

REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT
SAN FRANCISCO STATE UNIVERSITY

SITE VISIT DATES:
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SITE VISIT TEAM:
J. Henry Montes, MPH, Chair
Michael D. Barnes, PhD

SITE VISIT COORDINATOR:
Mollie Mulvanity, MPH

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH), the recognized accrediting body for public health schools and programs, regarding the Public Health Program at San Francisco State University (SFSU). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2005*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in December 2009 by a team of external peer reviewers. During the visit, the team had an opportunity to interview school and university officials, administrators, teaching faculty, students, alumni and community representatives, and to verify information in the self-study document by reviewing materials provided on site in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

SFSU is one of 23 universities in the California State University (CSU) system, and it is the fourth oldest in the system. SFSU is an urban university with the smallest footprint in the CSU system (142 acres), but it enrolls more than 30,000 students, including approximately 24,000 undergraduate students. The university offers baccalaureate degrees in 119 areas, masters degrees in 95 areas and doctoral degrees in five areas. The university has a unique mission that explicitly recognizes concepts including diversity, cultural awareness, community service and links to "the cultural mosaic of the City of San Francisco and the Bay area..."

The university houses eight colleges: Behavioral and Social Sciences, Business, Creative Arts, Education, Humanities, Ethnic Studies, Science and Engineering and Health and Human Services. The public health program, which includes a bachelors degree and a masters degree in its unit of accreditation, is housed in the College of Health and Human Services' Department of Health Education. The college also includes departments of child and adolescent development; consumer and family studies; counseling; kinesiology; physical therapy and clinical laboratory science; recreation, parks and tourism; and schools of nursing and social work.

The program was initially accredited in 2003. The review granted a seven-year term with no interim reports, and the Council extended the accreditation period by one year to accommodate administrative rebalancing of site visits per year. While the unit of accreditation included only the MPH degree at the initial review, the current review reflects a unit of accreditation that also includes the BS degree in health education.

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

These characteristics are evident in the SFSU public health program. The program is housed in a regionally-accredited university and its faculty and students enjoy rights, privileges and status equivalent to those of other SFSU professional degree programs. The ecological perspective underpins many aspects of the program's operations, from the content of curricula to the collaborative approach to teaching and learning espoused by both faculty and students. Faculty members are prepared in a variety of disciplines, and interdisciplinary work is common in the program's research, teaching and service components.

The program recognizes public health values, and documents such as the department-specific guidance on tenure and promotion reflect the dedication of resources and alignment of policies with the vision and goals common to public health. The program has appropriate resources to offer the two degrees in the unit of accreditation, though balancing the commitment to quality, practice-based instruction with high student demand remains a challenge.

The program has a sound process for evaluation and planning and maintains close links to the practice community, particularly with the San Francisco Department of Public Health and with a number of Bay Area community-based organizations.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The program has a mission statement encompassing three aspects of public health education: instruction, research and community service. The mission statement follows:

The Department of Health Education at San Francisco State University promotes individual and community health, health equity, and social justice in urban communities through community-based research, advocacy, and the preparation of public health leaders. We provide a participatory learning environment that integrates theory and practice, honors diversity, and fosters leadership, collaboration, critical thinking, and communication skills.

The mission statement is disseminated via the departmental website and the MPH information session PowerPoint presentation that orients students and others to the program. In the University Bulletin of graduate programs online, the wording of the mission statement is different than that stated on the departmental website. Site visitors learned that the version in the bulletin is no longer to be used and will be changed at the next iteration of the bulletin. Review of the mission, goals and objectives at the university level occurs through submission of the department's annual assessment report to the university Academic Affairs Office, and a comprehensive review is done every five years through the university's Provost Office of Academic Planning and Educational Effectiveness. The program revised the mission statement during this self-study process in order to make it more concise than the longer version that appears in the bulletin. The program established an extensive and triangulated approach to monitor and revise its mission, goals and objectives. Annually, faculty review the mission, goals, and objectives at the faculty retreat. Summaries of student surveys and focus group results, as well as feedback from community adjunct faculty and preceptors and faculty members' own experiences are considered in the revision process. These discussions also provide the source for annual academic work plans for the MPH and BS program coordinators and pertinent faculty, further linking the most current mission to programmatic operations.

Broad goal statements relate to each major function and provide a context for the program's activities. These goals cover both the BS in health education as well as the MPH in community health education. They include seven instructional goals, one overall research goal and one service goal, all with accompanying measurable objectives. The instructional goals reflect a commitment to providing professional preparation in core competencies, functions and responsibilities; ensuring that curricula

embrace an ecological approach; developing oral and written skills to be able to present outcomes of study professionally; building student skills to work with diverse populations and engage in collaborative leadership and team building; effectively using applied experiential learning; and ensuring student satisfaction with support received in the program.

Objectives indicate the intent to show measurable progress in achieving each goal whether it is course specific, practice oriented, or approaches to helping students improve on what they do, as well as involving alumni in helping to assess how well the program is progressing. Goals and objectives do not always explicitly define faculty members' specific roles and responsibilities, but site visitors learned that faculty are engaged in examining goals and objectives on an ongoing basis during monthly faculty meetings and the annual faculty retreat. Their input is sought and changes are made based on agreements reached during these meetings and at the retreat.

The narrative on the statement of values for the program includes ideas that are pertinent to the mission, goals and objectives. Meeting the challenges of the 21st century is identified as the key issue for articulating the program values including: creating a workforce of socially engaged and intellectually rigorous practitioners motivated by compassion where human rights and social justice are the norms, and strengthening the role of individuals in social systems to make healthy choices. Further, the values envision communities as sources of wisdom in identifying problems' causes and solutions. The curriculum's ecological approach to assessing and planning programs; other curricular innovations; and the program's support for a highly diverse student body within diverse urban communities are all components of ensuring a well-trained and self-reflective diverse workforce.

1.2 Evaluation and Planning.

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

This criterion is met. The self-study provides a table with a thorough list of faculty, administrative staff, students, community stakeholders and alumni that participate in the planning and evaluation procedures. The table also documents processes and briefly describes the source of information for each. For example, various faculty committees meet at defined intervals to discuss and generate information related to the defined outcome measures. Although the self-study does not depict the overall procedure for coordinating these efforts to compile information from various sources and reach a programmatic determination related to the attainment or non-attainment of targeted outcomes, site visitors learned that a faculty member is tasked with this coordination as "assessment coordinator" (with some attendant release time). Site visitors also learned of formal processes through which department faculty, the chair and associate chair review and respond to data. Faculty retreats and, as needed, monthly meetings with

faculty, are used to inform changes to programs and curricula as well as for planning and decision-making.

Outcome measures are based on the objectives, linked to a goal and the mission, and the self-study presents data from the last three years. Additionally, data points are missing for objectives under instructional goals four, five, six and seven, but the self-study notes that the unavailability of data relates to improvements to MPH evaluation procedures. On-site discussion indicated that implementation of new instruments and processes designed to produce more reliable information produced some data that are not comparable to prior data. Finally, outcome measure data cover objectives for both the BS and MPH degrees, but the measures used for data collection in the BS program use the number one as the most favorable anchor on Likert scale questions, while the MPH program uses the number five as the most favorable anchor. This small inconsistency can be problematic in interpreting data where both outcome measures are used. On-site discussions indicated that such inconsistencies will be changed in the next iteration of the new data collection instruments.

The self-study provided a response to the previous accreditation review. A faculty member teaching in biostatistics and epidemiology has been on board for the last four years; five additional faculty have been moved to tenured status and two were moved to professor rank; and problems relating to non-measurable objectives have been remedied in this self-study.

The document describes a self-study process that included faculty from both the BS and MPH programs. The department chair coordinated the self-study process with assistance from other faculty and staff. The Self-Study Committee identified specific faculty to pull together specific parts and complete the writing of each of the sections. The department chair and two assistants compiled the pieces and developed a preliminary draft. This was sent for review and comment to university and college officials as well as department faculty who were each given sections to review. Faculty members were given two weeks to comment and write specific suggestions for changes and then share their comments with one another for subsequent discussion. Several alumni and community stakeholders gave recommended revisions which were incorporated in the version sent to the site visit team. Nevertheless, site visitors learned that because some outside reviewers received only a week to comment they were not able to participate as they might have wished. Discussions with MPH and BS students revealed that MPH students did have input and opportunities for review of the self-study drafts, but BS students were not involved.

Although the self-study is well organized, the site visit team found that the self-study did not always relate sufficient details to capture the richness or true offerings in specific program areas. Site visitors' discussions with the chair, faculty and students elucidated information on topics, including the

coordination of the various data sources in making decision, as discussed above, and allowed site visitors to more fully appreciate and assess the program's compliance with the accreditation criteria.

1.3 Institutional Environment.

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

This criterion is met. SFSU is accredited by the Accrediting Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges. Individual SFSU degree programs have accreditation from more than a dozen specialized and professional accrediting agencies.

SFSU is one of 23 campuses in the California State University (CSU) system, and the CSU system is the largest system of higher education in the nation, serving almost 326,000 students in bachelors, masters and joint doctoral degrees that are operated in concert with the University of California system. SFSU, like other CSU universities, is headed by a president, who reports to the system chancellor. The chancellor reports to a governmentally-appointed Board of Trustees.

SFSU offers its degree programs through eight degree-granting colleges, all of which report to the provost and vice president for academic affairs, who reports to the president. Figure 1 presents the organization of SFSU's academic units. A dean heads each of the colleges, and the dean for the College of Health and Human Services (HHS) is responsible for the academic home of the public health program.

HHS encompasses seven departments, two schools, one institute and a number of administrative offices and resources. The public health program is located in the Department of Health Education (DHE). Prerogatives relating to budget, strategic planning and faculty issues ultimately rest with the dean. The dean coordinates closely with the department chairs and school directors who, together, comprise the College Council. The College Council actively participates in curricular and strategic decision making with the dean. Figure 2 presents the HHS organization.

Department chairs, including the DHE chair, are selected internally by the faculty of each department and are appointed for three-year terms, upon approval of the college president. Chairs may be reappointed for additional terms, subject to the regular three-year ballot and approval process. Department chairs have responsibility for the unit's academic programs, students, faculty and administrative issues. DHE also has an associate chair with responsibility for issues including managing student administrative concerns. All departments must have a chair, graduate coordinator and a promotion, hiring, retention and tenure committee, but all other internal structures may be established by the faculty and chair to meet internal needs.

