

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

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) 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 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation and a visit in March 2017 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

California State University (CSU) was established as a system in 1960 by the Donahoe Higher Education Act. A 25-member Board of Trustees is responsible for oversight of CSU, which has 23 campuses including SFSU. Although each campus is a member of the CSU system, each maintains its independence. SFSU was founded in 1899 as San Francisco State Normal School, a two-year teacher-training college. In fall 2015, there were 30,256 students enrolled at SFSU: 26,815 undergraduates and 3,441 graduate students.

The university has seven colleges: the Colleges of Business, Education, Ethnic Studies, Health & Social Sciences, Interdisciplinary Studies, Liberal & Creative Arts and Science & Engineering. The College of Health and Social Sciences houses the Department of Health Education, which houses the MPH and BS degree programs along with the Metro Academies Program and the Institute for Holistic Health Studies. Other departments in the college include the following: child & adolescent development; consumer & family studies/dietetics; counseling; health education; kinesiology; physical therapy; recreation, parks, and tourism; sexuality studies; and sociology.

The program was initially accredited in 2003, and the unit of accreditation includes BS and MPH degrees. The last accreditation review occurred in 2010, in which the Council granted accreditation for a seven-year term.

Characteristics of a Public Health Program

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

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

These characteristics are evident in the 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 aligns its 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.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The program has adopted the mission of the Department of Health Education in which it is housed because it reflects the program's shared values as public health educators, practitioners and researchers. The development and revision of the program's mission, values and goals was an iterative process consisting of meetings with faculty and staff. The program has 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, and feedback from adjunct faculty and preceptors, and faculty members' own experiences are considered in the revision process. The mission is as follows:

To promote health and health equity at the individual, community, and structural levels through transformative education, service, research, scholarship, and service, all of which value diversity, engage communities and are grounded in cultural humility.

The program has five values focusing on social justice and communities, which reflect the values of public health. There are five instructional goals, one research goal and one service goal, which guide the program toward achieving its mission. Each goal has a range of one to seven objectives used to measure progress.

The MPH program's mission, values, goals and objectives are communicated to stakeholders through the program's website and through an annual university Assessment Activity Report, which allows the program's stakeholders to review goals and outcome measures and achievement of targets.

1.2 Evaluation and Planning.

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

This criterion is partially met. The program has a system of evaluation with several regularly administered student satisfaction surveys and alumni and competency self-assessment surveys that provide student and alumni data. To assess research and service objectives, program administrators review tenured and tenure-track faculty dossiers on an annual basis. Review of evaluation data is continuous through the MPH and BS workgroups and regular faculty and administrative meetings.

The MPH and BS faculty subcommittees are responsible for reviewing and evaluating the results of student assessments. Both program coordinators are responsible for implementing changes that are recommended at the subcommittee meeting. For example, in the graduation survey of BS students, students reported a need for more career advice for health education majors. As a result, the program established a career panel with BS alumni for two consecutive fall semesters.

Adjunct faculty in both degrees are involved in discussions about student concerns during the subcommittee meeting. This discussion is primarily focused on how students are doing, which students need support and how to support students who are experiencing issues that affect their performance and standing in the program. This discussion also serves to support faculty who are directly involved.

The program has identified an extensive list of outcome measures for each of goal. For the teaching goal, 65 outcome measures assess faculty instruction and student outcomes in both the master's and undergraduate programs. There are five research outcome measures and three service outcome measures. Eight of the teaching objectives and one of the service objectives are process objectives; all of the teaching outcome measures assess student outcomes.

The concern relates to the large number of objectives that track normal program operations. For example, one measure states that external dollars will provide the resources needed to fund faculty development and supplement faculty travel. The self-study indicates that this measure has been met at 100% for the last three years. Another measure states that all BS major core courses will be offered every semester. This measure has also been met at 100% for the last three years. Because many targets are continuously met at 100%, the program does not have the opportunity to identify and explore areas for growth and improvement. The site visit team heard from program leaders that the program sets these measures as safeguards to ensure that they can meet the targets at 100%.

Upon reviewing the objectives, site visitors noted that the majority of the teaching outcome measures overlap with student assessment, rather than focus on improvement of faculty instruction and the overall program. There are an abundance of targets and many of the results come from student self-assessment in administered surveys. For example, the first instruction goal is that 'students are well prepared in the competencies, functions, and responsibilities.' One of the corresponding outcome measures is that 100% of MPH students will practice community-based learning and application of skills and attitudes relevant to the unique health and social needs of diverse populations. While these are important data, they are inadequate for measuring instructional components such as teaching. The program does have three instructional objectives that assesses faculty instruction.

The department chair, MPH and BS program coordinators and academic office coordinator compiled the self-study document. The draft was shared with faculty members and other constituents via the website at the time of the submission of the preliminary document to CEPH. Departmental faculty reviewed and provided feedback on all sections of the self-study document in face-to-face meetings and electronically during the months of December 2016 and January 2017. The final draft was reviewed by several university administrators and department faculty. External stakeholders who met with the site visit team were unaware of the document. As discussed in Criterion 1.5, the program has not consistently engaged external stakeholders in decision making, though it maintains many less formal mechanisms for feedback, through ongoing connections with alumni and community partners.

1.3 Institutional Environment.

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

This criterion is met. The program is an integral part of SFSU, which is accredited by the Accrediting Commission Association for Senior Colleges and Universities of the Western Association of Schools and Colleges. In addition to public health, the university responds to 21 specialized accreditors in areas such as engineering, education, nursing, social work and physical therapy. The program enjoys the same level of autonomy and authority as all other professional programs at the university.

SFSU has seven colleges: the College of Business, the College of Graduate Education, the College of Ethnic Studies, the College of Extended Learning, the College of Liberal and Creative Arts, the College of Science and Engineering and the College of Health and Social Sciences, where the Department of Health Education is housed.

The Department of Health Education houses the MPH and BS in health education programs. Both degree programs are part of the unit of accreditation. In addition to the two degree programs, the department also houses non-degree operations including the metro academies program and the certificate in holistic health studies. The department chair oversees the operation of the unit. At the program level, the primary responsibility for the MPH and BS programs is granted to the MPH and BS workgroups under the leadership of their respective coordinators.

The program's budget is a component of the Department of Health Education's budget, which the department chair and administrative staff oversee. The program coordinators report to the department chair, who meets with the dean to discuss financial planning and assessment for the program. The department chair also consults with all full-time faculty and administrative assistants when preparing the budget. The Chancellor's Office is responsible for allocating funds to each college.

The department chair manages the recruitment, selection, hiring and advancement of all faculty; the department chair is responsible for hiring all staff. The department chair oversees faculty and staff recruitment and recommends potential hires to the departmental Hiring Committee and the dean. The department chair, in collaboration with the dean and the departmental Retention, Tenure and Promotion Committee, oversees faculty advancement and submits advancement recommendations to the provost and vice president for academic affairs. The provost and then the president approve all hires.

The department chair, along with all program faculty, plays a role in reviewing academic standards and policies with regard to student admissions and the development and implementation of curricula for the programs. Both the MPH and BS program coordinators and the College of Health and Social Sciences Council oversee curricular development. Proposals for new programs, courses and academic standards begin within the department and are forwarded to the appropriate college and university committees for approval. The university's Academic Curricular Review and Approval Committee grants final approval.

