

SCHOOL OF
COMMUNITY & GLOBAL HEALTH

 Claremont Graduate University



Public Health Programs

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 - Advancing Quality, Global Business Education International Accreditation Report—2015 (Peter F. Drucker and Masatoshi Ito Graduate School of Management)
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- 1.4.a. Organizational Chart of the Programs
 - Organization Chart of the School of Community and Global Health
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 - Accreditation/Self-Study Committee
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 - Guidelines Diversity Procedures in the Faculty Search Process
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 - Graduate Student Association Organization Guide
 - Policies and Procedures Manual
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- 1.7.d. CGU Campus Map

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 - 1.8.a(1). SCGH Diversity Plan
 - 1.8.a(1). University Diversity Plan
 - 1.8.a(2). Inclusion Survey and Results
 - CGU Student Satisfaction and Campus Climate Survey Results; Focus on Diversity and Inclusion for MPH
- 1.8.b. Diversity Recruiting Flyers
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 - Sexual Misconduct Resources

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- Procedure for Faculty Searches
- Guidelines for Diversity Procedures in the Faculty Search Process
- Diversity and Inclusion Committee Charge and Membership List
- CGU Diversity Fellows Program Announcement
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 - SCGH MPH Internship Preceptor Guide
- 2.4.a(3). MPH Internship Evaluation
 - MPH Internship Preceptor Evaluations
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- 3.3.b. Continuing Education Event Flyers
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- DrPH Student Handbooks
- Counseling Sheets
 - Applied Biostatistics and Epidemiology Concentration
 - Health Promotion, Education and Evaluation Concentration
 - Leadership and Management Concentration
 - DrPH Program in Leadership & Management
- Sample Dual Degree Plan

4.4.a(2). Faculty Advising Guidelines**4.4.a(3). Student Orientation Materials**

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4.4.b. Career Fair Flyer**4.4.c. CGU Student Exit Survey Form****4.4.d. Student Grievance Policy**

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- Student Grievance Form

ACRONYMS

AA- Asian American

AACSB- Association of Advance Collegiate Schools of Business

AADC- Affirmative Action and Diversity Committee

ABE- Applied Biostatistics & Epidemiology

ACB- Academic Computing Building

APHA- American Public Health Association

APPEAL- Asian Pacific Partners for Empowerment, Advocacy and Leadership

APT- Appointments, Promotions and Tenure Committee

ASC- Academic Standards Committee

ASCWASC- Accrediting Commission for Schools Western Association of Schools and Colleges

CBPR- Community-Based Participatory Research

CCDL- Claremont Colleges Digital Library

CDC- Center for Disease Control

CD-RW- Compact Disc – ReWritable

CE- Continuing Education

CEPH- Council on Education for Public Health

CGH- Community & Global Health

CGU- Claremont Graduate University

CHES- Certified Health Education Specialist

CPH- Certified in Public Health

CISAT- Center for Information Systems and Technology

CORC- Children's Obesity Research Center

CME- Continuing Medical Education

CSU- California State University

ComPLEAT- Community-led Policies and Leadership to Eliminate Disparities for Asian Americans and Pacific Islanders on Tobacco

CTRI- Community Translational Research Institute

DBOS- Division of Behavioral and Organizational Sciences

DrPH- Doctorate of Public Health

EEOC- Equal Employment Opportunity Commission

FEC- Faculty Executive Committee

FTE- Full Time Equivalent

FTEF- Full Time Equivalent Faculty

GMAT- Graduate Management Admission Test

GPA- Grade Point Average

GRE- Graduate Record Examination

GSC- Graduate Student Council

HC- Head Count

HI- Health Informatics

HP EE- Health Promotion, Education and Evaluation

IPE- Interprofessional Education

IRB- Institutional Review Board

LM- Leadership & Management

MA- Master of Arts

MBA- Master of Business Administration

MCAT- Medical College Admission Test

MCHEs- Master Level Certified Health Education Specialist

MGT- Management

MPH- Master of Public Health

MPHSA- Master of Public Health Student Association

MS- Master of Science

NBPHE- National Board of Public Health Examiners

NCURA- National Council of University Research Administrators

NCDs- Non-Communicable Diseases

NCHEC- National Commission for Health Education Credentialing, Inc.