Figure 1. San Francisco State University Organizational Structure

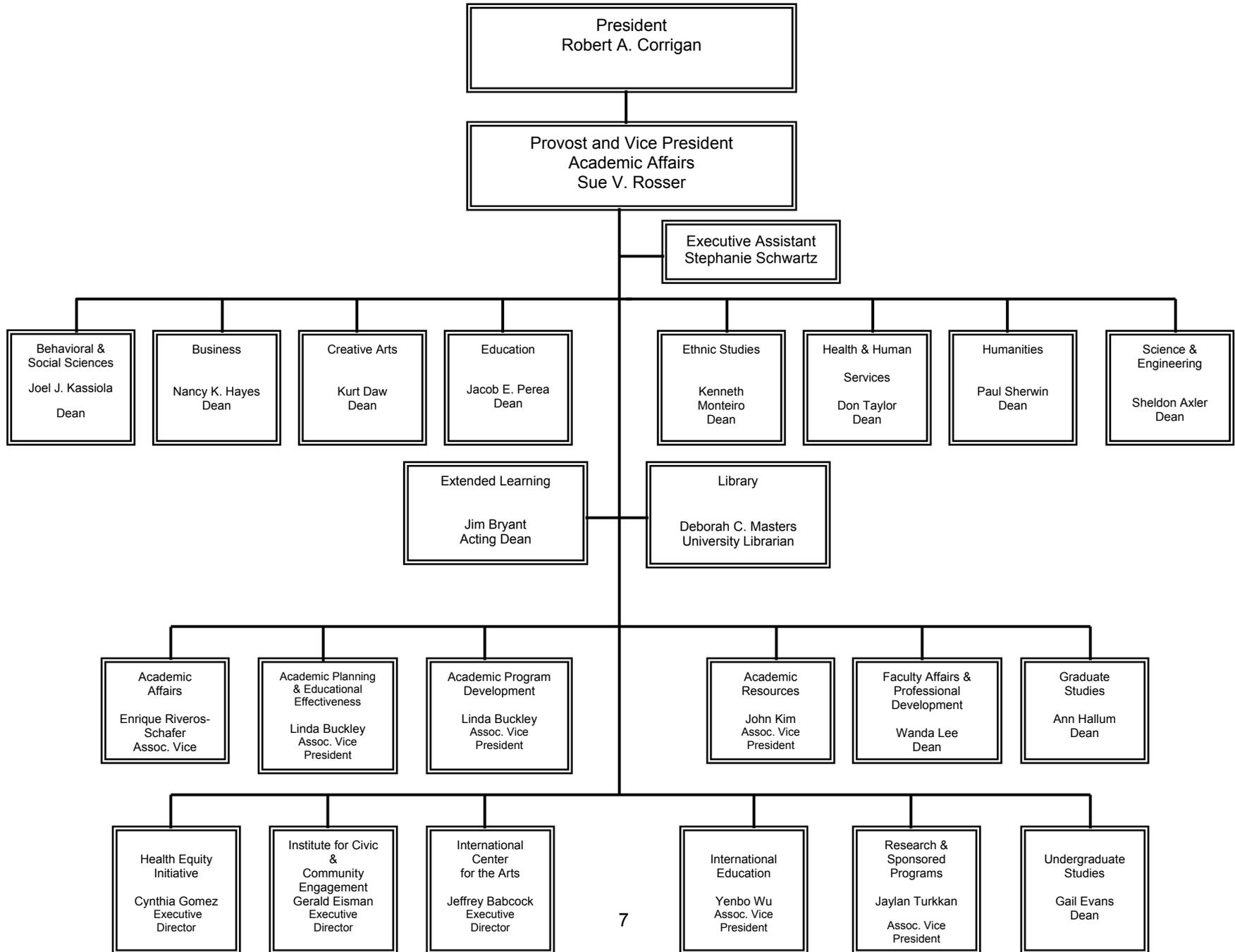
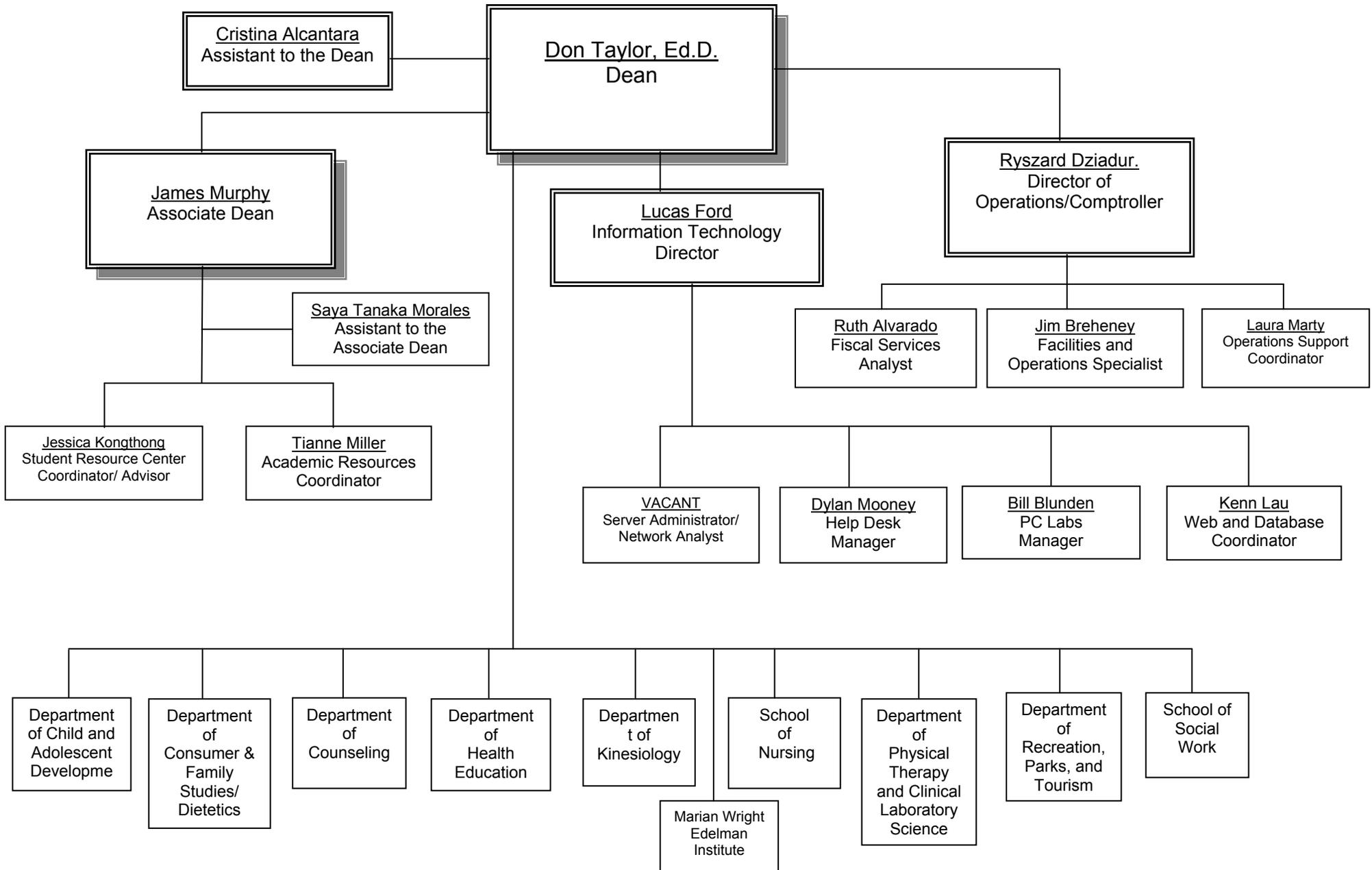


Figure 2. SFSU College of Human Services Organizational Structure



Departments develop and conduct searches for faculty and staff, though their decisions are subject to approval up through the level of the university president. Departments also set curricular and academic policies, though these must comport with the decisions of the university-wide Academic Curricular Review and Approval Committee of the Faculty Senate.

1.4 Organization and Administration.

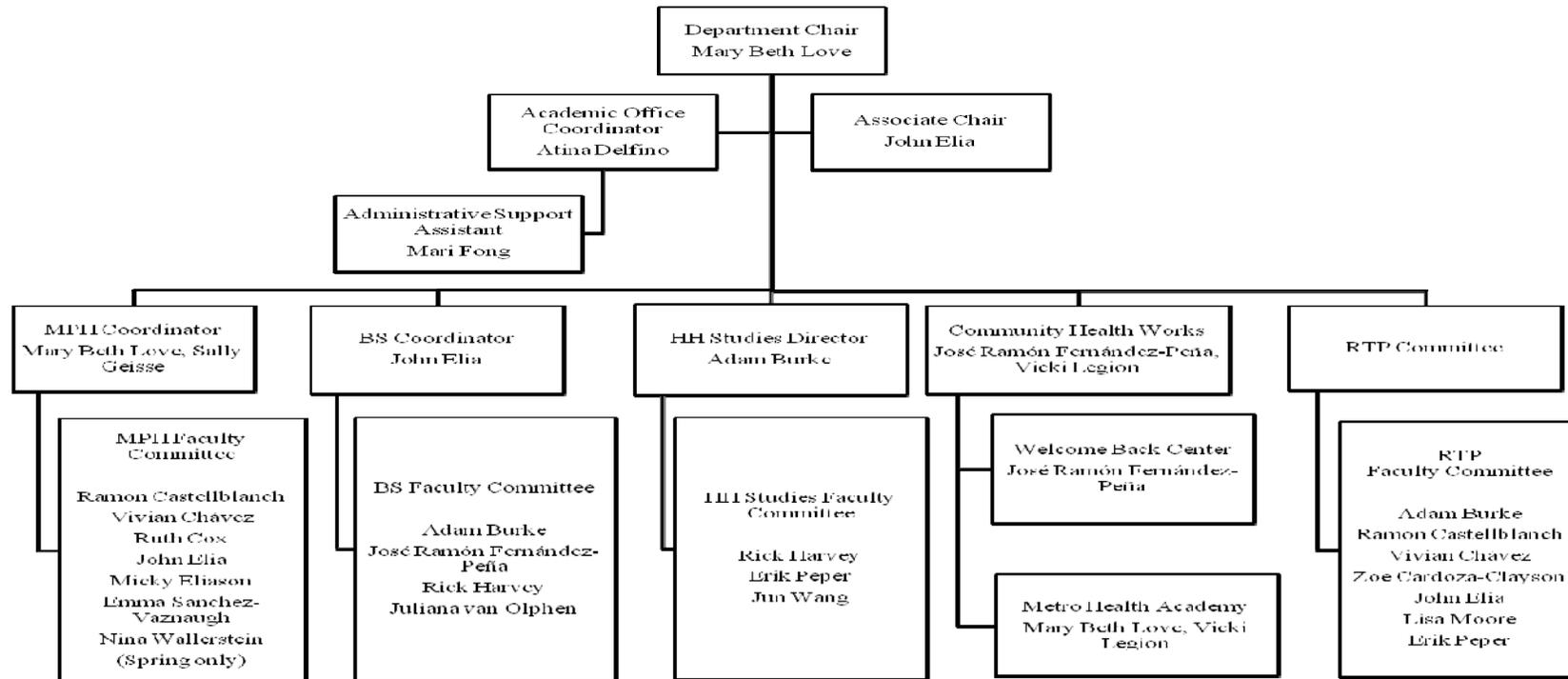
The program shall provide an organizational setting conducive to teaching and learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration. The organizational structure shall effectively support the work of the program's constituents.