1.4 Organization and Administration.

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

This criterion is met. The department chair, who serves as the leader of the program, appoints an associate chair who is responsible for student services. The associate chair serves the same three-year term as the chair. Once their terms are completed, another chair is chosen. Two administrative employees and three part-time student office assistants provide support services.

Each degree program has a coordinator who oversees class scheduling, recruitment and admissions, the student organization and alumni relations. The coordinators are chairs of the workgroups that make policy for the degree programs, and both coordinators serve on the department's leadership group.

The importance of interdisciplinary collaboration among program faculty was apparent to the site visit team. The department administration hosts weekly meetings, and the program hosts an annual faculty retreat to facilitate discussion of interdisciplinary strategies. Faculty members are involved in several cross-college research projects, including a faculty member who recently became a dean for faculty development efforts in the college. The college has formed an LGBTQ Institute, with the intent of fostering interdisciplinary research. Several faculty are also involved in the university's interdisciplinary Health Equity Institute. The program also collaborates with the university's documentary film program at the institute to produce a series of social justice films. The institute's community practice staff collaborate with MPH students during their practice requirement.

1.5 Governance.

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

This criterion is met with commentary. The program has a governance structure that is understood and followed by faculty and administration, including six faculty committees pertaining to governance. Faculty, staff, students, alumni and community partners are involved in the operation of both degree programs.

The program is governed by one Full Faculty Committee, which comprises all tenured/tenure-track and adjunct faculty in the Department of Health Education. This committee is further organized into the following groups: the MPH Workgroup Committee, the BS Workgroup Committee, the Leadership Team, the Accreditation Coordination Committee and an ad hoc Hiring Committee.

The Full Faculty Committee oversees policy development and implementation for the department. The MPH workgroup and BS workgroup serve as policy-proposing bodies for their respective programs. Each workgroup is responsible for program development, implementation, management and assessment. The MPH Workgroup and the BS Workgroup meet on a monthly basis to discuss issues and business related to their respective programs. Each program workgroup committee has nine appointed members, including the program coordinator and a student cohort representative.

The Leadership Team oversees the program's budget and resource allocation. The department chair controls the allocation of resources associated with staff support and departmental operating expenses. The budget for full-time faculty is housed in the university's general fund and is set by the provost on the basis of student enrollment and contractual obligations. Members of the Leadership Team include the department chair, the associate department chair, the program coordinators and office staff.

The MPH and BS Workgroup Committees are responsible for recruitment and developing student admissions criteria for their respective programs. Primary faculty review all applications and make admissions decisions. The university president confers all degrees.

In accordance with university policy, the Hiring Committee, Retention Committee and the Tenure and Promotion Committee oversee the recruitment, hiring, promotion and tenure for all tenured and tenure-track faculty. Members of this committee include tenure-track or tenured faculty. Committees are formed by faculty election, and members serve for one academic year. Committee members elect a chair to lead the respective committee. These committees make recommendations to the department chair, who has a separate level of review. The joint departmental recommendations are forwarded to the college and

university administrators for subsequent review. The tenured/tenure-track faculty in the department have developed departmental Retention Tenure and Promotion guidelines, which were updated in spring 2016 and are currently under review by the college dean and university provost.

The MPH and BS Workgroup Committees are responsible for developing course- and curriculum-specific policies within their respective programs. College- and university-level committees, including the Curricular Approval and Review Senate Committee, the Graduate Council and the College of Health and Social Sciences Council also play a role in the development and application of academic standards and policies for individual courses within the program. For example, the college-level council serves as the curricular review body for all degree programs housed in the college.

The commentary relates to community partners' limited involvement in the governance of the program. The program does not have a systematic process to ensure that community partners are consistently involved in governance. During the site visit, faculty members and administration noted that the program coordinators engage in informal conversations with alumni who are now employers and preceptors from the team practice experience. The director of practice also communicates with the community partners/preceptors to assess the curriculum and competencies for both the MPH and BS degree programs. Although there is a process in place to collect input from community partners, this is not systematically done on a consistent basis. The program had a formal Community Advisory Board that included alumni and community members and met on a consistent basis, but that board no longer existed at the time of the site visit. The program is working to revive that formal structure to ensure that community members and external stakeholders are consistently engaged in the governance of the program.

Students play a role in the program's governance through the Public Health Organization of Graduate Students (PHOGS) and the Health Education Student Association. All current MPH students are members of PHOGS, and the organization has five officer positions. PHOGS supports individual academic and professional development of its members, promotes student governance within the MPH program and coordinates the collective activities of MPH students to advance the MPH program's mission of health equity and social justice. The Health Education Student Association provides a platform for baccalaureate students to voice their suggestions and concerns to the program faculty and administration.

MPH and BS students also share their opinions and provide recommendations regarding curriculum, program administration, academic quality and faculty advising through an exit survey upon graduation and periodic alumni surveys. MPH students also participate annually on the MPH Admissions Committee

and in new faculty hiring by attending candidate presentations and giving feedback to Search Committee members.

Students who met with the site visit team indicated that they feel involved in the governance of the program and that they are consistently encouraged to use their voice and provide feedback to the program. Students also spoke favorably about feedback sessions hosted by the program coordinators and department chair.

Faculty members hold leadership positions and are members of 22 university committees including the University Research Council, the Causeways Initiative Advisory Committee, the Professional Development Committee and the Student Success and Graduation Task Force.

1.6 Fiscal Resources.

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

This criterion is met. Program funding comes from general funds, grants and contracts and tuition from the program's offerings with the College of Extended Learning.

The largest source of revenue for the program is university general funds, which have increased four out of the past five years. These funds are appropriated funds provided by the state legislature. General funds support tenured and tenure-track faculty and are allocated based on enrolled full-time equivalent students. General funds comprise two-thirds of all required operating funds on a running average. Undergraduate "BS augments" are additional funds provided by the provost or dean. Augments provided an additional 4% of revenue in fiscal year 2015; this funding stream has been declining over recent years. A third source of operating funds is based on returning a proportion of the tuition derived from non-degree students taking open university courses or certificate candidates in holistic health taught by program faculty and offered through the College of Extended Learning. The amount received is based on a formula that is determined by the Dean's Office each year. This revenue stream provided approximately 4-6% of operating revenue over the past three years. The remaining 15-20% of operating funds needed each year is derived from indirect cost recovery and reimbursed release time. Total funds have been sufficient to meet total expenditures in the last six fiscal years. Grants and contracts have trended upward over this six-year period and doubled in fiscal year 2015. Table 1 presents the program's budget for fiscal year 2010-2011 through fiscal year 2015-2016.