NCI- National Cancer Institute

NHPI- Native Hawaiian and Pacific Islander

NIH- National Institute of Health

OIT- Office of Information Technology

PC- Personal Computer

PhD- Doctor of Philosophy

PI- Principal Investigator

PRGHF- Pacific Rim Global Health Framework

SCGH- School of Community and Global Health

SEI- Social Enterprise Intervention

SFR- Student/Faculty Ratio

SOPHAS- School of Public Health Common Application System

SSSPE- School of Social Science, Policy and Evaluation

TBD- To Be Determined

TDNY- Transdisciplinary

TOEFL- Test of English as a Foreign Language

UCLA- University of California, Los Angeles

UCSD- University of California, San Diego

USC- University of Southern California

WFS- Web File Services

WINCART- Weaving an Islander Network for Cancer Awareness, Research and Training

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School of Community and Global Health Claremont Graduate University

INTRODUCTION

Claremont Graduate University (CGU) was founded in 1925, the second institution of the seven-member consortium of The Claremont Colleges (Pomona, Scripps, Claremont McKenna, Harvey Mudd, Pitzer, Keck Graduate Institute and Claremont Graduate University). From its first graduate program in education, CGU has grown to a comprehensive university devoted entirely to graduate study, offering programs in a variety of fields (45 MA, 22 Doctoral and 9 certificates). In the 2015-2016 academic year CGU conferred 416 Masters, 165 doctoral degrees and 42 certificates. CGU has achieved a reputation for excellence in the arts, education, the humanities, religion, the social sciences, management, mathematics and information sciences. To date, 2136 students are enrolled in graduate programs on a full- or part-time basis. Twenty-one percent of the study body is international, representing 52 countries. Fifty-five percent of the student population is female with the average age ranging from 30 (MA) to 37 (Doctoral). The full CGU faculty includes 130 members (65% tenured track) who hold primary responsibility for instruction, advising and faculty governance. CGU students, may take classes with many of the 550 faculty members in The Claremont University Consortium, make use of four libraries with more than two million volumes, and involve themselves in a host of affiliated organizations, programs, and institutes.

CGU announced the formation of the School of Community and Global Health (SCGH), in the 2008, as part of a new venture of the Claremont Consortium. The new School was developed to address twenty-first century threats such as accelerated shifts in global populations, as well as spikes in preventable health-related problems. Building on professors coming to CGU from the University of Southern California's celebrated Institute for Disease Prevention and Health Promotion Research, the new School focuses on such topics as addiction, the world-wide obesity epidemic, and how research findings in prevention science can be translated into better policies and practice. The new School is strategically aligned with the University's renowned transdisciplinary curriculum and research focus. It creates important synergies with many research activities at CGU, and creates new partnerships within the University, especially with the Center for Information Systems and Technology (CISAT), the School of Social Science, Policy & Evaluation (SSSPE), Drucker School of Management (Drucker), and the Keck Graduate Institute of Applied Life Sciences (Keck).

In July 2008, faculty members from the newly established SCGH began working to develop an innovative Master of Public Health Program (MPH) in Community and Global Health. With strong support from the University, they developed a curriculum based upon a community approach to prevention that considers social, cultural, environmental, and public policy influences on health, from the pre-natal period to late adulthood, including the profound negative influences of impoverished community environments such as those found in some Hispanic/Latino, Native American, and other economically disadvantaged populations.

The MPH Program was the first graduate degree offered through the SCGH at CGU. The mission of the MPH program is to prepare professionals to play leadership roles in promoting global public health through improved research, practice, policy-making, and system response. The program provides contemporary leadership, education, research, and service in public health, regionally, nationally, and internationally by combining broad public health foundation with specific training in three specialty areas: (1) health promotion, education & evaluation, (2) applied biostatistics & epidemiology, and (3) leadership & management. The MPH program was approved by the CGU Board of Trustees in October 2008, and the program's first class of 14 students began their course of study in August of 2009. The first graduate was awarded the MPH degree in December of 2010. More degrees followed as the School progressed, including two dual degrees, an accelerated bachelors/MPH degree and most recently a Doctor of Public Health (DrPH) in fall 2015.

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Claremont Graduate University, Keck Graduate Institute of Applied Life Sciences, and five highly regarded undergraduate colleges—Pomona, Scripps, Claremont McKenna, Harvey Mudd, and Pitzer colleges—comprise The Claremont Colleges, a consortium unique in American higher education. Although located on contiguous campuses in the pleasant southern California city of Claremont, each institution has its own student body, faculty, governance, curricular emphasis, style, and mission.

The Public Health Program

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CRITERION 1.0 THE PUBLIC HEALTH PROGRAM

CRITERION 1.1. MISSION, GOALS AND OBJECTIVES

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

1.1.a. A clear and concise mission statement for the program as a whole.

Mission Statement

The mission of the public health program at Claremont Graduate University (CGU) is to prepare professionals to play leadership roles in promoting global public health through improved research, practice, policy-making, and system response. The program provides contemporary leadership, education, research, and service in public health, regionally, nationally, and internationally by combining a broad public health foundation with specific training in three specialty areas.