This criterion is met. The DHE provides an organizational home for the public health program, which operates through collaboration of the MPH coordinator, the BS coordinator, the associate chair and the chair. In addition to the public health program, the DHE houses a program in holistic health (HH) studies, which offers a popular minor in holistic health to undergraduate students throughout SFSU, as well as a certificate in holistic health. The DHE also houses several community-based centers and initiatives, as well as administrative structures that support ongoing departmental operations. Figure 3 presents the DHE's organization.

Faculty involved in the public health program have diverse academic training and experience, including health education, health policy, occupational health, nursing, educational psychology, holistic health, anthropology, urban planning and social epidemiology. This diversity of training and experience provides a foundation for interdisciplinary coordination and collaboration, but faculty also collaborate across disciplines throughout SFSU. A number of university-wide mechanisms formally support such collaborations. For example, the SFSU Health Equity Initiative supports working groups of faculty across disciplines to develop research and seek external funding. Public health faculty lead or are active in each of the Initiative's established working groups. Additionally, the university's office of research and sponsored programs has funded a community-based participatory research (CBPR) collaborative to provide financial and technical support for projects using CBPR research methods. Finally, the CHHS provides internal funding for cross-disciplinary research pods, and program faculty have participated in funded efforts.

The program is committed to fair and ethical dealings and established guidelines in the university bulletin, faculty handbook, Office of Equal Opportunity policies and university policies and procedures handbook contain information, including grievance procedures that relate to this commitment. MPH students receive a program-specific handbook that outlines requirements and protections. The peer mentoring program and the active undergraduate health education organization are the primary venues for provision of specific information in this area to BS students.

Figure 3. SFU Department of Health Education Organizational Structure



The public health program has a variety of formal and informal procedures to deal with student grievances. The department and program follow university policies on grade appeals and perceived unfair treatment, and there have been no formal appeals or grievances in the last three years.

1.5 Governance.

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

This criterion is met. The school has a well-specified governance structure that is understood and solidly endorsed by faculty and administration, including several faculty committees pertaining to governance. Procedures and union contracts clearly delineate roles, responsibilities, rights and obligations of all parties. Students are appropriately involved in the department-level committees and report strong satisfaction with their level of involvement and the extent to which their opinions and suggestions are accepted and considered. This is true at the BS and MPH levels. The self-study and the site visit demonstrate a governance system that establishes effective checks and balances between the program's administration and faculty and is inclusive of students as well.

The SFSU Academic Senate governs the university's policies for program development and guidance. The Academic Senate develops policies and procedures regarding faculty appointments, academic standards and university goals. Development and application of academic standards and policies for individual courses within the program are a shared responsibility among the Curricular Approval and Review Senate Committee, the Graduate Council (for graduate courses only), the HHS College Council (which serves as the curricular review for the College), the department subcommittee relevant for the course (BS, MPH or HH) and the course instructor.

Major responsibility for departmental governance is granted to the academic department under the leadership of the department chair. Program faculty elect the department chair who serves for a three-year term. All faculty, full and part-time, have a prorated vote in this election. The department has four standing committees: the Executive Committee, the MPH Committee, the BS Committee and the Retention, Tenure and Promotion Committee (RTP), and at least one ad hoc committee: the Hiring Committee.

In accordance with university policy, three distinct sub-committees for teaching, research and service are required. These committees, together, constitute the Hiring Retention Tenure and Promotion (H RTP) Committees. Only tenure-track or tenured faculty are eligible for these committees. Committees are formed by faculty election and serve for one academic year. Committee members elect a chair to lead the respective sub-committees. H RTP committees make recommendations to the department chair, who

has a separate level of review. The California Faculty Association (CFA) represents the department faculty. Faculty work with a collective bargaining agreement negotiated between the CSU and the CFA. The agreement provides that faculty may grieve decisions made in the RTP process up to and including binding arbitration.

At the department level, the MPH Committee and the BS Committee serve as policy-making bodies for their respective degree programs. They are responsible for program development, implementation, management and assessment. The MPH coordinator and the BS coordinator possess shared responsibility with the department chair and associate chair. Both MPH and BS students reported that their program coordinators are excellent liaisons to the faculty and that seeking student input and making appropriate programmatic changes are a priority for the faculty. The MPH Committee and the BS Committee meet on a monthly basis to discuss issues and business related to their respective programs. If a proposed policy affects the entire department, it will be brought to the monthly full faculty meeting for discussion and approval by the entire departmental faculty.

Prior to the beginning of each academic year, the chair sets a schedule for monthly faculty meetings, which all full-time faculty are required to attend, and to which part-time and adjunct faculty are invited. The monthly meeting provides faculty with a formal opportunity to contribute to program policy and development through participation in the development of the agenda and in open discussions about program-related matters. The site visit team's perspective is that the faculty deeply respects the chair. The sentiment of the dean and the provost is similarly strong, especially in context to the department's ability to be financially viable and responsible.

The DHE is represented on major university-and school-wide committees through elected representatives. Additionally, the department is well represented by the chair in three, three-hour meetings per month with a Dean's Council of Chairs. On a monthly basis, the chairs across campus also meet with the provost, independently of the deans. In each of these meetings, governance issues including resource decisions and negotiations are discussed.

Students report satisfaction with their level of involvement in governance. Student representatives serve on standing committees pertaining to teaching, research and service that consider issues facing the school and the development of policy. In addition, MPH students are appointed as members of search committees and attend department faculty meetings. Although students are not always involved on the agenda or are available to attend, student representatives report that when they attend they can participate fully and have voting privileges.

The MPH student organization, the Public Health Organization of Graduate Students (PHOGS), was organized by students in the class of 2002 and participates in many levels of MPH program functioning. All current MPH students are members of PHOGS, and as a group they appoint several PHOGS representatives each fall semester to serve as cohort leaders and MPH faculty/administration liaisons during that academic year. PHOGS representatives actively participate in the monthly MPH faculty meetings, as well as disseminate faculty meeting notes to all of their fellow MPH students. BS students are represented through the Health Education Student Association (HESA). In addition to providing a social and service component to students, HESA provides a platform for individual students to voice their suggestions and concerns. A faculty advisor works directly with HESA and receives student input. Under the direction of the chair or faculty advisor, HESA representatives' periodically attend faculty meetings, as needed, to provide student input or voice concerns. It is noteworthy that HESA earned SFSU's top award for an outstanding student organization last year. Both organizations are robust, and they are beginning efforts to coordinate their activities more closely and to benefit from mutual initiatives.

1.6 Resources.

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

This criterion is met with commentary. The department has sufficient resources to fulfill its mission. Up to this point, in spite of significant state budget cuts, the program has met its budgetary requirements through a steady infusion of extramural funding. Beyond its annual general fund allocation, the DHE has somewhat independent control of external funding revenues generated from grants and from the College of Extended Education. These funds are used to augment faculty travel (without which only airfare is paid by the university), to fund student events such as the graduation recognition ceremony and to support graduate student assistants.

Resources to the department come from two sources: general funds and grants and contracts. The department budget statement for the last five years, which includes FY 2004 through 2009, is shown in Table 1. There has been a steady increase in revenue from tuition and fees to this point, but the critical financial challenges of the state make this trend seem unsure. Despite this worry, the department has been able to retain a positive balance or cost savings at the conclusion of each fiscal year (at least \$1,000, more commonly around \$10,000 or higher). On the department level, the creative use of a few large undergraduate courses, including widely popular general education courses, and the strategic use of adjunct teaching faculty in a few classes allow the department to create cost savings that can then be used to support faculty and student travel. According to the chair, the department is interested in investing a certain amount of cost saving balances toward other revenue generating activities such as developing an online Community-Based Participatory Research (CBPR) certificate.

Table 1. Sources of Funds and Expenditures by Major Category, Fiscal Years 2004 to 2009

	FY 2004/2005	FY 2005/2006	FY 2006/2007	FY 2007/2008	FY 2008/2009
Source of Funds					
Tuition & Fees					
State Appropriation					
Previous FY Carryover		\$ 50,264.74	\$ 50,723.96	\$ 840.67	\$ (8,247.69)**
University Funds	\$ 1,602,419.80	\$1,883,772.52	\$1,963,145.18	\$ 2,206,626.29	\$ 2,023,345.18
Grants/Contracts	\$ 1,628,639.45	\$ 493,115.95	2,531,624.38	\$ 714,829.12	\$ 961,950.09
ORSP	\$ 15,000.00	\$ 61,582.00	\$1,184,518.00	\$ 200,000.00	\$ 200,000.00
RRT	\$ 71,789.45	\$ 59,577.95	\$ 68,460.38	\$ 63,829.12	\$ 56,950.09
University Corporation	\$ 266,327.00	\$ 193,082.00	\$ -	\$ -	\$ 500,000.00
Other*	\$ 1,275,523.00	\$ 178,874.00	\$1,278,646.00	\$ 451,000.00	\$ 205,000.00
Indirect Cost Recovery	\$ 4,110.18	\$ 3,622.95	\$ 4,131.40	\$ 3,131.95	\$ 2,794.23
College of Extended Learning	\$ 12,404.00	\$ 21,230.02	\$ 9,017.63	\$ 12,235.00	\$ 12,950.94
TOTAL	\$ 3,247,573.43	\$2,452,006.18	\$4,558,642.55	\$2,937,663.03	\$ 2,992,792.75
Expenditures					
Faculty Salaries & Benefits	\$ 1,431,660.30	\$1,742,657.70	\$1,813,203.16	\$2,053,015.50	\$ 1,755,005.40
Staff Salaries & Benefits	\$ 150,759.42	\$ 152,623.79	\$ 164,290.90	\$ 169,354.31	\$ 176,460.11
Operations	\$ 42,775.58	\$ 43,038.58	\$ 99,218.91	\$ 53,518.34	\$ 42,931.27
Travel	\$ 3,623.39	\$ 4,648.76	\$ 3,912.35	\$ 1,478.12	\$ 1,969.85
Student Support	\$ 11,640.00	\$ 24,775.40	\$ 14,012.56	\$ 9,296.76	\$ 26,199.40
ORSP	\$ 15,000.00	\$ 61,582.00	\$1,184,518.00	\$ 208,247.69	\$ 200,000.00
University Corporation	\$ 266,327.00	\$ 193,082.00	\$ -	\$ -	\$ 500,000.00
Other Expenditures*	\$ 1,275,523.00	\$ 178,874.00	\$1,278,646.00	\$ 451,000.00	\$ 205,000.00
TOTAL	\$ 3,197,308.69	\$2,401,282.23	\$4,557,801.88	\$2,945,910.72	\$ 2,907,566.03

* grant funding with partners where SF State is not the fiscal agent

** error found in reconciliation of RRT account; absorbed in 08-09 by Department reserve

According to department administrators, CSU institutions such as SFSU are funded at 50% from state funds, primarily because of the primary teaching mission. Funding is justified primarily on the basis of student credit hour production. The dean and assistant dean for finance and administration have the primary responsibility for budgeting and resource allocation for the college. Salaries for faculty and support staff are administered centrally at the college level; however, operating budgets are decentralized

to the respective units. The dean and assistant dean meet with division directors, department chairs and other unit heads annually to discuss resource needs prior to preparing the budget for each department. The budget reflects the strategic priorities and balances unit-level needs in light of these priorities.