Table 1. Sources of Funds and Expenditures by Major Category, 2010-2016 FY

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Sources of Funds						
University GF	\$1,335,567	\$1,182,677	\$1,258,856	\$1,259,615	\$1,576,072	\$1,601,267
Augments	\$340,906	\$481,197	\$459,857	\$486,244	\$76,431	\$214,543
CEL* (includes Open University & Special Sessions/Trust	\$64,307	\$147,554	\$178,742	\$125,430	\$138,112	\$105,272
Indirect Cost Recover*	\$67,073	\$79,216	\$65,936	\$128,365	\$88,483	\$91,176
RRT* – “old”	\$97,318	\$49,575	\$18,968	\$6,493	\$2,711	\$11,987
RRT* – “new”	\$29,218	\$44,650	\$53,920	\$113,381	\$32,111	\$280,190
External Grant - ORSP	\$831,500	\$918,027	\$1,713,400	\$1,423,400	\$1,568,400	\$1,440,400
External Grant - UCorp	\$20,000	\$0	\$60,000	\$70,000	\$85,000	\$99,211
Internal Grant - ORSP	\$50,000	\$60,000	\$31,518	\$60,700	\$27,464	\$45,000
Internal Grant –OSRP Chancellor’s Office	\$50,000	\$60,000	\$31,518	\$674,962	\$674,962	\$674,962
Gifts/Award (JBW, APLU, Governor)	\$35,000	\$55,000	\$0	\$20,000	\$0	\$3,000,000
Total Grants & Contracts Funds	\$986,500	\$1,093,027	\$1,836,436	\$2,249,062	\$2,355,826	\$5,259,573
Total Funds	\$2,920,889	\$3,077,896	\$3,872,715	\$4,368,590	\$4,269,746	\$7,564,008
Expenditures						
University Transactions	\$84,785	\$34,463	\$97,744	\$62,776	\$13,320	\$84,518
Tenured and Tenure-Track Faculty Salaries	\$980,974	\$969,307	\$1,026,017	\$1,097,461	\$922,930	\$964,578
Faculty Lecturer Salaries	\$517,731	\$550,270	\$567,570	\$633,121	\$620,331	\$803,038
Summer Session Faculty Salaries	\$5,100	\$51,863	\$32,943	\$24,524	\$11,618	\$154,767
Staff Salaries	\$69,516	\$69,516	\$75,059	\$77,682	\$63,198	\$73,320
Benefits for PT Faculty & Staff	\$129	\$518	\$651	\$232	\$268	\$480
Graduate Assistants & Teaching Associates	\$31,415	\$60,764	\$29,001	\$12,675	\$58,966	\$48,108
Operations	\$7,981	\$3,405	\$2,538	\$2,647	\$2,674	\$6,508
Supplies & Services	\$77,387	\$68,266	\$67,838	\$49,093	\$68,689	\$29,369
Travel	\$9,274	\$5,089	\$3,004	\$5,323	\$7,057	\$8,505
Student Support	\$20,564	\$24,016	\$27,413	\$44,019	\$19,241	\$35,626
Printing & Reprographics	\$5,031	\$6,741	\$7,763	\$4,719	\$3,520	\$4,360
Computers & Software	\$15,276	\$9,240	\$4,566	\$8,608	\$9,977	\$6,241
Honoraria	\$8,130	\$11,375	\$6,700	\$11,428	\$15,155	\$5,875
Total Grants & Contracts Expenditures	\$995,092	\$2,113,984	\$1,820,702	\$2,347,896	\$2,417,860	\$5,259,573
Total Expenditures	\$2,828,385	\$3,978,817	\$3,685,535	\$4,212,729	\$4,282,693	\$7,124,406

* Includes carryover/rollover from previous fiscal year.

** Carries over to next fiscal year.

The budget process, led by the department chair, is based on historical data. The largest expenditure is faculty. Faculty expenses have remained fairly stable, with only a slight increase over the past six years. The proportion spent on lecturers has trended upward, while the salary for tenured and tenure-track faculty has remained consistent. Staff salary expenses have also remained stable. All other expenses show some fluctuation year to year but no discernable trends.

1.7 Faculty and Other Resources.

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

This criterion is met with commentary. The program has personnel and other resources adequate to fulfill its stated mission, goals and objectives. As of spring 2017, the program had a total of 20 primary faculty members and 14 other faculty members. The program is supported by an academic office coordinator who dedicates 1.0 FTE to the program and an administrative support coordinator who provides .50 FTE to the program. The program also has three student assistants who provide a total of 30 hours per week.

As of spring 2017, a total of 39 students were enrolled in the MPH program, and 320 students were enrolled in the BS program. The student-faculty ratios (SFRs) were 4.8 for the MPH program and 21.8 for the BS program. According to data provided in the self-study, 10 primary faculty members teach only in the BS program, seven primary faculty members teach in both degree programs, and three primary faculty members teach only in the MPH program.

Program faculty and staff are housed in the Health and Social Sciences building. The department has 4,735 square feet of space including a student resource room, a health education/holistic health classroom/laboratory; a practice office; a lecturer room; a workroom for all faculty and staff, the Holistic Health Resource Center; and 15 shared offices housing 66 faculty and staff within the department.

The commentary relates to the shared faculty office space. During the site visit, faculty members mentioned that it is sometimes difficult to share office space, especially when meeting with students and having to schedule office hours based on another faculty member's schedule. Students noted that the shared office space affects faculty advising and that they wanted more privacy when meeting with their faculty advisors. Faculty members noted that sharing office space fosters a collaborative and familial environment among the faculty, and although inconvenient, sharing space is not detrimental to their teaching, research or service activities. University administrators stated that the College of Health and Social Sciences building will have more available space by fall 2017 due to the relocation of some of the departments within the college.

The university's Division of Information Technology provides a variety of computing services to faculty and students, including internet/email accounts, computing labs, help desk support and campus-wide

software licenses. The Division of Information Technology also offers free short courses and workshops throughout the year on basic, intermediate and advanced skills in computers, ranging from word processing and spreadsheets, to graphics, databases and web pages. The College of Health and Social Sciences provides three technical support personnel who are shared among college offerings and support faculty technology needs. Students have computer access, support and networking via university computer labs. The college also provides three computer labs with 74 computer workstations for students. Each full-time member of the faculty has his or her own computer and printer. All faculty computers are equipped with Microsoft Office (Word, Excel, PowerPoint, Access, FrontPage), SPSS 16/17 for PC and Mac, Minitab 9.5, Dreamweaver 4 for PC, Flash 5 for PC and Acrobat Pro 5.

The university's library provides over 200 computer workstations and can seat 1,896 students. The library also has a lending program where students can borrow laptops for a limited amount of time.

The J. Paul Leonard Library is the main library that supports the program. The library has approximately 1.17 million books, government documents and e-books, 460 print periodical titles, over 54,697 electronic periodicals and over 200 electronic databases. The library is staffed by over 27 full-time librarians with 62 staff available to serve the needs of the faculty and students. The program's Holistic Health Learning Center has a collection of over 5,000 books available to students, along with a collection of over 500 CDs, DVDs and videotapes, a variety of health journals and catalogued research articles.

The program recognizes other resources that are available on campus, which include the Learning Assistance Center and the Campus Academic Resource Program. Both programs provide one-on-one, group and in-class support for students. The Disability Programs and Resource Center provides support and advocacy for students who experience disabilities.

The program has identified over 25 outcome measures to assess the adequacy of its resources in areas such as teaching, course offerings and availability of resources. As discussed in Criterion 1.2, the majority of the outcome measures provided in the self-study are process objectives. According to program administrators, the program sets these outcome measures as safeguards to ensure that they can meet the targets at 100%. For example, measures track whether 1) all courses have an ILearn site, 2) all required BS courses are offered every semester, 3) all students are given an email account and 4) all faculty have access to a computer and travel funds. Given these measures, the program has met each of its targets for the last three years.