The MPH program represents a valuable link between the University and the community by assessing and addressing specific public health issues in the San Gabriel Valley of Los Angeles County and the Inland Empire. Both areas have diverse populations and particular academic and health needs which are constantly changing. The city of Claremont and CGU, although part of Los Angeles County, sits on the border between the San Gabriel Valley of Los Angeles County and the Inland Empire, making it a suitable institution to service the academic and public health needs of the Inland Empire and neighboring areas.

Figure 1.1.a. Map of the Inland Empire and the San Gabriel Valley areas



The Inland Empire is a region in Southern California situated directly east of Los Angeles County, north of San Diego/Imperial County and west of the state of Arizona and Nevada. The geographic area served by SCGH includes the counties of Riverside and San Bernardino, and the cities of the Pomona Valley and East San Gabriel Valley of Los Angeles County. Included are the cities of Claremont, Diamond Bar, La Verne, Pomona, San Dimas and Walnut in LA County to the west, Ontario, San Bernardino, Big Bear Lake, Redlands, and Victorville in San Bernardino County, and Riverside, Corona, Moreno Valley, Perris, Murietta, Temecula, Palm Springs and other desert communities in Riverside County. The region extends east all the way to the Nevada and Arizona borders. The region, sometimes referred to as the Inland Empire, includes the Census Bureau's Riverside-Ontario-San Bernardino Metropolitan area. It is home to more than five million people and encompasses more than 30,000 square miles. It is one of the fastest growing regions of the country; according to the U.S. Census, the population of the Inland Empire grew by 26.5% between 2000 and 2008.

Health outcomes for the region rank in the bottom one third of all California counties, with chronic diseases, including cardiovascular disease and diabetes, the leading causes of mortality and morbidity. Alcohol and drug abuse are substantial problems and nearly 26% of children live in poverty. In 2006, the Centers for Disease Control and Prevention reported that 33% of the people living in the San Bernardino area were considered overweight and 31% were considered obese. These may be underestimates. Our own community based population screenings in Riverside County have found adult obesity rates to be more than 50% and combined overweight-obesity rates to be in the range of 85%. Whereas CDC reports diabetes rates of 7-8% for areas of the region based on telephone surveys, our extrapolation from NHANES (actual physical examinations) to the characteristics of local populations yields diabetes estimates from 18%-22% and combined diabetes-prediabetes rates of 53%-55% depending on the community. Our community survey findings yield similar estimates. Forbes Magazine identifies the area as the fourth "fattest" area in the United States. Native American/American Indian populations of the region such as the Cahuilla, Serrano, Luiseno, Chemuhuevi and numerous other tribes face severe health problems, including those related to diabetes, alcohol and drug abuse, and nutrition. Located in eastern Riverside County is the Morongo Indian Reservation which is home to the largest Indian Health Services clinic in the United States.

In terms of education and employment, the Inland Empire is home to many low-tech and lower waged service jobs which correlate with the lower educational attainment of individuals living in the area (e.g. fewer than 24% of the population have a college degree). Crime rates in the area are double the national average. Increasing ethnic diversity due to immigration has increased the rate of hate crimes by 20% in recent years. Due to lower costs of land prices when compared to neighboring counties, the Inland Empire has also seen an increase in manufacturing companies, housing and retail developments which brings with it more employment opportunities, increase earnings and homeownership. Coupled with this phenomenon is an expansion of freeways and increased traffic congestion which have compromised the air and water quality of the region. The recent economic crisis that hit the nation in recent years also caused economic problems in this already struggling region. In 2010, RealtyTrac, a real estate tracking firm lists the Inland Empire as having the sixth highest foreclosure rate in the nation which translates to about 1 in 41 homes being in some stage of foreclosure. However, despite the struggling economy and health problems, the Inland Empire is home to multiple national, state and local parks – San Bernardino National Forest to the north and east and Cleveland National Forest to the south and west. These recreational facilities, green spaces and low population density make it an ideal location for promoting health campaigns such as interventions related to nutrition and physical activity.

The San Gabriel Valley immediately west of the University is one of the most ethnically diverse areas in the nation with large proportions of different ethnic groups residing in the 31 cities and 5 unincorporated areas. Of the 2 million residences, approximately 44% are Latino, 27% Caucasian, 25% Asian and Pacific Islanders and 4% African American. Although a relatively low portion of the population, the African American communities in the San Gabriel Valley area are long established communities in mainly the cities of Altadena and Pasadena. English is the most common language followed by Chinese and Spanish but a sizeable group of Tagalog, Korean, Arabic, Armenian and Japanese speakers also live in the area. Data from the Los Angeles County Department of Health reveal that obesity is a major health concern in the San Gabriel Valley. Obesity rates among adults rose from 14.1% in 1997 to 22.2% in 2007 and the same trends are seen in children. These survey-based data, like the CDC data for Riverside and San Bernardino Counties, are likely underestimates. Our community based screenings of adults in Pomona, for example, yielded BMI estimates of obesity and obesity/overweight of more than 50% and 80%, respectively. Waist circumference estimates were even higher. Other health concerns in the area include hypertension, high cholesterol and diabetes which have risen over the last decade. About 16% of adults reported binge drinking (i.e. 5 or more alcoholic drinks at one time) and 13% are current smokers.