The department has 17 full-time faculty, with five primarily dedicated to graduate students and 12 primarily dedicated to undergraduate students. Using the core faculty only, along with data on full-time equivalent (FTE) students, the student-faculty ratio (SFR) for MPH students is 10.5, and the SFR for BS students is 40.4. These figures do not reflect the department's additional resources in the form of part-time faculty (including lecturers and adjunct faculty), of which there are at least 10 in the 2009-2010 academic year.

Research-productive faculty members receive discretionary funds for research-related activities through external funding. Additionally, 15% of indirect costs recovered is returned by university administration to the college, with two-thirds (10%) passed to the department and the remainder staying at the college level. The DHE's share typically does not exceed \$5,000, and the department uses these funds for overall department needs rather than returning funds to the faculty member who generated the grant. The majority of external funding appears in the budget as a line item attributable to the Office of Research and Sponsored Programs (ORSP). It is notable that the ORSP budget line contains one year with substantially greater resources. When questioned about the diverse resource amounts, faculty identified that during this one year, the department had a contract from a California state asthma project, essentially a pass-through account or funding conduit for the state program, with approximately \$600K of the \$1M awarded being used to pay for services not associated with department-controlled activities. Even discounting this unusual year, the total funding streams available to the department through external grants is notable, yet there is a risk that departmental needs and research productivity may be negatively affected if SFSU budgets are further reduced or if grant-funding sources are less plentiful.

The commentary pertains to the administrative load for the department chair. The chair load for administrative duties has been steadily granted at 40%. However, over the years, faculty growth, and increasing student enrollments with widely popular programs have outpaced that administrative allocation. In fact, a recent study at SFSU identified the DHE as one of six units whose department chair workload is too heavy with only a 40% release. According to the faculty, the self-study and the college dean, the typical load for administrative release is 60% across campus. With a thriving and growing department where new growth is expected, it is important that the university take steps to adjust administrative time to an appropriate level.

Of important note, students identified that the state budget crisis has created increased stresses, primarily on faculty, through the need to increase class sizes and teaching loads and through faculty receiving a

10% furlough. This observation was not raised by the chair, the faculty or the self-study document, but students raised this issue with site visitors out of sincere concern and deep respect for the sacrifices that faculty are making for them. The HHS dean further clarified that furlough days have been imposed to compensate for the faculty-union vote to reduce salaries by 10%. He identified that this action was taken as an alternative to faculty layoffs. These measures are expected to be in effect for one year. Additionally, tenure-track faculty will have the option to extend by one year the number of years they have to prepare themselves for RTP.

The provost indicated that CSU institutions have sought to protect themselves financially by a) issuing the right for programs to declare themselves “impacted,” which creates the opportunity to limit enrollment, b) not allowing spring student admissions to the university, and c) decreasing overall enrollment. Finally, the dean identified that despite budget restraints, he feels that the DHE’s FTE targets are in line. The dean also has chosen not to fill some approved faculty lines and held the funds at the college level to provide a financial cushion, especially to hire temporary lecturers who can teach five courses per semester versus full-time faculty, who teach three classes per semester. In sum, the site visit team believes that CEPH’s annual reporting mechanisms will be suitable to monitor these circumstances.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Master of Public Health Degree.

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

This criterion is met. The program offers professional public health degrees at the baccalaureate and masters level. Table 2 presents the program’s degree offerings.

Table 2. Degrees Offered		
	Academic	Professional
Bachelors Degrees		
Community Health Education ¹		BS
Masters Degrees		
Community Health Education		MPH

¹ Students choose an emphasis area from the following: Community-Based Public Health, Holistic Health Studies, School Health

The bachelors degree program, as indicated in the self-study document, “prepares students to plan, implement and evaluate programs for health and human services such as public health departments, voluntary health agencies, community-based organizations, community clinics and hospitals.” The BS degree is a 120-credit unit degree, with 54 credits in the major. Within the major, there are 36 core

(required) units of coursework and 12-15 elective units to be chosen in one of the three emphasis areas. Required courses for all BS students, regardless of emphasis area, include classroom and laboratory sessions in biology and microbiology; a course in program planning, implementation and evaluation; a course in community organizing; HED 400, The Health Education Profession; HED 430, Community Health Education Theory; HED 520, Race, Class, Gender and Health Promotion; and a number of HED classes related to public health core knowledge areas.

The program publishes a list of acceptable courses for the 12-15 credits of electives in the emphasis area—generally, emphasis areas have one compulsory course, and students choose the remaining courses from a list of selective courses, the vast majority of which are offered by the DHE under either the HED or HH (holistic health) headings. Both the community-based public health emphasis and the school health emphasis have the same compulsory three-credit course, HED 660, Developing Healthy Youth in Schools and Communities. School health BS students have a more limited choice of selectives than community-based public health students. Holistic health BS students take three of four general holistic health courses (eg, HH 380, Holistic Health: Western Perspectives) and two courses from the list of courses that comprise the holistic health minor and certificate.

The MPH degree is delivered in a cohort-based model, designed for adult working professionals, with classes scheduled one afternoon and two nights a week over a two-year, five-semester period. The program offers some flexibility in the form of three courses (nine credits) that are “non-sequenced;” that is, students can take them at any appropriate time, given adviser approval and need not take these courses as a cohort. One of the three non-sequenced courses is an elective, but all other courses in the MPH program are prescribed to meet the competencies associated with community health education. Because of the non-sequenced courses, some students may extend their studies to a sixth semester, providing slight deviation from the cohort model.

2.2 Program Length.

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

This criterion is met. The MPH degree is 44 semester credits in length. The DHE defines one credit as 15 classroom/contact hours per semester.

From the program’s establishment through fall 2008, the MPH degree required 53 semester-credit units. Program faculty and other constituents began discussing the appropriate program length after publication of this criterion in CEPH’s 2005 revised criteria. The accreditation criteria had not previously defined a minimum degree length. Reducing the minimum credits to degree has aided in student recruitment, as it has brought the SFSU program into greater parity with other accredited programs, and it has reduced the

time-to-graduation and increased degree completion rates. The program's graduates, except for those graduating in spring 2009 who opted to graduate under the new 44-unit degree, have all completed a 53-credit curriculum, and current policies require all students, beginning with those who enrolled in the 2009-2010 academic year, to complete a 44-credit curriculum. No students have graduated from the MPH program with fewer than 42 semester credits.

2.3 Public Health Core Knowledge.

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

This criterion is met. The MPH program offers required courses reflecting its stated mission and goals in the five core public health knowledge areas: Biostatistics and Public Health (HED 829) and Biostatistics Lab (HED 828); Epidemiology (HED 825); Environmental Health Science (HED 855); Health Services Administration (HED 810, HED 830/831, HED 835); and Social and Behavioral Sciences (HED 810, 815, 820, 830, 840, 835, and 855). The BS program is modeled on the MPH program with similar coursework targeted at the appropriate undergraduate level of competencies. All BS students are required to take the public health core including Environmental Health (HED 418); Epidemiology (HED 420); Health Policy and/or Health Care Systems (HED 450 and/or 410), and Research and Statistics in Health (HED 425). Behavioral and social sciences are integrated into the other courses dealing with community public health education competence. Site visitors reviewed the syllabi and discussed this approach with faculty during the site visit. The coverage of all five core knowledge areas is thorough and well-coordinated, with the social and behavioral sciences courses sequenced at both the BS and MPH levels to build increasing levels of competence.

2.4 Practical Skills.

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

This criterion is met. Integrating theory with practice is a central tenet for student learning in the program. For MPH students, the practice experience is called the "practice conjoined courses." This is a set of five courses (13 units) over 12 months in which students act as part of a three-to-four-member team in addressing a practice experience with a community based organization (CBO) or the SF Department of Public Health (DPH). Students spend at least 400 hours on the practice experience. The program implemented the current approach to student practice in the fall of 2007; previously, the practice placement lasted 18 months and carried a heavier credit-unit load. Faculty, students and preceptors agree that the 12-month approach is more practical, and the compressed time frame is more manageable. The self-study lists 14 placement sites between 2005 and 2009, and about one-third of placement sites are with DPH.

MPH students undertake fieldwork for two semesters and a summer in between, and the practice experience has four stages: during students' first spring semester, in HED 820 and 821, students learn how to do community health assessments and then work with the CBO or DPH to develop a plan to perform an assessment; next, during the summer, in HED 822, students implement the assessment, collecting and doing a preliminary analysis of the data; in the fall semester, during HED 830 and 831, student teams work with the CBO or DPH to finalize assessment and develop a program plan with goals and objectives, a program design, a work plan and budget; and by mid-December the student team presents their assessment and program plan at a public forum with the CBOs and DPH present along with MPH faculty, first-year MPH students, undergraduates and interested community members. Students provided positive comments on the practice experience's format and very much supported the team approach to this experience.

Currently, the practice coordinator teaches the conjoined courses in each semester of the practice experience. Although each student is assessed in all the practice courses, major emphasis is on the team work. The practice coordinator meets at least once a semester with each team and maintains regular informal contact as she monitors the team work plan. She may also meet with individual students who are team members depending on the situation.

The MPH practice coordinator conducts the initial round of selection of the MPH practice community sites. The practice coordinator interviews leaders at each potential site as well as any possible preceptors at the site. Preceptors, who supervise student teams on a day-to-day basis, are known as community adjunct faculty (CAF). Criteria for site selection include: compatibility of mission and goals with those of the MPH program; ability of MPH students to make a contribution to the CBO/DPH's objectives that is current but not extremely time sensitive; and the level of interest among MPH students for working with the particular CBO or DPH section. For this latter match, in the fall of the first semester, potential site officials present their sites and projects to the students, as the practice coordinator typically identifies more potential sites for each cycle than there are available student teams. Students list their three top sites, and the MPH practice coordinator makes decisions about the composition of student teams and team placement by the end of the first fall semester.