1.8 Diversity.

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

This criterion is partially met. The department tracks racial/ethnic and male/female identification among faculty and students annually. Discussions of diversity and health disparities permeate the program's curriculum, research and service. Both the MPH and undergraduate curricula include courses specifically related to health equity and social justice. Department faculty research activities have been devoted to race and class equity.

To incorporate diversity and cultural competence into the curriculum, the program offers multiple courses that focus on matters of cultural competence, diversity and social justice. At the undergraduate level, all BS students are required to take HED 520: Race, Class, Gender and Health Promotion as well as HED 455: Public Health Community Organizing. Both classes challenge students to examine their own culture, beliefs, values and biases in the context of their personal and professional development as it relates to public health.

The university promotes racial/ethnic and class diversity and has committed resources toward ensuring academic equity and success. Department faculty are involved in these efforts, including research on methods to improve student success. The program has identified its underrepresented groups as Asian and Latino for faculty and African American and males for both faculty and students. At the time of the site visit, 85% of students were female, 25% were Caucasian, 8% were African American, 30% were Asian and 30% were Latino. For primary faculty, 62% were female, 5% were African American, 15% were Asian, 15% were Latino and 60% were Caucasian.

The concern relates to the lack of a systematic approach to recruiting diverse faculty, staff and students. There are no policies or procedures that explain how the program recruits a diverse student body and faculty. In addition, there is no documentation of how the results of data collection on demographics are used by the program. The program repeatedly fails to meet its targets for male gender representation but presents no organized approach to improvement.

During the site visit, faculty acknowledged that the local environment is changing in regard to racial/ethnic diversity. For example, the undergraduate internship coordinator noted that, over the past few years, preceptors have been seeking a broader array of second language skills from interns and reflected that this was the kind of information available to the program that could be used to better understand whether it was meeting local and regional communities' needs.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master's degree. The program may offer a generalist MPH degree and/or an MPH with areas of specialization. The program,

depending on how it defines the unit of accreditation, may offer other degrees, if consistent with its mission and resources.

This criterion is met. The program offers instructional programs reflecting its stated mission and goals leading to an MPH degree in community health education and a BS degree in community health education, as shown in Table 2.

Table 2. Instructional Matrix		
	Academic	Professional
Bachelor's Degrees		
Community Health Education		BS
Master's Degrees		
Community Health Education		MPH

In addition to coursework in the five core public health knowledge areas, the MPH program requires coursework in areas such as program evaluation design and research, community health and health education planning. Students complete the degree with advisor-approved electives, a practicum and a culminating experience.

Both BS and MPH students who met with the site visit team stated that they really enjoy the content of the program, especially the heavy focus on social justice and health equity. Some students also noted that the community health education focus, the cohort model and the integration of social determinants of health are distinguishing hallmarks that attracted them to the program.

2.2 Program Length.

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

This criterion is met. The MPH degree requires 44 units. No MPH degrees have been awarded for fewer than 42 semester-credit hours in the past three years.

As defined by the university, one unit equals 15 classroom/contact hours per semester. Most of the courses in the department are offered for three units, and thus scheduled for 45 classroom/contact hours per semester. Two hours of outside classroom work are expected for each in-class hour.

2.3 Public Health Core Knowledge.

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

This criterion is met. All MPH students are required to complete the core courses as displayed in Table 3. Site visitors reviewed syllabi and verified that the learning objectives for these required courses contribute to the MPH core competencies and provide students with a strong foundation of public health core knowledge.

Table 3. Required Courses Addressing Public Health Core Knowledge Areas for the MPH Degree		
Core Knowledge Area	Course Number & Title	Semester Hours
Biostatistics	HED 829 Biostatistics & Public Health	3
	HED 828 Biostatistics Laboratory	1
Epidemiology	HED 825 Epidemiology	3
Environmental Health Sciences	HED 855 Environmental Health	1
Social & Behavioral Sciences	HED 810 Public Health & Principles of Community Organizing	3
Health Services Administration	HED 830 Health Education Planning, Management & Administration for Community Change	3
	HED 835 Public Health Policy	3
	HED 840 Program Evaluation Design & Research	3

2.4 Practical Skills.

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

This criterion is met. The program has a unique MPH practice experience provided in three courses (nine units) over two semesters. It involves a class cohort that works in teams intensively supervised by faculty. The clinical faculty member who leads the team practice course 1) teaches the content that will provide students with the skills and knowledge to develop and implement a community assessment, 2) recruits and selects community sites, 3) upholds standards and expectations of student work related to the MPH competencies 4) and intervenes and establishes a process for change if teams cannot be productive. Site selection criteria include the following: having a mission that is compatible with the mission and goals of the MPH program; existence of a potential student project that will contribute to the organization's own objectives; and availability and commitment of organizational staff. The goals of the practicum are to plan, conduct and present a community health assessment and to demonstrate public health practice skills. Students are not allowed to waive the practicum experience.

Both individual student and small team achievement are assessed through competency-based assignments that contribute to the completion of one final professional practice product at the end of the two semesters: a formal, comprehensive community assessment report delivered to the community partner. Each student team produces a final assessment report that is evaluated with a 10-component

rubric. The team also presents the project with a PowerPoint to community stakeholders and partners. Individual student and team performance is assessed during the practice courses by the supervising faculty member.

Since 2012, the program has partnered with HOPE SF communities, a public housing revitalization project, to use community-based participatory approaches to complete a community health assessment as the practice experience. An external partner involved with HOPE SF who met with the site visit team was enthusiastic about the value of the students and their experience.

2.5 Culminating Experience.

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

This criterion is met. The culminating experience comprises a seminar course that facilitates students' completion of an applied research project.

The seminar includes guest speakers from the field and in-depth critical discussions about contemporary public health practice and strategies as they relate to students' own topics of interest and professional aspirations. The research project allows students to integrate and synthesize competencies acquired through the curriculum and is expressed through a formal paper, a poster and an oral presentation. The course structure leads the student through multiple drafts in creating the paper and in reformatting the product for oral and poster presentations. Site visitors' review of sample papers, posters and slides prepared for oral presentations during 2015 and 2016 demonstrates broad scholarly integration of skills and competencies.

The syllabus for the seminar course clearly provides a timeline that guides the student through selection and conceptualization, initial and subsequent drafts, the final paper, the poster and the formal oral presentation. The committee for the culminating experience consists of the HED 890 instructor and the student's faculty advisor. The committee uses a grading rubric and feedback form to assess each student's competency attainment of both core and concentration competencies. Discussions with current students and alumni during the site visit validated this process.

2.6 Required Competencies.

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

This criterion is met. The program has identified competencies that guide the development of each degree program. The program has developed 26 core MPH competencies and 31 core BS competencies. The program used source materials from ASPPH and NCHEC to guide the development of the core competencies.

The program identifies 30 concentration competencies and 13 cross-curricular competencies. The program used source materials from the ASPPH Framing the Future Initiative, NCHEC and the ASPPH interdisciplinary/cross-cutting competency areas to develop the concentration and cross-curricular competencies. This competency set is identical for the MPH and BS programs.