The Coachella Valley forms the eastern boundary of Riverside County and is characterized by extreme economic diversity, from the affluence of the Palm Springs-Desert Palms area in the northwest of the valley to high levels of poverty among the migrant farm workers in the east-southeast end of the valley. Health resources are extremely limited in the east end of the valley; the distances between health facilities are great, and the transportation and housing infrastructure is poor.

SCGH maintains projects in all major areas of the region served for experiential and course-expansion opportunities for its students. Included are diabetes and chronic disease screening and early intervention programs at the community level and a new multi-sectoral childhood trauma and resilience development program in Riverside County, and the Randall Lewis Fellowship program and numerous internship opportunities in various city and county sites across the three counties. These are described elsewhere in this self-study.

1.1.b. A statement of values that guides the program.

Program Values

Determination of Values Definition

Consistent with the program's mission, goals and objectives, the program seeks to implement core values in ways that enhance the health and well-being of all residents in the San Gabriel Valley/Inland Empire and relevant Asia Pacific communities, especially the most vulnerable segments of California and the region's most at-risk and underserved populations. Program values, described below, are communicated to students at their new student orientation, to SCGH faculty at the annual retreat, and to community partners and prospective students on our website. Program values are consistent with CGU expectations and values for students and faculty, as reflected in their respective handbooks. Program values are nested with the values of the university.

The values guiding the program were determined in a manner similar to the mission, goal and objective statements for the program, incorporating feedback from major stakeholders. The core values are expressed in program offerings, community collaborations and service, faculty research, student recruitment and documents pertaining to student conduct.

Values and their Operationalization

Transdisciplinarity: Faculty work collaboratively and across traditional disciplines on a common set of questions and issues, while drawing on their own individual disciplinary training. CGU houses a *Transdisciplinary Studies Program* offering courses in seminar and lecture/discussion format that combine scholarship and methodologies from a range of disciplines, thereby creating an enriched pedagogical and research environment for students and faculty. Current transdisciplinary courses taken by students are TNDY 403e: *“Working Across Cultures”* and CGH 310: *Foundations of Global Health: An Interdisciplinary Approach*.

Diversity: Many of the research and outreach activities of program focus on diversity, poverty, and the challenges of understanding and tolerance. Understanding the contributions of culture to health behaviors is paramount to health promotion. This value is reflected in the development of public health courses, most notably, *CGH 317: Ethics, Human Rights, and Cultural Diversity*. The impact of globalization is a theme that unifies the curriculum as a whole. The program collaborates with organizations formed to address the most pressing health problems affecting under-served, minority populations. These collaborations often result in the development of continuing education activities that benefit the local public health workforce, as well as members of diverse communities. Securing a diverse program administration and student body is a priority. Student recruitment events promoting diversity in graduate education are routinely attended by program administration.

Collaboration for Community Action: Developing partnerships between the programs and community agencies dedicated to strengthening the relationship between theory and practice contributes to community health goals locally and abroad. Research and service activities are strengthened by formally recognized agreements with universities, community-based agencies, and health care/research organizations.

Relevance and Participation: "Starting where the people are" with felt needs and concerns, and working with both individual and community needs and assets translates into involving the communities in the identification of pressing health issues, available resources, and capacity for change. This value guides the faculty as they conduct various community based participatory research projects, both here and in developing countries abroad.

Integrity: The importance of integrity, and responsibility and ethical conduct in all academic activities, striving to offer and model honesty, dependability, trust, and leadership is the basis of the conduct of members of the MPH student association as well as the student population at large. These values are also referenced in the Association Bylaws and student handbooks.

1.1.c. One or more goal statements for each major function by which the program intends to attain its mission, including at a minimum, instruction, research and service.

Goal Statements

The School of Community and Global Health at Claremont Graduate University is uniquely situated at the border of Los Angeles County, the Inland Empire, a region of *communities in transition*. The distinctive challenges faced by these communities are reflected in patterns found globally: The growth of major desert cities and urban sprawl, the public health needs of rural and urban tribal populations in Southern California, akin to those of indigenous peoples in Asia and Latin America, and the difficulties

faced by populations in communities confronted with rapid growth, rising chronic disease, environmental degradation, health and economic disparities, public health emergencies, and entry into a global economy.