CAF must meet the following criteria: possession of an MPH in community health education or equivalent masters degree qualifications; experience mentoring; organizational support to mentor a student team; desire to implement a program or project that requires skills of assessment, program planning and implementation; commitment to assessing the group progress; and availability to meet regularly with students throughout 12 months. Having met these criteria, the CAF is expected to supervise students, guide the assessment and program planning activities and evaluate student performance in conjunction

with the MPH practice coordinator. Student teams evaluate both the CAF and the site throughout the process.

The self-study identified one potential weakness in this approach to MPH practice, and site visitors discussed the issue in depth with faculty, students, alumni and preceptors: the challenge in eliciting competency assessments for individual students in a group project. Faculty have grappled with this challenge by considering the request that CAF review each individual of the team. However, when the site visit team met with practice experience CAFs, they reported very strongly that they only feel comfortable rating the team collectively. Site visitors learned that, while garnering such assessments from CAFs is often not possible, the didactic components of the course sequence combined with the team assessment information form a good assessment of individual student's performance. For example, though each team must write a program statement for their project, students practice writing program statements individually during class and are assessed on this individual performance as well. Through further questioning of MPH students it was evident that they believe there is no problem in using this assessment process. Faculty indicated that the MPH electronic portfolio (e-Folio), discussed in greater depth in Criterion 2.5, is also an essential component in assessing students' performance, since students must document their practice-based learning experiences and products individually in the e-Folio.

For the BS program, students satisfy their practice experience in one nine-unit internship class (HED 480). Program faculty introduce the practice experience during new student orientation and guide students to develop ideas and topics during the first year of study, but students begin the project during the second year of study in the major. This senior-level course requires individual participation for 20 hours a week for one semester in a supervised workplace and a three-hour per week reflective seminar with faculty. The BS internship clinical faculty member responsible for the HED 480 class identifies and selects preceptors and potential sites for placement, and the self-study lists more than 100 preceptors who have worked with students in the past three years. The HED 480 faculty member interviews all potential preceptors individually by phone (if they have not served as BS preceptors in the past) and evaluates the appropriateness of the proposed work before approving each placement site. The clinical faculty member who currently teaches the course is a public health practitioner with experience at DPH and other agencies, and her professional ties to the community strengthen the program's ability to find and retain appropriate sites and preceptors for the large number of undergraduate students.

The program sends an application and a set of competencies to all potential preceptors, with instructions on using the listed competencies to assess the student's work. Documents explicitly outline the scope of work and identify the four responsibilities out of seven responsibilities of health educators that the student will be engaged in during the internship. Preceptors with masters degrees are preferred, but the program most highly values identifying individuals with the appropriate health education and public health

experience to work with the defined set of competencies. The clinical faculty member prepares and maintains a database of qualified practice sites and works with students to ensure that their site choices are consistent with their personal and professional goals.

The HED 480 faculty member conducts an in-person visit at each site that has been selected by a student. Before the student begins work, the preceptor and program negotiate and specify the following: arrangements for allocated time, a schedule for the intern, measurable goals and objectives for the intern, agreement to meet with the intern on a weekly basis and agreement to provide the intern with a desk, phone and computer. According to students, at least one competency must be addressed by the preceptor; more typically, each student meets three to four. Students are fully aware of the learning competencies and are evaluated on them directly at the conclusion of their experience.

The program has developed documents describing responsibilities of the student, the course director, the faculty project guidance committee and the community site preceptor, and the program also has standard evaluation forms to guide the process. The preceptor evaluates the student, and the student evaluates the preceptor, site and overall experience. The self-study identified one challenge related to the preceptor-based evaluations: across the many undergraduate students, there is little variability, as preceptors almost universally rate students as excellent on every indicator. Faculty plan to examine the data collection instruments to determine whether they need to provide more guidance in how to assess the BS students, but faculty generally note that the high ratings are a tribute to how well the students are prepared for their internships. Site visitors' interviews with BS students, alumni and preceptors supported the view that students, on the whole, are extremely well-prepared and that projects are well-defined.

Waivers of the practice experience are not permitted for either the MPH or BS programs, as the practice experience constitutes a significant part of the curriculum and is integrated with other learning activities.

2.5 Culminating Experience.

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

This criterion is met. The program has a structured and sequenced culminating experience, required for all BS and MPH students. These practice-based experiences are approved and supervised by faculty on campus and through highly trusted community preceptors in the field. Students work to complete specific learning outcomes.

The culminating experience for MPH students begins with, and builds on, the practice experience, in which students address a public health issue in a team environment, with three to four graduate students, directed through a CAF, planning and conducting a community assessment and intervention plan. While

faculty are responsible for overseeing the attainment of learning outcomes, the CAF make a 12-month commitment to the team of MPH students and serve as the field mentor. The CAF assures that the actions of the team are realistic and practical. During this two-semester experience, students apply, integrate and synthesize knowledge and experience obtained during their academic course of study to a question or problem of public health relevance, and are overseen and approved by program faculty. Students complete seven key products that include their team-based projects and a final paper that are integrated into an electronic portfolio (e-Folio).

The e-Folio is used to provide evidence of assessing student learning of MPH competencies. E-Folios are attractive representations of each course or project completed to reflect each MPH competency identified by the program. The e-Folio is highly desirable by the students and faculty because of the way that students' learning and skills can be portrayed. These e-Folio portrayals also are very influential in recruiting new MPH students into the program, as they are publicly available from the program's website. Faculty use a rubric to evaluate the seven major products that should be reflected in the e-Folio.

A challenge is that the e-Folio assessments are currently very time-intensive, as they involve expert panels being assembled to carefully review student learning. Faculty and students are working on a solution by considering the viability of using a system function that identifies key tag words that reflect each specific competency in order to more efficiently group and structure assessment tasks. An additional self-identified concern is that e-Folios rely heavily on products from the team-based practice experience. While this may raise some challenges in conducting individual level skills assessment, as identified in Criterion 2.4, faculty note that since the work was completed as a team, and since that is how the learning is accomplished, team-based assessments are best.

Public health employers, preceptors and current CAFs reported to the site visitors that MPH students from SFSU are particularly strong in knowing how to work collaboratively, write effectively, connect with at-risk audiences, identify key informants to initiate community dialogue, practice both social justice and cultural humility, and truly be involved in the community. The capstone project is another integral part of the culminating experience for MPH students. In the new 44-unit curriculum, students take 5 units of coursework in the second year (HED 884 1-unit, HED 885 1-unit, and HED 895 3-units) to support the development of the student's capstone project proposal and then guide its completion. The program faculty advisor and a second faculty reader provide extensive feedback on project development, execution, and completion, including substantive feedback provided on the final 25-page capstone project paper and 12-minute formal oral project presentation to the MPH community. The written capstone project final paper represents a typical applied research, service, theoretical, or policy project. Applied research is used in the broadest sense; that is, research means to study some topic in a systematic and comprehensive fashion. The ePortfolio 1-unit course HED 811 is closely integrated with the capstone

project coursework to provide a fully integrated, comprehensive culminating experience for the MPH students. Faculty believe the team-oriented practice, which builds into students' individual production of the e-Folio as culminating experience is the primary way these essential public health skills are honed.

The department also provides a culminating experience for undergraduate students that builds on their HED 480 practice experience and class. Students have prerequisite requirements to pass a set of four sequenced courses before they are eligible to register in HED 480 and, ultimately, to graduate. These courses sometimes require multiple attempts to pass because intensive writing assignments are required and students cannot progress to the next stage until they have proven sufficient writing skills and other competencies. For example, 75% of students pass HED 400 on the first attempt. Despite this, students who met with site visitors highly value the rigor of the process and are highly confident in their skills at the end.

HED 480 requires preparation of a paper-based portfolio. Like the MPH e-Folio, it is structured around the defined competencies and requires students to assemble work products and compose reflective essays that document competency attainment.

At both degree levels, there is a structured process used to evaluate student progress toward culminating experience completion, and the program has made efforts to ensure that the project serves as an opportunity for integration of skills and knowledge across the curriculum. Of particular interest, the program has analyzed and cross referenced the MPH core courses in relation to the steps and skills necessary for completing the culminating experience to ensure that students are fully prepared. As faculty review this sheet regularly, the program suggests that the process of linking core courses to the culminating experience reminds core faculty of their responsibilities to ensure that students attain both public health knowledge and skills at a level appropriate to support individual inquiry.

The program has been responsive to student and faculty feedback regarding the culminating experience. The guidance sheets for chairs and faculty committee members, currently in place, were implemented in response to concern for uniform levels of familiarity and expectations among faculty members as they supervised student projects. Additionally, the program added course content in research methods to the first year's MPH curriculum in response to student concerns that they were not optimally prepared to design and implement all aspects of the field experience project.

2.6 Required Competencies.

For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of educational programs.

This criterion is met. The program has identified core and concentration-specific competencies for the MPH and BS degrees.

The MPH competencies describe the knowledge and skills that students gain through the required coursework in the five core areas of public health knowledge, with a list of competencies in core public health knowledge areas based on the Association of Schools of Public Health's competency list. In addition, the MPH program has adopted the competency set developed by the National Commission for Health Education Credentialing (NCHEC) for masters-level practice. Because the curriculum is delivered in a lock-step cohort model, course learning objectives are not only tied to competencies but are structured in a way that allows for sequential building and reinforcement of competencies. The program identifies coursework that links to all identified competencies for the MPH and lists course-level learning objectives that link to competencies on syllabi though site visitors did note variation in the format and presentation of syllabi with regard to learning outcomes.

The BS program's current set of 17 competencies is derived from a set of programmatic competencies developed when the BS program was implemented approximately 20 years ago. Because the BS program aims to train entry-level health education professionals, faculty have reviewed the competency set and periodically updated it to ensure that students are prepared at the appropriate level in the NCHEC competencies. Competencies address community health education areas: "Select educational information and material appropriate to a community's and/or individual's needs, interests, learning levels and values," as well as core public health knowledge areas: "Use epidemiological methods, principles and data to formulate health policy and to solve community health problems." The program has tracked all 17 competencies to learning objectives and experiences in the 18 required BS classes. Site visitors verified that BS syllabi reflected learning objectives that link to the overall competencies.