Although the MPH and BS programs share a set of concentration competencies, the learning objectives within each course as provided on each syllabus are different across the degree levels. Faculty who met with the site visit team noted that there is a difference between the level of mastery in which BS and MPH students are expected to perform on the scale of Bloom's Taxonomy. Undergraduate students are expected to remember, understand and apply competencies, whereas MPH students are expected to analyze, evaluate and synthesize competencies. For example, the Community Health Education Theory class (HED 430) and the Theories of Social Behavioral Change in Community Health Education class (HED 815) are similar in structure and content and are mapped to the same competency; however, undergraduate students are expected to demonstrate entry level research skills in writing the three papers that make up their term project, while MPH students are expected to conduct more extensive searches and include interdisciplinary databases, such as those used in sociology, communications studies, ethnic studies, women and gender studies and political science. MPH students are also expected to use more targeted search terms that reflect a more advanced understanding of ecological influences on their chosen health topic and population of focus. Undergraduate students are expected to identify factors at each level of the ecological model that increase risk for the particular health outcome of focus among their population and provide evidence from the research. MPH students do the same, but are expected to explain in greater depth how each contributing factor increases risk, making the causal pathway more explicit.

The program has developed competency matrices for core and concentration competencies. The matrix identifies the relationship between courses, competencies and learning experiences used throughout the duration of the program.

The core and concentration competencies were developed through an iterative process of reviewing guidance documents from the ASPPH Framing the Future Initiative, ASPPH MPH Core Competency model, including the interdisciplinary/cross-cutting competency areas, and the NCHEC Responsibilities and Competencies for Health Education Specialists. To assure that the department stays up to date with

the full range of public health competency and degree model developments, the self-study indicates that the program also reviews source documents from SOPHE, CEPH, APHA, the Association for Prevention Teaching and Research (APTR) and the Council on Linkages Between Academia and Public Health Practice, as well as best practices reported in the literature.

As noted in the self-study, the program reviews the competencies on a consistent basis. Since the development of the competencies, the program has relied on input from students, alumni, BS internship preceptors and MPH team practice community partners. Examples of program-wide changes from competency analysis include the removal of repetitious content from a number of courses.

The competencies are made available to students through course syllabi, practicum and culminating experience evaluations and competency surveys. The competencies are also accessible to students via the program website and in the student handbook. After review of the course syllabi and competency matrices, along with validation from students while on site, it is evident that the program uses the competencies to guide curricular development.

2.7 Assessment Procedures.

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

This criterion is partially met. The program has established procedures beyond course grades to assess students' mastery of competencies for both degree programs. The program has also identified outcome measures to evaluate student achievement in each program.

Students in the MPH program are assessed through pre- and post-program MPH competency student self-assessment surveys. Entering and graduating MPH students are asked to rate their skill level on the core and concentration competencies. Students' pre- and post-program MPH knowledge and competency levels are compared to assess the impact of the MPH curriculum and extracurricular professional development learning opportunities. The program assesses the "post" phase at graduation, through an exit survey and every three years through an alumni survey.

During the MPH practice experience, faculty members assess both individual student and small team competency achievement through competency-based assignments that contribute to the completion of one final professional practice product. The competency attainment of each individual student is assessed through the completion of a problem statement, assessment protocol and community assessment report methods section. Each individual student also completes six reflections on his or her learning and competency attainment throughout the two-semester practice experience. In addition, each small team of six to eight students completes an assessment synthesis, literature review learnings,

existing data analysis, group assessment protocol, recruitment script, consent documents, data management system, final assessment report and final report community brief. During the MPH culminating experience, the seminar course instructor, chair of the committee and advisor/second reader individually assess the student's competency achievement using the culminating experience rubric.

Undergraduate students also self-assess their level of competency attainment by completing a pre- and post-program survey. Students complete the pre- survey during their first class of the program, and they complete the post- survey during the last class of the program. Preceptors also complete an intern survey to assess students' competency attainment. For each question, preceptors are asked to rate the intern on a five-point Likert scale ranging from Excellent to Unacceptable. A sixth option, "Not Applicable," is also included for those professional competencies that were not applicable to the student's internship scope of work. Undergraduate alumni also complete a survey to assess their performance of competency at their place of employment.

MPH students have a maximum allowable time of seven years to graduate but typically graduate within two years. The graduation rate for the 2010-2011 cohort in the MPH programs was 100%. The cohorts entering from 2011 to 2014 have all already exceeded the required 70% graduation rate with rates of 90%, 84%, 91% and 81%. For the most recent cohort, no students had withdrawn at the time of the site visit. With very low attrition rates, the program is expected to meet the required 70% graduation rate for the 2016-2017 cohort.

The first concern relates to the graduation rates for the BS program. According to information presented in the self-study and information provided during the site visit, the program does not have a method to accurately calculate the attrition rate. During the site visit, program administration noted that the university's Institutional Research Office and the campus solutions database does not provide academic departments with student-specific tracking data due to understaffing. Thus, data on students who withdraw from the major are not available to the program, and tracking individual student's progress is not feasible with the large number of students enrolled in the program. The program currently does not have a plan to improve the tracking of graduation rates for the BS program.

The program collects post-graduation outcomes data for both the MPH and BS programs through an annual alumni survey and informally through interactions with alumni. There were a total of 18 MPH students who graduated in 2015-2016: 94% were employed and 6% were actively seeking employment. For the previous academic year, a total of 22 students graduated: 95% were employed and 5% were continuing their education. In spring 2015, 93 BS students graduated. Of the 93 students, 37 responded to the alumni survey. The survey allows students to choose multiple categories, so of the 37 respondents, 86% were employed, 50% were continuing their education, 11% were actively seeking employment and

19% were not seeking employment by choice. In spring 2014, 86 BS students graduated, and 54 responded to the alumni survey. Of the 54, 83% were employed, 35% were continuing their education, 11% were actively seeking employment and 19% were not seeking employment by choice.

The second concern relates to the post-graduation outcomes data for the BS degree program. The survey tool used does not collect data in a manner that allows for meaningful analysis of post-graduation outcomes. For example, some students who are currently employed also marked that they are actively seeking employment or not seeking employment, and some students who are continuing their education marked that they were actively seeking employment or not seeking employment. Because of this, the site visit team was unable to determine whether the students in the BS program meet the required job placement threshold of 80%. During a meeting with program administration, the associate chair noted that the alumni survey needs to be updated to clearly explain the directions for completing the job placement section of the survey.

The program also uses the alumni survey to collect graduates' perceptions of their ability to apply competencies in the workforce. The survey asks MPH alumni to assess the success of the program in developing the skills expected of them as MPH professionals in a wide range of competency areas: assessment, planning, management, evaluation, policy/advocacy, research, collaboration, critical/ecological/systems thinking, training, communication, diversity and culture. A range of 87% to 96% of the alumni reported that the MPH program developed the expected skills (responses from strongly to somewhat agree) in 11 out of the 14 competency areas. In the remaining three competency areas (policy and advocacy, program management and quantitative research), 59% to 72% of students felt prepared in those areas. For the BS program, students' ability to perform the competencies in an employment setting occurs at the end of HED 480 Fieldwork and Reflective Seminar. Preceptors commented on strong research skills, the ability to work independently, patient care, resourcefulness and interpersonal skills. Students reflected on their progress as they matriculated through the program and growth in areas such as understanding the link of the ecological model in all aspects of public health and becoming stronger speakers, writers and advocates for social justice.

