis of graduation rates is further complicated by the fact that these figures relate only to the current option, the MPH in health promotion. The program's health policy and management MPH stopped accepting students in 2008, and the self-study appropriately separates out these students into a separate table to allow for clear analysis. This group's graduation rates for the three cohorts that have recently reached the five year time to graduation range from 60% to 64%. The program has acknowledged the concern with graduation rates, and faculty's analysis of the causes for depressed rates have led to a very productive redesign of the culminating experience, which was first implemented in fall 2012. This change appears to have the potential to improve graduation rates for future cohorts.

Additional concern relates to the program's current lack of alumni survey data. The program completed its data collection cycle on February 28, 2013, shortly before the site visit. Faculty responsible for the survey had no preliminary data and no information at all on the possible response rate at the time of the site visit. The program last attempted an alumni survey in 2010, and the methodology included collecting questionnaire responses through US mail from all 184 individuals who had graduated in the program's history. The program obtained a 28% response rate. Responses indicated overall satisfaction with the program but identified the need for increased assistance with job searching and the need for some specific curricular improvements. Though preliminary data from the 2013 data collection were not available at the time of the site visit, reviewers expressed concern about the fact that the 2013 survey used the same methodology—US Mail contact with all alumni from the program's 20 years of operations who could be located. The hard copy letter provided a web address that would allow participants to

complete the survey online rather than mailing back a paper survey, but, given the program's previous challenges with US Mail-based surveys of alumni, it is possible that this mode of contact may again present challenges in response rates. Finally, the program plans to collect alumni data every three years. Such an approach does not appear to support all of this criterion's reporting requirements, such as an annual tabulation of each graduating class' employment rates.

The last area of major concern relates to the program's lack of data from employers on graduates' competence. The program attempted a paper-based survey in 2011 and received an extremely low response rate that prevented the program from performing any analysis or extracting meaningful data. The program has not conducted additional efforts to collect data from employers on graduates' competence, as is required by this criterion. Faculty indicate that they plan to attempt this data collection in the future, but there is no specific plan or timeline to do so.

In the past three years, six students have completed the Certified Health Education Specialist test, and all have passed. Three students have completed the Certified in Public Health exam, and all have passed. The program is currently exploring the possibility of becoming a testing site for these exams, since the need for students to travel to Los Angeles or San Francisco to sit for the exams has been a barrier.

The self-study presents high employment rates of 100%, 78% and 91% for the three most recent graduating classes. Most students were already employed while enrolled in the program, though many students and alumni who met with site visitors reported that experiences and connections that faculty helped them to develop resulted in new, typically more advanced, offers of employment.

2.8 Bachelor's Degrees in Public Health.

If the program offers baccalaureate public health degrees, they shall include the following elements:

Required Coursework in Public Health Core Knowledge: students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours.

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses.

Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg,

graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.

This criterion is not applicable.

2.9 Academic Degrees.

If the program also offers curricula for graduate academic degrees, students pursuing them shall obtain a broad introduction to public health, as well as an understanding about how their discipline-based specialization contributes to achieving the goals of public health.

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is not applicable.

2.11 Joint Degrees.

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

This criterion is not applicable.

2.12 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. Fresno State is a teaching institution, and the primary focus of faculty responsibilities is teaching. Faculty of the program have high teaching loads. Despite this, the university, college and department encourage research. An increasing emphasis on research is one of the university's strategic goals. The provost noted that the university is moving towards a model of a teacher-scholar and that the university's strategic plan notes a commitment to support and enhance applied research that impacts the Central Valley region; he perceives that public health research has great relevance and potential in this regard. The university has increased central funding for research and expects to continue offering intramural funds to build faculty members' capacity in scholarship. Within the next few years, available research funds for faculty will increase to approximately \$1 million for all university faculty. These funds will allow for course releases, in addition to funding direct costs.

Current promotion guidelines require that each assistant professor develop a probationary plan that defines specific expectations for teaching, service and research. Faculty members are evaluated annually until the 6th year, when they are evaluated for promotion and tenure. Promotion expectations to full professor are rising and require evidence that the candidate has attained 'senior status in the field.'

A variety of institutes and programs at the university offer enhanced opportunities for program faculty research, including the Central California Center for Health and Human Services, the Central Valley Health Policy Institute and the Central California Children's Institute.

Grants that the primary faculty have received for research between 2009 and 2012 have ranged between \$1000 and \$372,000. All primary and most other faculty of the program have been engaged in research, and some have bought out teaching time with research funds.