The MPH and BS Committees are responsible for proposing, adopting, revising and monitoring the competency sets, and the annual faculty retreats provide the primary venue for focusing on needed updates or revisions. Faculty base their sense of changes needed in the competency set on their interactions with professional public health organizations, their ongoing review of best practices in the literature and their regular meetings with the MPH Community Advisory Board. Data from graduate and alumni surveys and from preceptor evaluations also inform the ongoing refinement of the competency sets.

During site visitors' conversations with faculty, faculty members verbally reinforced the self-study's documentation of a focused approach to tailoring coursework and competencies. Faculty talked about the close and constant coordination that is required to ensure that, as students progress through courses, they are introduced to competencies at the appropriate time so that subsequent coursework can target to

build on already-introduced competencies. One faculty member noted that there is a sense that all are part of a “teaching community.” Faculty do not simply conceive of themselves as teaching an individual class that they have designed but think of working with their colleagues to ensure that concepts are “staged, sequenced and scaffolded” as one faculty member stated. The self-study presented charts that show the sequence of learning and of deepening of competency through the required classes.

Students who met with site visitors were readily familiar with the competencies for their degree programs. Nearly all could list competency areas from memory, and both BS and MPH students could speak articulately about the process of attaining and documenting their attainment of competencies.

2.7 Assessment Procedures.

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

This criterion is met. The program has a thorough and thoughtful approach to assessing student attainment of competencies. The program uses multiple methods for both the BS and MPH degrees. Significant assessment opportunities that are common to both degrees include the following: evaluation of performance in course work; evaluation of student performance in field work (HED 480 for undergraduates and various practice courses for MPH students); post-competency survey (student self-assessment); and alumni survey. All of these methods are explicitly designed to measure the specific competencies defined by the program for the degree. For example, field work supervisors must rate students on skills relative to the NCHEC competencies, and field work supervisors also rate students on other domains mentioned in programmatic competencies, such as communication. The alumni survey specifically asks students about their preparation and ability to apply programmatic competencies.

For MPH students, additional significant assessments occur through faculty’s evaluation of student performance in the culminating experience; the end of year one student survey; graduating student survey; and MPH e-Folio. Students add to the e-Folio during each class throughout the program, and the final structure requires the student to document competence in the ten areas of responsibility outlined in the NCHEC competencies plus an eleventh area, multicultural competence, that the program requires. Both faculty and peer reviewers assess students’ e-Folios.

The program has additional aggregate measures to track student success. Some are process measures that ensure that faculty regularly monitor curricula for relevance to competencies, and some measures relate to students’ self-perceived preparation, eg, “At least 80% of BS program alumni will report that they are satisfied or very satisfied with their preparation to work with California’s diverse populations.” (The program has met or surpassed its targets in these areas.) The program has performed detailed analyses of the data from both field supervisor evaluations and student self-assessment surveys and is able to

draw on these data to identify key areas. While data for BS students indicate high levels of competence in general, the self-study is able to relate trends in the BS data that to the curriculum. For example, BS students report the strongest mastery of “obtaining health-related data about social, cultural and environmental factors” and “conducting a health education needs assessment and analyzing data.” They report lower levels of mastery for “describing the basic structure and components of the US health care delivery systems” and “analyzing health policy and legislation.”

The program identifies a number of additional aggregate measures that are specific to MPH students. For example, “At least 40% of MPH students will have their public health practice work selected to be presented at a local, state or national conference within the MPH program.” The program has met or surpassed this target over the last three years (60%, 57% and 41%), and it has met or surpassed similar targets that address such concepts as opportunity to use real California health interview survey data to query a question of interest (target: 100%; performance: 100% over each of last three years) and professional publications while in the MPH program (target: 10%; performance: 26%, 29%, 8%). Like BS students, MPH students’ self-assessment survey results indicate perceived high levels of competence.

Graduation rates are strong at both the BS and MPH levels. The program tracks BS students’ graduation within six semesters after entering the portal HED course, and, though only one year of data are currently available, they show that 92% of BS students met this timeline. For MPH students, the cohort model facilitates tracking student progress: students are expected to complete the degree within six semesters, and, for the last three cohorts to reach this threshold, graduation rates have been 95%, 86% and 88%. Job placement rates are similarly strong: 97% of BS students who were unemployed at the time of graduation found a job within 12 months; the majority of BS graduates work in nonprofit or health care delivery settings. For MPH students, 94% were employed within 12 months of graduating: 41% in the same job they had held prior to completing the program, 18% in a promotion within the same organization and 24% in a new position. The largest groups of MPH graduates work in nonprofits (36%) or government organizations (23%).

2.8 Academic Degrees.

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

This criterion is not applicable.

2.9 Doctoral Degrees.

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

This criterion is not applicable.

2.10 Joint Degrees.

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

This criterion is not applicable.

2.11 Distance Education or Executive Degree Programs.

If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these 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 teaching and learning methodologies and to systematically use this information to stimulate program improvements.

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. Although SFSU is primarily a teaching institution, the university, department and program also value excellence in research. The program's mission statement and strategic goals clearly indicate the importance of research (particularly dealing with social justice and CBPR) in helping improve the health of the public. The program greatly benefits in its research endeavors through mutually fulfilling partnerships with community organizations such as local health departments, the Equity Center, the University of California at San Francisco, the Prevention Institute, the Institute for Civic Engagement and many community-based organizations.

Faculty see research as informing their teaching and service. They also feel that department, college and university administrators value their research. There are general expectations for faculty research, and most faculty contribute to the six outcome measures for research: 1) all faculty possess a research agenda in public health, 2) half of the faculty will secure external support annually, 3) the majority of faculty will present annually at a professional conference—ideally with students, 4) the majority of faculty will produce at least five publications in a three year period, 5) all graduate students will have some formal research experience, and 6) faculty will incorporate students in their research as appropriate. All

faculty have public health agendas, all have presented research at professional conferences and all students receive research experience. However, not all faculty members participate in funded research, publish each year or involve students in their research. In 2008-2009, six core faculty have funded projects totaling just over \$1,000,000 in current year's revenues.

Students primarily complete research through their academic or practice-based work. Some students are mentored by faculty and complete this work through hire or for academic credit. Students complete much of their research as they fulfill their team practice with local community agencies in the form of community-based assessments. In addition, MPH students complete additional research through their completion of their capstone projects. MPH students are periodically invited to participate in faculty research and are all invited specifically to consider mentored research with faculty at the new student orientation. Yet, while these invitations exist, only two of the MPH students were reported as having co-authored publications with core faculty between 2006 and 2009. Nonetheless, MPH students, in particular, respect the research of faculty and speak of the ways in which faculty's research enriches the learning environment.

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. Service is a major strength of the MPH program, and program leaders communicate a clear expectation for regular participation in service by both students and faculty. The self-study document describes service to the community as an integral function of the university in general and one of the principal areas of evaluation for faculty in the program. This approach is reflective of perspectives shared by the college dean and associate dean as well as the university provost and assistant vice president for academic planning and educational effectiveness. The policy on faculty retention, tenure and promotion states that community service is central to the program's mission and values. Descriptions of community service are submitted to the department retention and tenure committee annually for review. Service duties, in the RTP context, incorporate activities done for the university on internal committees, administrative assignments and other relevant services. The process also considers services outside the university, which take place with professional societies in responsibilities such as editor and/or reviewer for professional journals. Finally, the process considers community service, and program faculty list a wide array of community service, working with a variety of CBOs and components of the San Francisco DPH. The Welcome Back Center, founded by an MPH faculty member, works to bring immigrant health professionals into the health care systems through processes of helping them gain required licensure and other necessary credentials to practice in the United States. Another significant community service program effort developed and led by program faculty is the Metro Health Academies (MHA). The MHA, co-founded by the department chair, serves youth in underserved communities, assisting youth in preparing for college at the two-year level in a way that leads to the academic four-year

experience and beyond. Although the MHA is a college preparatory effort, the connection with community youth makes it a service that would not otherwise be available for youth from underserved communities. Both MHA and the Welcome Back Center involve strong community partnerships with the City College of San Francisco and are derived from a continuing 1992 effort entitled Community Health Works of San Francisco, which was founded by the department chair and focuses on public health and primary care for low income and immigrant communities.

In their practica, the BS and MPH programs' students complete at least 220 hours and 400 hours respectively in community service work directed toward improving the health of the area populations. A number of students continue with the organization in which they were placed beyond the practicum experience. Additionally, according to community constituents, the products of students' practice-based course work continue to be used and to be useful to community organizations long after students complete their curricular requirements. For example, several students produced documentary films that had wide showing beyond the organization for which they were working as part of the course work. The BS students have course work that involves community service experience, but they also have taken on projects with community organizations through the well-engaged undergraduate student organization. As an example the undergraduate Health Education Student Association (HESA) has been actively engaged in helping community organizations by fund raising and donating the funds to specific organizations. Students from HESA also volunteer with events such as the Great American Smoke-out.

Individual faculty and students are involved with serving organizations in the community as paid consultants or as volunteers in serving on community boards and committees. The self-study lists current service activities by each faculty member over the last three to five years. Fifteen of the 17 faculty members are listed with all having community service experience from professional national involvement in organizations and/or local community involvement in organizations serving particular constituents in the area. Outcomes measures are targeted in each of the four objectives which are part of the overall department service goal. These targets are as follows: active participation by faculty in at least one professional or community based organization; leadership of faculty in at least one organization; students involved in at least 250 hours of community service; and faculty contribution to overall improvement of health of area populations by participating in relevant local organizations. The list of faculty service is impressively long, and the program has consistently met its targeted outcomes.

3.3 Workforce Development.

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

This criterion is met with commentary. The self-study presents a number of activities that indicate faculty members' involvement in sharing their technical expertise and knowledge with individuals, groups and

organizations outside the university setting. For example, the program received funding from the CSU Commission on the Extended University to produce two web-based, revenue-generating three-unit courses based on the PBS series, *Unnatural Causes*. The two courses deal with health disparities, and one of the courses is more broadly targeted, while the second course is designed to offer continuing education units for licensed health professionals, co-offered with the American Public Health Association. The program has also contracted with the California Department of Health Services to develop online modules and a booklet aimed at assisting frontline childcare workers manage children's asthma in the childcare setting. Individual faculty members have provided trainings on cultural responsiveness and LGBT substance abuse to mental health and behavioral health workers and have provided training on CBPR to an array of community partners who are associated with projects across the university.