To collect feedback from employers of MPH alumni, the program coordinator informally collects input from program graduates who employ other alumni. The program also examines course evaluations of alumni who teach in the metro academy program and in the department, assuming that successful attainment of program competencies by these instructors will lead to positive reviews from students.

In the BS program, the program supplements these results with preceptor data. Preceptors complete a survey in which they rate students' performance in an employment setting. An average of 98% of preceptors report that student interns advanced the mission and work of their organization as a result of

their internship performance. Preceptors also include positive qualitative content describing students' strengths and mastery of the competencies.

The third concern relates to employer feedback on the levels of competency attainment of MPH and BS alumni. The program does not have a systematic process for routinely soliciting feedback from employers who are not affiliated with the program. Though the program has collected feedback through informal conversations with alumni who teach in the department and affiliated institutes, there is very limited feedback from external employers. Because of this, the program cannot effectively assess graduates' performance and mastery of the competencies in various work settings outside of the program and department. The data are not truly representative and feedback may be biased. While the BS program does have some data from external stakeholders in the form of preceptor evaluations, the criterion requires that employers outside of required coursework and the curriculum assess the performance of graduates after they have graduated from the program. During the site visit, program faculty and administration noted that they are in constant communication with community partners because of their personal relationships, and these relationships allow them to receive informal feedback about students and graduates. Faculty also noted that the last employer survey was administered almost 10 years ago, and the program plans to create a new employer survey.

2.8 Bachelor's Degrees in Public Health.

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

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

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

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

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

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

This criterion is met. The program offers one bachelor's degree in public health with a concentration in community health education. Students complete a total of 42 required course units with nine to 12 additional units taken as electives. Students may choose to group their electives in areas such as community-based public health, holistic health or school health, with suggested groupings of coursework, or they may select other electives in consultation with an advisor. The degree requires courses in all of the five required core knowledge areas, including epidemiology. The undergraduate curriculum is designed in four sequenced, scaffolded semesters and incorporates the core areas of public health in the required course curriculum.

The BS degree requires both a culminating in-class component and an internship experience. These are included in HED 480 Fieldwork and Reflective Seminar, which is a nine-unit course completed at the end of the program. The internship requires 240 contact hours. In HED 480, students are required to complete 240 hours of practice in the field in addition to three hours of classroom instruction and reflection. All students are required to complete this course, and no waivers are granted.

The internship preceptors and organizations vary in public health focus and are located throughout the San Francisco Bay Area. There are approximately 125 sites available in the region. HED 480 also requires that students write a reflection paper, in which students document what they have learned in their courses and their internship, conduct a literature review and compile a portfolio consisting of a professional resume with writing samples illustrating competencies learned and their ability to write.

The program recently pilot tested a proprietary system, CalState S4, that allows students to view available sites, sign contracts online and complete evaluations. The system was created to allow preceptors to update their internship site profile in real time ensuring accurate and up-to-date information, and complete intern evaluations. The system also allows faculty to view student choices, place students directly in the S4 platform, track timesheets, monitor and update MOUs and analyze student and preceptor evaluations; and university stakeholders can use the system to generate reports to calculate and analyze the impact of internship/service on the community and manage risk by having a repository and system for storing and updating MOUs.

2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is not applicable.

2.11 Joint Degrees.

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

This criterion is not applicable.

2.12 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. The program values research, particularly community-based participatory research. This is evident in the program's mission statement and strategic goals, which are aligned with students' culminating experience topics as well as the program's well-developed partnerships with community organizations including health departments. The department has set and met a goal of \$2 million per year in grant funding during all three of the most recent fiscal years. The department has set a goal for tenured and tenure-track faculty to secure more than \$30,000 per year total, and this has been largely met during the past three fiscal years. As noted in the self-study, external grants to support faculty development and supplement faculty travel have been "sufficient," although there is no specific target defined.

All full-time tenured and tenure-track faculty members demonstrate significant participation in research and scholarship. Funding ranges from small grants of \$5,000 to \$22,000 provided by the university's Office of Sponsored Research to grants over \$1 million from federal agencies and private foundations. Funding sources included the National Cancer Institute, the National Heart Lung and Blood Institute, the National Science Foundation, the Ford Foundation and the Robert Wood Johnson Foundation, among others. Areas of emphasis include cancer screening among vulnerable populations, contributing factors to childhood obesity, emergence of HPV and oncoviruses, LGBT health issues, impact of fracking on communities, preterm birth and strategies for health leadership and community engagement.

Faculty members have various options for protected time to develop their research, which include formal sabbaticals, time away with reduced pay and time away without pay. The opportunity to receive a sabbatical was described by faculty who met with the site visit team as a competitive process with eligibility for tenured and tenure-track faculty beginning after five years of employment at the university.

During the past four years, at least half of the research projects and a high amount of funding have been community based. These projects include the areas of preterm birth, evaluation of peer health leadership and educational engagement, building a culture of health through community organizers, greenhouse gas in disadvantaged communities, classroom-based interventions to increase resilience and counter stereotype threat, a health intervention for older LGBT women, increasing children's physical activity and the food environment near schools.

The program identified five outcome measures to assess its research activities. During academic year 2015-2016, all targets were met except for the target of 85% of faculty presenting at national meetings at least three times every three years; only 81% met the goal.

Faculty members regularly involve students in their research. The Youth Leadership Institute provides a conduit for students to participate in community needs assessment. After successful completion of the epidemiology course, students can be included as teaching assistants or can take an independent study research experience as an elective.

Students in the MPH program participate in a campus-wide student research competition, providing them with an opportunity to showcase their scholarly work. During the past three years, students have presented at the American Public Health Association, the Society of Behavioral Health, the Northern California Safe and Healthy Schools Conference, the California School-Based Health Alliance and a University of Illinois, Chicago-sponsored panel discussion. A total of 13 students have been funded to travel out of town or out of state, and 53 have participated in the SFSU graduate division research showcase.

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 strong part of the culture of both degree programs. All 20 primary faculty members serve key roles in community organizations, national associations and/or editorial boards. Many of the grants that faculty have obtained have a service connection. Full-time tenured and tenure-track faculty reported at least 72 significant service roles, including key leadership roles with national organizations such as the American Public Health Association and several editorial boards.

Faculty members are expected to devote approximately 20% of their time to service as a part of the promotion and tenure requirement. Faculty can take advantage of professional development opportunities structured around service, including offerings from the Institute for Civic and Community Engagement (ICCE). Faculty members have received mini-grants from ICCE to assist them in developing service learning opportunities for students. Faculty members who present service-related projects at regional and national meetings receive funding for travel and lodging subject to availability.

The MPH and BS student organizations have participated in a number of service opportunities, including working with a farmer's market to accept EBT, hosting an annual career symposium and conducting a food and clothing drive for a women's shelter.

The program has identified three outcome measures to evaluate its service efforts to the university, department and the community, and it has met all three targets for the past three years.

3.3 Workforce Development.

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

This criterion is partially met. Program faculty provide workforce development mostly as invited speakers at various trainings and symposia in their areas of expertise. Examples of workforce development programs offered by individual faculty include the following: minority training for cancer control research for minority researchers, panel presentations on California's cap and trade program for environmentalists and training for substance abuse professionals.