Assessing and addressing the unique health challenges of these *communities in transition* serves as a major theme guiding our programs of research, service, education, including the public health programs, at the School. Program faculty, staff and students work in partnership with communities and the public and private sectors to focus on issues confronting these communities, building on their strengths, developing leadership skills and increasing their capacity to respond to rapidly evolving public health problems. Students gain knowledge in the emerging trends in global health while also honing the skills necessary to be eligible for jobs that employ most graduates in public health.

The three major functions of the program involve instruction, research and service in public health. There are seven goal statements within these three areas.

INSTRUCTION: The priority of faculty and staff of the public health programs is the education of our students through innovative classroom techniques and research that reflects emerging trends in population health. The curriculum is designed to prepare public health leaders to assess community needs as well as to design, implement, and evaluate health promotion programs for diverse populations. Instructional goals include:

Goal 1: To educate individuals for professional careers in public health through the development of an MPH program that prepares them to assess community needs of populations, design, implement, and evaluate health promotion programs appropriate for diverse populations.

Goal 2: To provide an environment conducive to student learning and professional development.

Goal 3: To prepare graduates to practice successfully in diverse public health/social service settings or to pursue advanced professional/academic training.

Goal 4: To recruit a qualified and diverse student body.

RESEARCH: The high-quality research carried out by our faculty and students addresses important public health challenges and is fundamental to our mission. Research and teaching are inextricably linked and enhance student learning. Research goals include:

Goal 5: To conduct research that contributes to the identification, management, and resolution of public health problems locally and globally.

SERVICE: The program strives to improve the health status of individuals through community based efforts. As a community-practice oriented degree, the program encourages students and faculty to participate in community service through research, consultation and volunteerism. Service goals include:

Goal 6: To encourage faculty and students to actively engage in service leadership activities.

Goal 7: To improve the skill set of the local public health workforce so it may address issues characteristic of the region.

1.1.d. A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1c. In some cases, qualitative indicators may be used as appropriate.

Objectives

Each program goal identified above contains measurable objectives. Performance concerning the achievement of these objectives since the program's inception is illustrated in tables 1.1, a-c below. Many of these indicators are reflected in the outcome tables in various criterions.

Table 1.1.a. Measurable Objectives Relating to Instructional Goals

Objectives with Outcome Measures	Target/Desired Outcome	Proposed Measure/ Data Source & Timing of Data Collection	2013- 2014	2014- 2015	2015- 2016*
Goal 1: To educate qualified individuals for professional careers in public health through the operation of an MPH program that prepares them to assess community needs of populations, design, implement, and evaluate health promotion programs to diverse populations.					
Objective 1: Maintain a high level of teaching effectiveness where courses receive a mean rating of 5.5 on student evaluations (1=very poor to 7=very high)	Mean of 5.5 every year	Course evaluations (Every semester)	6.27 Met	6.06 Met	5.26 Not Met
Objective 2. Each academic year, at least 90% of students will meet all MPH program competencies upon graduation per the capstone course.	90% of students	Capstone course (Every semester)	100% Met	88% Not Met	81% Not Met
Objective 3. Each academic year, at least 80% of graduating MPH students will report "agree" or "strongly agree" when indicating their overall satisfaction with the MPH program.	80% of students	Exit surveys (Upon graduation)	100% Met	100% Met	81% Met
Objective 4: Each academic year, at least 80% of graduates will report that MPH program adequately prepared them to practice as a public health professional on the alumni survey	80% of alumni	Alumni survey (1-year post graduation)	88% Met	100% Met	77% Not Met
Objective 5. Each academic year, 80% of MPH students will receive an overall performance rating of at least 4.0 from their internship supervisors (1=below expectation, 3=satisfactory, 5=beyond satisfactory).	80% of students	MPH Preceptor Evaluation (Upon completion of internship)	100% Met	100% Met	100% Met
Goal 2: To provide an environment conducive to student learning and professional development.					
Objective 1. Each academic year, provide financial support for education by offering a departmental fellowship to all students based upon merit and eligibility.	100% students receive a departmental fellowship	Financial Aid reports (Annually)	MPH- 100% Met	MPH- 100% Met	MPH- 100% Met
					DrPH- 100% Met