The commentary relates to the fact that the program does not organize its provision of continuing education efforts sufficiently to permit evaluation of how well the efforts address identified needs, or to think strategically about the structure and scope of its offerings. The self-study states that continuing education that supports professional development of the public health workforce is considered part of the responsibilities of tenured and tenure-track faculty. Faculty provided insights in discussion with the site visitors regarding how continuing education efforts are derived from and shaped by the overall mission and policies of the university, particularly those dealing with equity and social justice. Continuing education efforts are seen as operating in this larger context of social change, and assessing community needs is built into nearly all phases of the university's and the program's operations. However, the program does not systematically evaluate these efforts and what they are producing by way of an educated public health workforce. It may be stated that the array of continuing education efforts identified in the self-study often occur because funding is available or because efforts originally aligned with some other purpose provide an opportunity for provision of education to the public health workforce, eg, the MHA fellows program, which builds on the MHA's service components. Funds for this effort aim to develop MHAs in other colleges and universities, and the new MHAs eventually will serve additional underserved communities and guide students from those communities into community health careers.

The self-study notes, in describing weaknesses relating to this criterion that currently the department does not have the resources necessary to carry out, "A more sophisticated and planned approach to continuing education... (and) the process the department uses to track faculty involvement is not subject to regular review." This may be accurate, but evaluation efforts need not be highly sophisticated to provide enough information to assess whether continuing education efforts are making a difference and should continue to be offered.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. As of fall 2009, there were 17 primary, full-time faculty (100% appointed to the department) with 13 who are tenured or tenure-track. Eleven of the seventeen faculty have degrees in public health with the remaining in allied areas including social epidemiology, public health nursing, adult education and psychology. All faculty teaching in the MPH program, with the exception of the MPH clinical faculty member who administers the practice component of the MPH, are trained at the doctoral level. It is the philosophy of the department that each faculty member teaches in both graduate and undergraduate programs.

The self-study reports 11 non-primary faculty for the department (ranging from 20-50% time). These faculty are involved with the college in several important ways including teaching courses, mentoring students in field experiences, delivering guest lectures, and collaborating with primary faculty. These faculty come from other colleges at SFSU, from other universities and from other health organizations. Additionally, CAF are selected from the practice community to mentor MPH students in their practice experience and bring an important practice-based component to the program, as students work closely with them for much of their 400-hour practice experience.

The department lists four outcome measures by which it judges the qualifications of its primary faculty complement. These include: performing as a graduate academic advisor with a graduate student ratio of 1:5 or less, student evaluations of courses are rated between one and two on a five point scale, and faculty will possess credentials appropriate to course assignments. As reported in the self-study and observed by the site visit team, the core faculty meet the stated outcome measures and appear to teach according to their academic and professional preparation. Although a broad spectrum of earned degrees are noted, each faculty member's training is valued by department and college administrators for the diversity necessary to address social justice and social determinants generally.

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. Faculty policies, rules and regulations are clearly articulated in several university documents, including a new department procedures manual. Most policies exist in the SH State Faculty Manual at the university level. This document outlines faculty evaluation procedures and processes for

appointment, promotion and tenure. In the year preceding promotion and tenure, an informal faculty mentoring process is provided under the direction of the chair. To seek promotion and tenure, the process begins with the initiation of the action by the faculty candidate. The departmental RTP Committee (composed of three subcommittees) reviews the application and forwards the recommendation to the department chair. Final recommendations are made and approved by the college dean and the university president.

Tenure-track faculty pursue the full range of faculty activity including teaching, research and service. During the untenured probationary period, the teaching and service components are less extensive, and all new faculty members are automatically awarded a 20% reduction of work responsibilities, with teaching responsibilities lightened. Faculty development activities for tenured faculty include special research assignments and faculty professional leave. Sabbaticals are available and a number of program core faculty have been able to utilize the sabbatical policy.

All faculty have access to the university's Center for Teaching and Faculty Development for professional support. The university also sponsors a number of intramural awards, including a competitive process for securing course releases from the provost's office and funding for research and manuscript development. DHE faculty have been successful in securing these awards.

4.3 Faculty and Staff Diversity.

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

This criterion is met. The total of full time (17) and part time (10) faculty of the department are 30% male, 70% female, 63% white, 18.5% Hispanic/Latino, 3.7% African American and 14.8% Asian/Pacific Islander. There are no Native American/Alaska Natives on faculty. Staff includes two females, one white and one Asian/Pacific Islander who is 50% time. The department and university have appropriate hiring policies and procedures concerning commitment to equal employment opportunities and nondiscrimination. These are fully implemented in all personnel practices, including searches for new faculty and staff.

With the university's commitment to equity and social justice and location in a highly diverse and progressive city, the university attracts diverse faculty. Two particular reasons for this attraction are: SFSU's College of Ethnic Studies (only one in the country) and the fact that 43% of the university's tenured and tenure-track faculty are people of color. The self-study document excerpts the university's Social Justice Strategic Goal to identify objectives, outcomes, and strategies that are used for this social justice goal, noting that these are all major operational components that the program has used to achieve its diversity. The six strategies identified are:

1. Provide resources to the University community for training programs and professional development regarding diversity, equity, and social justice.
2. Provide leadership to implement diversity plans for the recruitment, hiring, and retention of faculty and staff.
3. Provide opportunities for faculty to incorporate equity and social justice issues in teaching and learning.
4. Increase efforts to recruit, retain, and facilitate graduation among those from underrepresented groups.
5. Develop and provide opportunities for ethnic, cultural, and international collaboration.
6. Develop activities that promote civil discourse, understanding, and pride within and among groups.

It was clear in discussions between faculty and the site visitors that the program has room for improvement in terms of delineating specific activities taken by the department in its own recruitment and retention efforts for its part time and full-time faculty.

The target outcome measure used for the objective regarding a diverse faculty requires only one representative of each of the San Francisco area's four largest minority groups, and all of these groups are already represented among the faculty complement, so the target is met. It would seem that, given the societal environment within which the department operates, that a greater number of people of color from specific groups such as Hispanics and Asian/Pacific Islanders would be targeted for recruitment, and there would be a greater number of African Americans recruited. In the self-study's assessment of its weaknesses relating to this criterion, the program notes that African American and Asian men as well as Native American people "remain absent in our mix despite our extensive advertising and recruitment efforts." Although the self-study does not mention what is involved in these efforts, the faculty described a number of efforts being used, such as each being a recruiter in his or her own social and professional frames of reference and making contacts at such meetings as the American Public Health Association with minority candidates to discuss anticipated positions. The faculty are clearly committed to continuing good faith efforts to recruit and hire diverse faculty.

4.4 Student Recruitment and Admissions.

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

This criterion is met. The program actively recruits MPH students, and recruitment of BS students is centralized at the university level. MPH recruitment occurs both through DHE efforts and through broader recruiting efforts of SFSU's Graduate Division. The Graduate Division conducts regular outreach sessions at undergraduate degree-granting institutions and other venues throughout the state, including the UC's annual diversity forum. Prospective students at these events receive information on a variety of

graduate programs and those who indicate an interest in the MPH program receive individualized follow up from the DHE.

The DHE hosts six to seven open house events on-campus during each admissions season, and faculty, staff and students present information on the program. The self-study indicates that word of mouth and personal referrals have been among the MPH program's most important recruitment tools. The program is currently considering enhancements to its alumni outreach, which could serve to bolster the personal referral network for recruitment. Current students and alumni are active participants in departmental outreach. Faculty also promote the program when attending professional meetings, such as Northern California Society of Public Health Educators meetings and the American Public Health Association's annual meeting. Outreach materials include an MPH flier, handouts and online resources.

Though undergraduate student recruitment is centralized at SFSU and any student who meets the university's admissions standards may declare a major in health education, the program does reach out to currently enrolled undergraduate students through the courses DHE offers as general education requirements for all SFSU undergraduates. The entry course to the major, HED 400, is at the junior level, so the program has developed public health courses at the freshman and sophomore levels that can begin building skills in health education and serve as electives, once students become majors and progress to complete the 54 required BS credits in upper-division courses.

Prospective MPH students are required to document at least two years of health-related work experience (paid or volunteer). The program gives greater weight to public-health related work, especially that with an emphasis on social justice and community health. Prospective students must also document college-level coursework in four areas: calculus or statistics; composition; social science; and cultural, ethnic or social diversity. The program also looks at grade point average (3.0 expected), GRE scores, the statement of purpose and three letters of recommendation. The program gives admission preference to students who demonstrate linguistic competence in both English and a second language.

The MPH Admissions Committee, composed of six or seven faculty members and three or four current MPH students, makes admissions recommendations to the department chair. Two readers review each application, and the full committee considers situations in which readers' assessments differ significantly. The program has typically admitted between 30% and 50% of those who apply and has recently been able to increase its annual enrollment class size, since the curriculum is now significantly shorter and takes less time to complete. Prior to the curricular change, the MPH program admitted approximately 20 new students per year (with a planned lower enrollment of 14 in 2007 to allow faculty to focus on curricular revisions and planning). Currently, the program targets a cohort size of 25-30. The MPH program uses a conditional admissions status for all incoming students; students are transferred to

“classified” status if they 1) maintain a 3.0 GPA during the first semester and 2) demonstrate graduate-level proficiency in written English as measured by mid-semester assessments from the HED 810 and HED 815 course instructors. If students do not satisfy the writing proficiency standard, they must complete remedial work before they can be moved to classified status.

Over the last four years, approximately 230 to 270 BS students have been enrolled in the program at any one time, and, because of the limited scope of the program’s role in recruiting and admitting students, the program primarily judges its “admissions” success with BS students by tracking timely progress toward graduation, after enrollment in upper-division classes. The HED 400, entry-level class does serve a kind of gatekeeper function, since the course demands a high level of writing proficiency. Several BS students who met with site visitors had required a second attempt to pass the entry course, based on their need for better-developed writing skills. The program has employed a number of steps to address students’ challenges in meeting the major’s high standards for written communication, and the program feels that it better prepares, targets and supports students to succeed when they enter the major.

The program has a number of measures designed to track its success in recruiting and enrolling a successful MPH student body, and the program has met or exceeded its targets.

4.5 Student Diversity.

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

This criterion is met. Policies and procedures governing student diversity are guided by university and department guidelines pertaining to social justice and health equity. Recruitment practices appear to support the achievement of a diverse student population. The department’s close ties with diverse community-based organizations aid in the recruitment of diverse students from the Bay area’s widely diverse catchment area. However, up to this year, most of the recruitment was conducted by word of mouth. Faculty now report the use of promotional material and the offering of several educational and informational presentations are now taking place. The BS program does not have a separate admissions process; however, according to faculty, many diverse students are attracted to the university due to its reputation for social justice and health equity.

The MPH admissions committee and program coordinator works to achieve a student body that is diverse in race, color, national origin, religion, gender, sexual orientation, age, disability and veteran status although data are only provided on race/ethnicity and gender. At the MPH level, admission preference is also given to qualified applicants who demonstrate competence in a second language. Data indicate that women constitute the majority of students applying, accepted and enrolled in the program. Criteria exist for the ethnicities of applicants to the MPH program by cohort, and four outcome measures are sought by

the department. As reflected in the self-study and reported to the site visit team, student diversity is achieved to reflect the Bay Area communities and the social justice mission of the department.