The program offers a certificate program in holistic health. In the past three academic years, the program has awarded 24 certificates.

The concern relates to the lack of assessment of public health workforce training needs. Faculty members who met with the site visit team noted that they offer continuing education activities on an

individual basis through their personal relationships with community members. However, there are no policies or procedures to ensure that the program systematically assesses the needs of the workforce and uses those data to provide continuing education activities. External stakeholders who met with the site visit team noted that the program had not solicited feedback about workforce training needs. Program administrators acknowledged the need to develop a systematic process for assessing workforce needs.

The program's workforce development outcome measure assesses faculty participation in training activities in their chosen area of expertise. The program has met this target.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The program has an academically prepared faculty with credentials to provide core public health classes and specialist instruction in community health education. Several faculty members have practice experience outside of academia. Faculty members' curricula vita demonstrate considerable and significant effort in instruction, research and service.

The program has a total of 20 primary faculty members and 13 additional faculty used to support both the MPH and BS degree programs. This includes three tenure-track faculty, eight tenured faculty, and 17 non-tenure-track faculty. Approximately half of the faculty (52%) are trained at the doctoral level in a discipline relevant to their assigned field. Of the primary faculty, 75% hold a doctoral degree. Faculty members have training and expertise in a variety of areas including educational leadership, public health planning, stress management, community health, environmental health and medicine.

At least four required MPH courses are regularly taught by local public health practitioners. In the BS program, each of the major courses has multiple sections, and approximately half of these sections are taught by public health practitioners. In these multi-section classes, practitioners and full-time faculty work together to shape the course and contextualize public health competency development in real public health issues facing local communities.

Primary faculty members conduct research in areas such as epidemiology, biostatistics and global health, allowing them to remain current on the latest events and developments in the field of public health and to integrate their work into their teaching. Faculty incorporate case studies and real-world examples into their class sessions. Faculty members also invite guest lecturers to teach in their classes.

The program has identified four performance objective measures to assess faculty qualifications, which are as follow: 90% of all MPH and BS courses will be evaluated by students with a score falling between one and two on a five-point scale where 1 is the highest rating; 75% of required graduate courses will be taught by full-time faculty; 75% of required undergraduate courses will be taught by full-time faculty; 100% of faculty (excluding practice coordinator) of graduate courses will hold a master's or a doctorate and will have study or experience in the assigned subject area; 100% of faculty of undergraduate courses will hold at least a master's degree and will have study or experience in the assigned subject area. For the most recent academic year (2016-2017), the program met all of its targets.

It was evident to site visitors that faculty members valued scholarship and service as a means to enhance instruction, the curriculum and student success. The level of professional service that faculty members contribute demonstrates solid reputations among their peers.

4.2 Faculty Policies and Procedures.

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

This criterion is met. The program has well-defined policies and procedures to recruit, appoint and promote qualified faculty. The university faculty manual is supplemented by department policy guidance, which together contain the policies, rules and regulations for faculty in the department. New faculty members are introduced to these documents at the time of hiring, and the documents and subsequent updates are fully available online.

Within the department, there are two independent levels of review in the hiring, retention and tenure process. First, within the department, a Retention, Promotion and Tenure (RPT) Committee reviews the evidence in the faculty's action file and makes recommendations to the department chair. The department chair offers an independent review of the same materials. At the next level of review, the RTP Committee and chair's letters, along with the file, are submitted to the dean of the College of Health and Social Sciences. Then the dean submits a letter to the provost and a university-wide RTP Committee for the final round of review. At each level of review, the candidate has 10 days to provide a rebuttal to the letter. The RTP Committee communicates with probationary faculty at least yearly and post-probation faculty every other year concerning their files. According to a recent university policy letter, the three areas that are reviewed at each of the promotional review points include teaching effectiveness, professional achievement and growth and service to the department, campus and community.

The RPT Committee assesses teaching effectiveness through student evaluations, peer evaluations, examination of course materials, mentoring and advising and an individual narrative composed by the faculty member. The committee assesses service by letters of support, third-party documents and

personal narratives. Finally, the committee assesses personal achievement and growth by review of all creative work.

All newly hired tenure-track faculty attend a week-long, 12-point, comprehensive orientation. During the first two years of employment, course load is reduced from six to four courses to provide the time to develop their research and teaching. New faculty are required to participate in year-long CHSS-Metro Faculty Learning Community (FLC) trainings that are co-facilitated by the department. All three new tenure-track hires in the department are currently enrolled and participating in the FLC. The Office of Research and Sponsored Programs provides seed grants, known as development of research and creativity grants, each academic year in the amount of \$8,000 for individual projects and \$12,000 for collaborative projects. Several departmental faculty members have received these grants. Other support is available in the form of sabbaticals, leave with reduced pay and leave without pay for professional development.

4.3 Student Recruitment and Admissions.

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

This criterion is met. The program has recruitment and admissions policies designed to locate and select qualified students. The program recruits undergraduate students through the process of advising undergraduates who are already enrolled at SFSU in the choice of a major. Recruitment occurs at two levels for the MPH program. The graduate division recruits for the MPH along with other university graduate degrees through statewide outreach, and the MPH program conducts its own recruitment activities, including on-campus student information sessions. Current students and alumni who met with the site visit team noted that they found out about the program through word of mouth. Departmental faculty teaching undergraduate courses informally recruit students who find their passions ignited by exposure to the public health discipline and its community of professionals.

The graduate division participates in Graduate School fairs across the state, providing information about all university graduate programs and their admission requirements. A university representative attends each event to meet with candidates, and interested individuals receive an MPH brochure and the program's website address. The candidates are encouraged to contact the program directly to participate in one of the program's prospective student information sessions. Candidates unable to attend the information sessions are offered a telephone session or a one-on-one in person information session. Current MPH students participate in these information sessions by answering questions and sharing their experiences. The MPH coordinator makes a formal presentation about the public health career field and job opportunities with the MPH degree. The university hosts a Graduate School fair in October for the

30,000 undergraduates on campus. The program participates in the event to provide information about the curriculum.

During fall 2017, the department will launch a MailChimp outreach campaign. Four engaging emails will be sent to prospective students to encourage them to follow through with the application process in a timely manner. Current students have provided much of the content for this new outreach, including photos and narratives.

Undergraduate students may pursue the BS as long as they meet all university requirements for admission. The entry course for the BS major is HED 400, which can be taken during the junior year. The department offers some undergraduate general education courses that provide a channel of communication with interested undergraduates aspiring to the BS degree.

Candidates for admission to the MPH program are required to have two full years (4,000 hours) of post-high school health-related work experience. Their undergraduate courses must include statistics or calculus, composition, social science and coursework in cultural, ethnic or social diversity. The overall GPA must be above 3.0, and they must take the GRE. Proficiency in written English can be demonstrated by a score of 4.0 or higher on the analytical writing section of the GRE. In addition to the online application, each applicant must also submit a statement of purpose, resume, three letters of reference, a program requirements contract and the departmental checklist.