Table 1.1.a. Measurable Objectives Relating to Instructional Goals

Objectives with Outcome Measures	Target/Desired Outcome	Proposed Measure/ Data Source & Timing of Data Collection	2013- 2014	2014- 2015	2015- 2016*
Objective 2. Each academic year, provide financial support for education by offering a limited number of student research/teaching assistantships (with a stipend if possible) based upon student merit and fund availability.	At least one student per year	Budget/Assistantship letter (<i>Every year/every semester</i>)	4 Met	8 Met	MPH-8 Met
					DrPH-0 Not Met
Objective 3. Each academic year, provide funds for students to attend a professional conference in which they have been selected for an oral/poster presentation.	At least one student receiving a travel award per year	SCGH Budget Review/ Travel Award letter (<i>Annually</i>)	N/A	3 Met	MPH-1 Met
Objective 4. The School will make annual donations to the student association budget.	Annual contribution	SCGH Budget Review (<i>Annually</i>)	\$1,000 Met	\$1,000 Met	\$2,000 Met
Objective 5. Each academic year, create an environment where the campus community can thrive by co-sponsoring at least one campus event addressing issues of diversity.	One campus event sponsorship per year	Event flyer (<i>Annually</i>)	3 Met	0 Not Met	1 Met
Objective 6. During this accreditation cycle, become a chapter of Delta Omega, the professional honor society in public health	Initiation of chapter	Delta Omega Chapter Charter	N/A	N/A	Yes Met
Objective 7. At least 80% of graduates will report satisfaction with class size. ¹	80% of graduates	CGU Exit surveys (<i>Upon graduation</i>)	N/A	N/A	100% Met
Objective 8. At least 80% of graduates will report satisfaction with faculty availability.	80% of graduates	CGU Exit surveys (<i>Upon graduation</i>)	100% Met	100% Met	81% Met
Objective 9. At least 80% of graduates will report satisfaction with academic advising.	80% of graduates	CGU Exit surveys (<i>Upon graduation</i>)	75% Not Met	100% Met	77% Not Met
Objective 10. At least 80% of graduates will report satisfaction with career advising.	80% of graduates	CGU Exit surveys (<i>Upon graduation</i>)	Missing	83% Met	66% Not Met
Goal 3: To prepare graduates to practice successfully in diverse public health/social service settings or to pursue advanced professional/academic training.					
Objective 1. Maintain a cumulative attrition rate of 10% or less among those students who matriculate per year.	10% or less attrition rate	Withdrawal survey (<i>Every semester</i>)	22% Not Met	2% Met	MPH-9% Met
					DrPH-13% Not Met
Objective 2. Each semester, 90% percent of students will have a cumulative GPA of 3.0.	90% of students	Student cumulative GPAs (<i>Every semester</i>)	93% Met	97% Met	92% Met
					DrPH-100% Met

Table 1.1.a. Measurable Objectives Relating to Instructional Goals

Objectives with Outcome Measures	Target/Desired Outcome	Proposed Measure/ Data Source & Timing of Data Collection	2013- 2014	2014- 2015	2015- 2016*
Objective 3. Each academic year, maintain a 90% graduation rate.	90% of students	List of graduates presented by the registrar (<i>Every spring</i>)	100% Met	100% Met	82% Not Met DrPH- N/A
Objective 4. Each year, 2 students/graduates will sit for the CHES exam.	2 students	Exit survey (<i>Every semester</i>) Alumni survey (<i>Annually</i>)	2 Met	1 Not Met	3 Met
Objective 5. Each year, 2 students/graduates will sit for the CPH exam.	2 students	Exit survey (<i>Every semester</i>) Alumni survey (<i>Annually</i>)	0 Not Met	1 Not Met	2 Met
Objective 6. Eighty percent of graduates will obtain employment in public health or matriculate into an academic/professional degree program within one-year of graduation.	80% of graduates	Alumni survey (<i>Annually</i>)	94% Met	100% Met	100% Met
Objective 7. Increase the number of available internship placement sites each year	5 new sites per year	Agency affiliation agreements (<i>As needed</i>)	53 Met	65 Met	74 Met
Objective 8. Each academic year, at least 80% of preceptors will rate MPH students as “very prepared” to undertake the tasks required of them during their internship.	80% of students	Internship supervisor evaluation survey (<i>Every semester</i>)	70% Not Met	100% Met	92% Met
Goal 4: Recruit a qualified and diverse student body.					
Objective 1. Each academic year, attend at least two recruitment events targeting minority student populations.	2 recruitment events per year	Recruitment plan	2 Met	2 Met	2 Met
Objective 2. At least 50% of students accepted into each cohort are minority students	50% of accepted applicants	SOPHAS database	38% Not Met	64% Met	MPH- 62% Met DrPH- 45% Not Met
Objective 3. At least 50% of students accepted into each cohort are women	50% of accepted applicants	SOPHAS database	71% Met	69% Met	67% Met DrPH- 41% Not Met
Objective 4. At least 10% of students accepted into each cohort are from outside the U.S.	10% of accepted applicants	SOPHAS database	24% Met	22% Met	27% Met DrPH- 59% Met
Objective 5. At least 25% of enrolled students will have previous public health experience	25% of accepted applicants	SOPHAS database	40% Met	32% Met	38% Met

*First year of DrPH program. Some outcomes are not yet available.