In the most recent entering BS cohort for whom data are available, 27% of students were Caucasian, 9% of students were African American and 11% were Hispanic. The program collects information, and enrolls a number of undergraduate students in other racial/ethnic categories not reflected in the numbers above, including Chicano/Mexican American, Asian, Filipino, Pacific Islander and Native American/Alaska Native. The program presents data slightly differently for MPH students, reflecting racial/ethnic categories including Chinese, Filipino, Vietnamese, Indian, Latino, Mexican-American, African American, American Indian, White, Other and Mixed. Many students choose the "other" category, writing in responses including Haitian-American, Indonesian, Middle Eastern, Guatemalan and Palestinian, among many others. For the most recent cohort for whom data are available, the MPH students were 23% White, 13% Mexican American, 3% Latino and 13% African American.

4.6 Advising and Career Counseling.

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

This criterion is met. The program has a structured system for delivering academic advising to both BS and MPH students. The program also has a clearly identified set of supports for MPH students' career advisement, vesting the responsibility in multiple parties rather than a single individual or center. The program directs BS students' career counseling needs primarily to the SFSU Career Center (which is open to MPH students as well). The university center has recently identified a DHE alumna who has agreed to work closely with undergraduate and graduate students in one-on-one counseling sessions and through distribution of career-search materials.

MPH students begin their enrollment with a three hour orientation session that provides an overview of program expectations and highlights how to access various resource materials including program policies, student handbooks, electronic resources, etc. The orientation session also allows students to socialize and network with other MPH students and faculty. The program holds a second event, during the first week of classes, to introduce incoming students to second-year (and beyond) students and to the broader faculty complement. Orientation highlights important degree milestones and obligations, including the team practice experience, the e-Folio and the capstone project.

The MPH coordinator assigns each MPH student to a faculty advisor, who will serve for the duration of that student's enrollment, including serving as chair of the culminating experience committee. Students are expected to meet with advisors once per semester, and advisors are expected to submit the Advisees Semester Progress Report Chart at the end of each semester. The program's student handbook outlines

the roles and responsibilities of both students and advisors in the context of this relationship, and it also outlines the specific circumstances in which a student can request a switch in advisors (area of expertise could be better matched; student and advisor are incompatible and/or have an unsatisfactory advising relationship; or advisor is unavailable due to leave or other circumstances). In the case of “unsatisfactory advising relationship,” the student handbook defines the term and specifies the steps that students or faculty members must take to establish this status.

The program defines roles for a variety of individuals in the provision of career advisement to MPH students: the MPH faculty liaison, the student services coordinator, the culminating experience faculty coordinator, the e-Folio faculty coordinator and the team practice faculty coordinator. The student’s individual faculty advisor is also a resource for career advisement, but the program defines the faculty advisor’s role as primarily related to supporting academic progress and providing curricular guidance. Students, alumni and community members voiced high praise for the program’s success in placing MPH students in new employment situations when students so desire. Although some students choose to remain in the positions they held prior to entering the program, many find expanded career opportunity, including a number of students who secured positions through professional contacts made during the practicum process.

The program includes advising as a component of the required HED 400 class for BS students; the course requires individual meetings with a peer mentor advisor (PMA), a trained senior student who works with faculty to approve and continually update a curricular plan. Students may self-select faculty members for individualized advisement throughout their studies, but the program does not formally assign faculty members to undergraduate students. Career counseling is a major component of the final required undergraduate course, HED 480. In addition to the course’s requirement that students develop a professional portfolio and cover letter, the course instructor does considerable one-on-one career counseling with each student. Additional advising resources for undergraduate students are located in the CHHS’ Student Resource Center, which provides advisement to students regarding their university general education requirements. The HED 480 class requires students to visit the Resource Center and work with staff there who are experienced in first-time resume preparation. The HED 480 professor then works with students to refine their resumes and pull together appropriate artifacts for a professional portfolio. For example, a student might choose to present the asset map developed for an earlier required course. Finally, the HED 480 faculty member does public speaking and interviewing exercises with students, focusing on health-education-specific jobs.

The program tracks satisfaction with advisement among both BS and MPH students. Beginning in 2009, the program collects more detailed information in the MPH student survey on advising and counseling topics, including ratings on how “knowledgeable and accessible” the faculty advisor was and whether the

faculty advisor has “made a valuable contribution to my professional preparation.” MPH students’ satisfaction levels are very high across all measures of satisfaction in this arena, with 75% of students agreeing or strongly agreeing with the latter statement. BS students respond to a single, Likert scale question that relates to satisfaction with advisement in their exit survey. For the last seven sets of available survey data, the mean score was 3.89, where 1=not at all satisfied, 3=neutral, and 5=very satisfied. The self-study acknowledges that providing advisement to the large number of BS students is daunting, but site visitors’ meetings with both current BS students and BS alumni indicated that there have been many job offers extended as a result of students’ internship performance. Community constituents who met with site visitors spoke of the desirability of BS students, noting that they graduate with valuable skills, prepared to employ them. Economic factors, which have particularly affected governmental employers and non-profits, have constituted the only major challenge to students seeking employment.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

San Francisco State University Public Health Program

December 3-4, 2009

Thursday, December 3, 2009

- 9:30 am – 10:00 am Meeting with Self-Study Team
Mary Beth Love, PhD, Department Chair and MPH Coordinator
John Elia, PhD, Associate Chair and BS Coordinator
Jose Ramon Fernandez Pena, MD, MPA, BS Self Study Lead
Sally Geisse, MA, MPH Faculty Liaison and MPH Self Study Lead
Atina Delfino, BS, Academic Office Coordinator and Self Study Lead
- 10:00 am – 11:15 am Meeting with Program and Department Administration
Mary Beth Love, PhD, Department Chair and MPH Coordinator
John Elia, PhD, Associate Chair and BS Coordinator
Jose Ramon Fernandez Pena, MD, MPA, BS Self Study Lead
Sally Geisse, MA, MPH Faculty Liaison and MPH Self Study Lead
Adam Burke, PhD, MPH, Holistic Health Director
- 11:15 am – 11:30 am Break
- 11:30 am – 12:45 pm Meeting with MPH and BS Teaching Faculty
Mary Beth Love, PhD, Chair and MPH Coordinator
John Elia, PhD, Associate Chair and BS Coordinator
Sally Geisse, MA, MPH Faculty Liaison
Vivian Chavez, DrPH, Community Org and Public Health
Emma Sanchez, ScD, Biostat/Epi
Jessica Wolin, MPH, MCP, MPH Practice Coordinator
Buffy Bunting, MPH, BS Practice Coordinator
Michele Eliason, PhD, Culminating Experience
Ruth Cox, PhD, MPH EPortfolio
Ramon Castellblanch, PhD, Health Policy
Lisa Moore, DrPH, HED Theory and Harm Reduction
Jose Ramon Fernandez Pena, MD, AIDS and Multicultural
Adam Burke, PhD, Holistic Health Director
Richard Harvey, PhD, Epi & Stress
Victoria Quijano, MPH, Writing GVAR
Juliana Van Olphen, PhD, CBPR
Jun Wang, PhD, Admissions
- 12:45 pm – 1:45 pm Executive Session/Review of Resource Files
- 1:45 pm – 2:45 pm Meeting with MPH and BS Teaching Faculty
Sally Geisse, MA, MPH Faculty Liaison
Vivian Chavez, DrPH, Community Org and Public Health
Jessica Wolin, MPH, MCP, MPH Practice Coordinator
Buffy Bunting, MPH, BS Practice Coordinator
Michele Eliason, PhD, Culminating Experience
Ruth Cox, PhD, MPH EPortfolio
Ramon Castellblanch, PhD, Health Policy
Lisa Moore, DrPH, HED Theory and Harm Reduction
Jose Ramon Fernandez Pena, MD, AIDS and Multicultural
Adam Burke, PhD, Holistic Health Director
Juliana Van Olphen, PhD, CBPR
- 3:00 pm – 4:00 pm Meeting with BS Students
Marian Yee
Steven Foster
Carmen Chen
Erica Santos

Jennifer Ng
Elizabeth O'Driscoll
Honora Keller
Martin Castillo
Roy Coleman
Amber Benson
Marisa Alvarez
Mark Diao
Nicole Hardy
Alexa Urbina
Rebekka Charles
Joseph Tamayo
Veasna Chhith
Michael Henley
Christiane Raymundo
Joseph Domingo
Lindsey Passmore
Anna Christie
Joseph Gonzalez
Maya Yoshida-Cervantes
Sarah Wonking
Cristina Cabansagan
Corrine Ng
Janelle Verhoek
Gehad Safwat Morsy
RaeAnn Perri
Kate Philpot
Melissa Thomas

4:00 pm – 5:00 pm

Meeting with MPH and BS Alumni, Community Adjunct Faculty, Internship Supervisors and Community Advisory Board

Patricia Erwin
Kevin McGirr
Virginia Smyly
Bob Prentice
Amanda Goldberg
Jacob Moody
Isabel Auerbach
Catie Magee
Kristine Doss
Athila Lambino
Deborah Craig
Krista Ward
Tony Iton
Savita Malik
Arnie Fishman
Oscar Macias

5:00 pm – 6:00 pm

Meeting with Current MPH Students

Alvaro Morales
Aya Hashimoto
Aurora Lopez
Brooke Sommerfeldt
Julieta Kusnir
Alison Uscilka
Igor Mocerro
Jerusha Breslar
Suzanna Reiss-Koncar
Ashley Beldon
Bob Gordon
Mariela Lopez
Vincent Lam
Mariam Wilson
Teresa Chan
Araceli Alcantar
Sukhdip Purewal
Alya Briceno
Georgia Schreiber
Maya Scott-Chang
Dionandre King

Jennifer Jain
Shawn Demmons
Jacob Rich
Sergio Martinez
Emily Gaikowski
Edmund Young
Jana Hiraga
Elnaz Eilkhani
June Alexander
Greg Garrett
Vanessa Mercado
Roberto Vargas
Luna Wendy Hernandez
Erin Bachus
Delia Sandoval
Kali Cheung
Megan Manago
Robin Haguewood

6:00 pm

Adjourn

Friday, December 4, 2009

9:00 am – 9:45 am

Meeting with College of Health and Human Services Administration
Don Taylor, PhD, Dean CHHS
Jim Murphy, PhD, Associate Dean CHHS

9:45 am – 10:45 am

Meeting with University Provost and Assoc VP of Academic Planning
Susan Rosser, PhD, Provost
Linda Buckley, PhD, AVP

10:45 am – 1:00 pm

Executive Session and Working Lunch

1:00 pm – 2:00 pm

Exit Interview