For 2014-2015, the program had 79 MPH applicants; 24 (30%) were accepted and 22 (28%) enrolled. For 2016-2017, the MPH program had 61 applicants, of whom 22 (36%) were accepted and 15 (25%) enrolled. The number of applicants, acceptances and entering class size decreased in fall 2016 compared to the two preceding years. Program administration who met with the site visit team mentioned the lack of scholarships compared to neighboring schools as a contributing factor to the decrease in enrollment. The MPH program expects to see an increase in the applicant pool for the cohort matriculating in fall 2017 as a result of the MailChimp outreach.

For 2014-2015, the BS program had 415 applicants; 375 (90%) were accepted and 154 (37%) enrolled. For 2016-2017, the BS program had 277 applicants, of whom 277 (100%) were accepted, and the program plans on 150 (54%) enrolling. The BS degree enrollment is capped at 75 students each fall and spring semester, which means that the capacity to accept more students cannot be increased.

The program identified two outcome measures to assess the level of qualification of their students and have met or exceeded these targets.

4.4 Advising and Career Counseling.

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

This criterion is met. The program provides MPH student advising by engaging with prospective students through the admissions process and throughout their tenure as students. The program and the Public Health Organization of Graduate Students provide events during the summer before entering students begin. There is a formal all-day orientation one week before classes begin. These activities encourage social cohesion, since the class will move through the program as a cohort, as well as providing programmatic information.

The graduate coordinator and department chair assign a faculty advisor for each MPH student based on information from the student's application. The advisor works with the student for the duration of the program and signs off on forms, elective choices and review of the culminating experience project. Students are required to initiate advisor contacts. In addition to the assigned advisor, students are encouraged to seek out and establish regular mentor relationships.

The graduate coordinator advises on administrative matters and holds office hours. At the time of the site visit, the MPH handbook was under revision. In its place, students receive a copy of the PowerPoint that is shown during the orientation.

The undergraduate coordinator provides advising for undergraduate students once a semester during an in-class session. Undergraduate students may also seek one-on-one in-person or email advising. A trained student assistant works with the undergraduate coordinator to provide advising on request. During the final course of the undergraduate curriculum, there is a graduate application workshop.

The university has a career center that is available to graduate and undergraduate students for career development and job search services. MPH students receive career advising from their advisors and faculty mentors. Career development and job search skills are also integrated into the HED 811 Community Health Education Professional Formation course, which covers topics such as resume, CV and cover letter writing; professional identity and branding, including leveraging an effective LinkedIn profile; career road maps; and other career development skills.

Career counseling for undergraduate students is less formal and is initiated by students via mentorships with faculty members and internship preceptors. Because of the structure of the program's cohorted and tightly sequenced curriculum, faculty build close relationships with their students, and students, in turn, reach out to them for career advice. The graduate and undergraduate student organizations also arrange career development and networking events.

Graduate student and alumni surveys indicate satisfaction with advising and career counseling by a large proportion of respondents. Compared to MPH students who were satisfied with advising, a lower proportion of undergraduates rated student advising satisfactorily. Students who met with site visitors were enthusiastic about the availability and support from advisors and other faculty members for both academic progress and career goals and decisions.

Program faculty provide regular avenues for students to express complaints and concerns. University procedures encourage students with grievances to seek resolution informally at the lowest level. There is a formal process through the associate vice provost for student affairs and enrollment management. The program has had no grievances in the past three years.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

San Francisco State University Public Health Program

March 2-3, 2017

Thursday, March 2, 2017

- 9:45 am Meeting with Program Administration
Alvin Alvarez, PhD - Dean, College of Health and Social Sciences
Mary Beth Love, PhD - Chair
José Ramón Fernández-Peña, MD, MPA - Associate Chair
Sally Geisse, Graduate Coordinator
Kristine Doss, MPH – Academic Office Coordinator
Vincent Lam, MPH – Assistant Graduate Coordinator
Ingrid Ochoa, MPH – Undergraduate Coordinator
- 10:45 am Break
- 11:00 am Meeting with Faculty Related to Curriculum and Degree Programs
Alvin Alvarez, PhD- Dean, College of Health and Social Sciences
Mary Beth Love, PhD - Chair
José Ramón Fernández-Peña, MD, MPA - Associate Chair
Sally Geisse, Graduate Coordinator
Kristine Doss, MPH – Academic Office Coordinator
Vincent Lam, MPH – Assistant Graduate Coordinator
Ingrid Ochoa, MPH – Undergraduate Coordinator
- 12:00 pm Break
- 12:15 pm Lunch with Students
Soraya Fish
Lindsey Mills
Carla Smart-White
Bibit Liezel
- 1:15 pm Break
- 1:30 pm Meeting with Faculty Related to Research, Service, Workforce Development, Faculty Issues
Mary Beth Love, PhD - Dept. Chair
José Ramón Fernández-Peña, MD, MPA- Associate Chair
Mickey Eliason, PhD - Assistant Dean and Chair, Retention, Tenure, and Promotion
Adam Burke, PhD - Director, Holistic Health Studies
Erik Peper, PhD - Professor
Laura Mamo, PhD - Professor
Lisa Moore, DrPH - Associate Professor
Vivian Chávez, DrPH - Associate Professor
Juliana Van Olphen, PhD - Associate Professor
Rick Harvey, PhD - Associate Professor
Emma Sánchez-Vaznaugh, ScD - Associate Professor
Marty Martinson, DrPH - Assistant Professor
Lara Cushing, PhD - Assistant Professor
David Rebanal, DrPH - Assistant Professor
Jennifer Daubenmier, PhD - Assistant Professor
Ken Burrows, MPH - Lecturer
Victoria Quijano, EdD - Clinical Faculty
Jessica Wolin, MPH - Clinical Faculty
- 2:30 pm Resource File Review and Executive Session
- 4:00 pm Meeting with Alumni, Community Representatives and Preceptors
Valerie Dufour, MPH ('16) Director, Health Ministries Inter- European Division of Seventh-day Adventist Church
Theresa Nybo, MPH ('15) Programming and Scheduling Director LifeStyle TV- Sweden

Rachelle Booth, RD, MPH ('15) Clinical Dietitian- CoxHealth Springfield, Missouri
Christine Chung, RN, MPH ('16)
Duane McBride, PhD, Professor of Social and Behavioral Sciences, Executive Director, Institute for Prevention of Addictions & Director, Center for Drug Policy Research and Professor of Behavioral Science
Nicki Britten MPH, Health Officer, Berrien County, Michigan
Fernando Ortiz, PhD Professor, Director, Master of Divinity
Farai Nhiwatiwa, M Div. Senior Pastor Michiana African Seventh-day Adventist Church (MASDAC)
Thomas Shepherd, MA, MPH, PhD, DrPH Professor of New Testament Interpretation Director, PhD (Religion), ThD Programs
Evelyn Kissinger, MS, RD Director, Lifestyle Matters at Work Associate Health Director, Michigan SDA Conference

5:00 pm Adjourn

Friday, March 3, 2017

8:30 am Meeting with Institutional Academic Leadership/University Officials
Lori Beth Way, PhD. Associate Dean of Academic Planning
Mi-Sook Kim, PhD. Dean, Graduate Division
John Elia, PhD, Associate Dean, College of Health and Social Sciences

9:30 am Executive Session and Report Preparation

11:30 am Working Lunch, Executive Session and Report Preparation

12:30 pm Exit Briefing

1:15 pm Adjourn