3.2 Service.

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

This criterion is met. Although teaching excellence is the primary consideration, faculty community/public service is one of the activities required by the university for promotion and tenure. The academic policy manual defines public service as leadership and participation in groups serving the public interest. The Department of Public Health has not developed any additional policies or procedures related to MPH

program faculty service activities. The self-study provides a list of seven types of service that can be considered for promotion and tenure: six of the seven types of service are service to the university and one is to the community.

The self-study lists the service activity of primary and other MPH program faculty for the past three years. Although some entries are for university instead of public service, the documentation provides ample evidence that the program's faculty are involved in appropriate professional and community service, which is relevant to the MPH program. The self-study lists four outcome measures that the program uses to evaluate service, including a target that 80% of faculty will participate annually in governing boards, advisory boards, etc. All targets were met or exceeded over the last three years.

Because community service is such an important way of working with various populations in public health, it would be useful to have a more formal way to emphasize the role of community service in the MPH program, eg, including it as a required area of discussion for new faculty with their faculty mentor.

The faculty developed PH 203S as a required course that includes service learning to give students an opportunity to participate in community service activities outside the required practice experience. Faculty may also include service learning opportunities in other courses as appropriate to the course objectives. A number of students also serve on community boards and committees as part of their employment.

3.3 Workforce Development.

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

This criterion is met. For the past three years, the MPH program has focused its energy on improving the curriculum, establishing clear policies and strengthening the overall program. This has limited the time and resources available to fully implement a workforce development component of the program. Despite this, program faculty have continued their existing work in this area. The self-study document lists only three continuing education events that were offered, one in each of the past three years. All three events were conferences, and faculty could not identify the portion of attendees that were community members versus students and faculty members. Total attendance in the programs was 155 participants. The MPH program currently does not offer any certificate programs.

The information included in the self-study document does not reflect the expected level of activity for a longstanding, accredited public health program. The site visit team asked faculty if there were other workforce development activities that might have been done in the past three years. They noted and described the following additional interdisciplinary training being done that was not included in the self-study document: annual CHHS nursing academy for public health skill building; Health Policy Leadership

Institute (sponsored through the CVHPI), which has 160 graduates to date; and Dean's Leadership Circle quarterly "Lunch and Learn" programs (which may become CEU or CME programs in the future). They also expanded their discussion of linkages related to workforce training needs with community agencies.

MPH program faculty uses ties with community health organizations to identify potential options for continuing education. An assessment in 2010-2011 identified continuing education needs for Certified and Master Certified Health Education Specialists, Registered Environmental Health Specialists and Emergency Medical Specialists. The MPH program also is informed about continuing education needs through three community partnerships – the MPH Advisory Board, San Joaquin Valley Public Health Consortium, and the Central Valley Health Policy Institute. Information from the partnerships has resulted in the program exploring how to become a CHES/MCHES testing site, receiving funding from a Tulare County Workforce Development Grant to create and offer training to new community health workers (promotoras), and co-sponsoring a "Shaping Policy for Public Health" conference with CDC.

The MPH program does not have a program-level structure for workforce development activities but uses university policies, procedures and evaluations. The program has access to coordinate non-degree workforce development programs through the university's Division of Continuing and Global Education (DCGE). The DCGE "Extension Course Proposal Form" provides a template for assessing needs and planning a continuing education program for public health professionals to meet those needs within the policies and structure of the university.

The Department of Public Health collaborates with a number of educational institutions and public health practice organizations to offer continuing education including the following: California Health Collaborative, Public Health Training Academy, Centers for Disease Control and Prevention, Directors of Health Promotion and Education and National Liver Foundation.

Alumni and community representatives with whom the site visit team met indicated that they would like to receive more information about training opportunities available through the program. Some also indicated a willingness to work as community partners with the program to co-sponsor relevant workforce development programs.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The program has four primary faculty members; each has a doctoral degree (PhD, DrPH) in the discipline of health education or a related discipline and are experts in the areas in which

they teach. The research interests of primary faculty are varied; program faculty have attracted grants and conduct research on a broad range of topics. A number of other faculty members support the teaching program, all with relevant graduate degrees.