Table 1.1.b. Measurable Objectives Relating to Research Goals

Objectives with Outcome Measures	Target/Desired Outcome	Proposed Measure/ Data Source & Timing of Data Collection	2013- 2014	2014- 2015	2015- 2016*
Goal 1: To conduct research that contributes to the identification, management, and resolution of global public health problems.					
Objective 1. Seventy-five percent of core faculty will have funded public health research annually.	75% of core faculty	Faculty survey /CV (Annually)	59% Not Met	90% Met	89% Met
Objective 2. Seventy-five percent of core faculty will publish two peer-reviewed articles annually.	75% of core faculty	Faculty survey/CV (Annually)	67% Not Met	70% Not Met	78% Met
Objective 3. Fifty percent of core faculty will conduct at least one presentation at professional meetings annually.	50% of core faculty	Faculty survey/CV (Annually)	75% Met	80% Met	66% Met
Objective 4. Each academic year, at least two students will present research projects at professional conferences.	2 students	Faculty survey/CV (Annually)	2 Met	3 Met	MPH-6 Met
					DrPH-1 Not Met
Objective 5. Each academic year, at least 5 students will assist faculty on research projects.	5 students (MPH)	Directed Research contracts (Each semester)	10 Met	6 Met	5 Met

*First year of DrPH program. Some outcomes are not yet available.

Table 1.1.c. Measurable Objectives Relating to Service Goals

Objectives with Outcome Measures	Target/Desired Outcome	Proposed Measure/ Data Source & Timing of Data Collection	2013- 2014	2014- 2015	2015- 2016*
Goal 1: Encourage faculty and students to actively engage in service and leadership activities.					
Objective 1. At least 50% percent of core faculty will serve on panels/boards or provide technical assistance to community based agencies annually.	50% of core faculty	Faculty survey/CVs (Annually)	42% Not Met	50% Met	62% Met
Objective 2. At least 50% of core faculty will maintain an active membership on University committees	50% of core faculty	Faculty survey/CVs (Annually)	58% Met	30% Not Met	60% Met
Objective 3. At least 50% of core faculty will participate in editorial activities for professional journals annually.	50% of core faculty	Faculty survey/CVs (Annually)	50% Met	60% Met	66% Met
Objective 4. At least 75% of core faculty will have active leadership and/or membership in community, national or international professional associations.	75% of core faculty	Faculty survey/CVs (Annually)	100% Met	100% Met	100% Met
Objective 5. At least two courses a semester will provide student service opportunities.	2 courses	Syllabi audit (Every semester)	2 Met	2 Met	MPH-2 Met
					DrPH-2 Met
Objective 6. The Student Association will coordinate/participate in two community service events per year.	2 service events	Student association minutes/event flyers (annually)	6 Met	6 Met	11 Met

Table 1.1.c. Measurable Objectives Relating to Service Goals

Objectives with Outcome Measures	Target/Desired Outcome	Proposed Measure/ Data Source & Timing of Data Collection	2013- 2014	2014- 2015	2015- 2016*
Objective 7. Support at least one MPH alumni appointment on MPH program committees	1 alumni participant	Program committee list, minutes (<i>varies</i>)	1 Met	1 Met	1 Met
Objective 8. Support at least one current student appointment on MPH/DrPH program committees	1 student participant	Program committee list, minutes (<i>varies</i>)	1 Met	1 Met	1 Met DrPH-1 Met
Objective 9. At least two students will participate in faculty service or workforce development activities each year.	2 students	Student survey (<i>Annually</i>)	1 Not Met	1 Not Met	7 Met DrPH-0 Not Met
Goal 2: Improve the skill set of the local public health workforce so it may address health issues characteristic of the region.					
Objective 1. Conduct ongoing surveys and key informant interviews to assess current and emerging needs of the public health workforce.	Number of surveys; key informant interviews	Survey and key informant results (<i>Every three years</i>)	NA	NA	9 Met
Objective 2. Conduct alone or in collaboration with a partner(s) a minimum of one annual training opportunity that will reach local public health professionals.	1 training per year	Program flyers (<i>Annually</i>)	1 Met	3 Met	6 Met
Objective 3. Offer a minimum of one continuing education program per year for CHES/CPH credit for public health professionals in the surrounding service areas (Los Angeles and the Inland Empire).	1 training with CE units	NCHCEC applications/CPH CE database (<i>Annually</i>)	1 Met	3 Met	6 Met
Objective 4. For each continuing education programs sponsored by the program, 75% of attendees will report that their learning needs where “very well” or “well” met.	75% of CHES/MCHES participants	Event evaluation results (<i>Annually</i>)	N/A	100% Met	75% Met

*First year of DrPH program. Some outcomes are not yet available.