The faculty complement integrates perspectives from the field of practice in a variety of ways. Faculty members are heavily engaged in professional practice in the community and therefore bring to the classroom significant expertise and experience. Community stakeholders/representatives and preceptors noted that faculty have their 'hands in the community.' The CHHS dean noted that faculty in the program are 'directly connected to practice.' In addition, public health practitioners have at times been asked to teach specific classes. Faculty members value their contributions. However, this process of gaining approval from the university for practitioners to teach – and getting approval for the title of 'adjunct' – is challenging and sometimes burdensome, according to faculty members. Discussions with alumni confirmed the importance of this engagement of practitioners. Alumni stated that the courses that were taught by practitioners greatly added to the value of the program by providing insights and experiences from a real-world perspective. These alumni and stakeholders are eager to be engaged in the teaching program and provide a potential rich resource to rely on.

4.2 Faculty Policies and Procedures.

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

This criterion is met. The Academic Policy Manual describes all policies related to faculty recruitment, appointment and promotion as well as mechanisms for evaluation of faculty performance.

In consultation with department faculty, new faculty members at the assistant professor level develop a probationary plan within their first year of appointment. This plan sets out expectations in teaching, research and service from the time of their appointment until the time of their promotion and tenure review. The plan is reviewed annually with a mentoring committee and the department chairperson until the sixth year. The sixth-year review is for promotion and tenure. Tenured faculty are reviewed at least once every five years by a personnel committee that reviews teaching effectiveness, research and service contributions of the faculty member.

A variety of supports are available at the university for professional development, including the Center for the Scholarly Advancement of Learning and Teaching and the Office of Research and Sponsored Programs. Travel support is provided through the dean's office. Tenured faculty are eligible to take a sabbatical leave for a half year fully paid, or a full year at half pay. The provost has allocated a research fund to support teaching release of faculty so that they can focus on research.

The university has established a system of course evaluation. For probationary faculty, two courses are evaluated each semester. For tenured faculty, one course is evaluated each semester on a rotating basis so that all courses have been evaluated within a five-year review period. Results of the student evaluation of courses are reviewed by the chairperson, who writes a report for each instructor and discusses the findings. Students referred to the course evaluation form and stated that they felt that they could give honest feedback on these forms. They feel that their opinions are taken into consideration and are incorporated quickly into future courses. For example, last fall they gave feedback related to needing experience in program implementation. This feedback was incorporated into the syllabus of a course they are taking this spring. They have given feedback on all aspects of the courses including the books that are used.

4.3 Student Recruitment and Admissions.

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

This criterion is met. The program recruits both undergraduate students and working professionals, and the website, brochure and promotional materials, such as pens and letter openers, are the primary materials used for publicity and outreach. The Division of Graduate Studies has a full-time recruitment specialist who refers interested candidates to the program, but faculty are the program's primary recruiters, working with Fresno State undergraduate students (including departmental students) and their professional networks in the region.

The program follows the Division of Graduate Studies' processes and procedures and requires students to gain admission to the university before they can be considered for program admission. The program requires an application form, letter of intent and three letters of recommendation, in addition to the materials required by the university.

The full-time faculty serve as the program's Admissions Committee, and each member reviews the complete application, including the transcript and GRE scores. The committee votes on each candidate and establishes conditions for admission, if any. For example, a student who lacks undergraduate preparation in statistics or other important areas may be admitted, with a requirement to complete prerequisite coursework before full admission status is granted. Faculty members focus on students' short and long-term goals and review applications holistically.

The number of applicants declined during the last three years from 34 to 33 to 20. The self-study attributes this decline to the program's probationary accreditation status. The program has accepted 23, 21 and 17 students, and 16, 18 and 13 new students have enrolled each year. The program's total headcount, however, has been steadily rising because of students remaining enrolled for longer periods

of time. For 2012-13, the program enrolled 60 students, with a full-time equivalence of 39.6. Faculty explain that they expect this trend to diminish once the new culminating experience has been implemented for several cohorts, since they hope that the redesigned culminating experience will facilitate students' timely program completion.

The program has exceeded its target of 75% of students entering with a GPA of 3.0 or better. The program has generally met or just fallen short of its target of 50% of newly-enrolled students having a minimum of two years of health or community-based experience.

4.4 Advising and Career Counseling.

There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

This criterion is met with commentary. The Department of Public Health chairperson is the primary advisor of all MPH students, and the program director provides additional guidance as needed. Students attend an orientation upon entry into the program. Program requirements are clearly listed on the website and in a manual provided to students at orientation. The restructuring of the culminating experience into a course has provided for more formal and structured advising as students progress toward graduation. Students feel that they have adequate advising support. They noted that the program faculty members are always available to support them, both academically and personally.

Career counseling is provided on an ad hoc basis by program faculty. In addition, the program director and faculty regularly post available jobs in the program office and online. The university has a career services office accessible to all students, though MPH students and alumni did not mention this office in discussions around career guidance.

Student satisfaction with advising and career counseling is gleaned from informal interactions with students. A formal system for student grievances has been established by the university, and the program implements these procedures.

Despite the lack of a formal mechanism for career counseling, discussions with students and alumni indicated satisfaction. All stated that they had been supported in finding jobs during their tenure in the MPH program and thereafter. The practicum/internship experience provides a network of contacts, and faculty contribute to and encourage networking as well. Many students and alumni are in jobs that they were linked to through the program.

The commentary relates to the lack of quantitative data related to student satisfaction with advising and career counseling. The program could easily include a question on the exit survey to assess this specifically. In addition, the program may want to consider a more formal process of career counseling.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

California State University, Fresno
Public Health Program

March 21-22, 2013

Thursday, March 21, 2013

- 8:30 am **Site Visit Team Request for Additional Documents**
Vickie D. Krenz, Ph.D., MPH Program Coordinator
- 9:00 am **Team Resource File Review**
- 9:30 am **Break**
- 10:00 am **Meeting with Provost**
William A. Covino, Ph.D., Provost and Vice President
- 10:45 am **Break**
- 11:00 am **Meeting with Faculty Related to Curriculum and Degree Programs**
Dr. Helda Pinzon-Perez
Dr. Kara Zografos
Dr. Mohammad Rahman
Dr. Michael Waite
Dr. John Capitman
Dr. Gregory Thatcher
Dr. Vickie Krenz
Dr. Suzanne Kotkin-Jazsi
Dr. Miguel Perez
- 11:55 am **Break**
- 12:00 pm **Lunch with Students**
Amber Huhndorf
Bla Her
Rosendo Iniguez
Bessie Yang
Michelle Alcantara
Edward Boyle
Jana Mowrer
Rhonda Dick
Brittany Chambers
Alida Espinoza
Susie Rico-Vasquez
Jose Arrezola
Nereida Boyle
- 1:00 pm **Break**
- 1:15 pm **Meeting with Faculty Related to Research, Service, Faculty Issues**
Dr. Helda Pinzon-Perez
Dr. Kara Zografos
Dr. Mohammad Rahman
Dr. Gregory Thatcher
Dr. John Capitman
Dr. Suzanne Kotkin-Jazsi
- 2:30 pm **Break**

2:45 pm **Meeting with Alumni**
Karen Kitchen, 1996, Senior Health Education Consultant, R.D., M.P.H.
Faisal Aranki, 2000, Epidemiologist, Fresno County Public Health Department, Infectious Diseases, M.D., M.P.H.
Manal Samaha, 2006, Internship Coordinator, Department of Public Health, Fresno State, M.P.H.
Jose Antonio Gonzalez, 1997, Health Net of California, M.P.H.
MariaElana Avila-Toledo, 2004, Area Health Promotion specialist – Greater South Central Valley, M.P.H.
Rosemarie Amaral, 1998, Program Director, Fresno County Department of Community Health, M.P.H.
Melanie Ruvacaba, 2011, Program Coordinator, IMPACT Program, American Lung Association in California
Guille Toland, 2011, Senior Program Officer, First 5 Fresno County, M.P.H.
Ericka Ireland, 2009, Faculty, Department of Food Science and Nutrition, M.P.H.

3:30 pm **Break**

3:45 pm **Meeting with Community Representatives and Preceptors**
Karen Kitchen, Senior Health Education Consultant, R.D., M.P.H.
Melanie Ruvacaba, Program Coordinator, IMPACT Program, American Lung Association in California
Steve Ramirez, Executive Director, California Health Collaborative
Dorothea Jones, Director, Community Health Division, Fresno County Public Health Department
Kathy Yarmo, Health Educator, Student Health and Psychological Services Center, Fresno State
Marlene Benjamin, Assistant Director, Central Valley Health Policy Institute
Robin Woods, Health Education and Smoking Cessation Specialist, Kaiser Permanente

4:30 pm **Resource File Review and Executive Session**

5:00 pm **Adjourn**

Friday, March 22, 2013

8:30 am **Meeting with Institutional Academic Leadership/University Officials**
Sharon Brown-Welty, Dean, Division of Graduate Studies
Andrew Hoff, Dean, College of Health and Human Services

9:15 am **Break**

9:30 am **Executive Session and Report Preparation**

12:30 pm **Exit Interview**