1.1.e. A description of the manner through mission, values, goals and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.

Development

The MPH program mission statement, goals and objectives were developed during the summer of 2008 by the faculty with the direction from the Founding Dean, Andy Johnson, and the MPH Program Director, Darleen Peterson. The MPH program proposal was submitted to the CGU Academic Standards Committee in early September 2008. The mission statement, goals and objectives were then finalized at a faculty retreat in the fall of 2008. Throughout the process, the faculty had the opportunity to guide the framework, discuss and determine the mission and goals of the program.

Individuals outside of the School of Community and Global Health and CGU were also involved in shaping the mission of the MPH program. Among these were the initial members of the SCGH Board of Advisors:

- Robert Tranquada, MD, Founding Chair of the USC Department of Community and Public Health (now the departments of Preventive Medicine and Family Medicine, and former Chancellor and Dean of the University of Massachusetts Medical Center, and former Dean of the USC School of Medicine.
- Lester Breslow, MD, PhD, former Dean of the School of Public Health, UCLA, Former Director, California Department of Health and Human Services
- John (Jack) Farquhar, M.D., Professor of Medicine and Health Research and Policy, Founder of the Stanford Prevention Research Center.
- Jonathan Fielding, M.D., M.P.H., M.A., M.B.A., Director, Los Angeles Department of Public Health, Professor of Health Services and Pediatrics, and Co-Director of the UCLA Center for Healthier Children, Families, and Communities, and former Director, Massachusetts Department of Health.
- Stephen P. Fortmann, M.D. Assistant Program Director, Science Programs Department and Senior Investigator, at the Center for Health Research, Northwest Kaiser Foundation Hospitals. Former Professor and Director, Stanford Prevention Research Center.
- Jessie Gruman, Ph.D., Founder and president of the Center for Advancing Health, an independent, nonpartisan, Washington-based policy institute funded by the Annenberg Foundation, the W.K. Kellogg Foundation and other foundations.
- David Heymann, M.D., Chairman of the Board of the UK Health Protection Agency, Assistant Director-General - Health Security and Environment Representative of the Director-General for Polio Eradication; former Director of the Communicable Diseases Program, World Health Organization.
- Howard Kahn, M.P.A, CEO of L.A. Care Health Plan; Was Founding CEO of California Wellness Foundation and Health Plan of San Mateo.
- Alexandra Levine, M.D., Chief Medical Officer, City of Hope; Recent Distinguished Professor of Medicine, chair of the Division of Hematology, Keck School of Medicine, USC; former medical director of USC/Norris Cancer Hospital.
- Liming Lee, M.D., M.P.H. Vice President of Peking Union Medical College and School of Public Health: Was founding Director of the China Centers for Disease Control and Prevention.
- Russell Luepker, M.D., M.S., Mayo Professor of Public Health and former Chair of Epidemiology, University of Minnesota.
- eMario Molina, M.D., President and Chief Executive Officer of Molina Healthcare, Inc., the largest provider of health management services for Medicaid patients in the U.S.
- Pekka Puska, M.D., Ph.D., M.Pol.Sc., Director General of the National Public Health and Welfare Institute of Finland: former Director of Non-communicable Diseases Program, World Health Organization.
- Walter B. Rose, M.B.A., Former member of the CGU Board of Trustees and former Co-Chair of the Board of Trustees at Children's Hospital Los Angeles.
- Bill Ruh, Director of Technology at GE Global Research and former Vice President World Wide Technology Practices Solutions and Services Cisco Systems, Inc.
- Arthur Lawrence Ulene, M.D., Former board-certified obstetrician-gynecologist whose interest in the educational needs of patients led him to the use of mass media for the delivery of health-related information.

The Board of Advisors met at least once yearly to consult on the development of the School and the MPH program. Individual members consult on a more frequent basis as needed. Dr. Tranquada, Chair, would meet with Founding Dean Johnson one or more times a month. The BOA was critical in helping define and focus the objectives of the School and the MPH program, especially in regarding our

personalized approach to community public health and our global programs. Various members have played critical roles in identifying and gaining us access to high need populations in the southern California and Pacific Rim regions, and linking us with other academic, public health, biomedical, and private sector institutions with shared population health interests.

Other members of the local public health communities who have played important roles in shaping our programs each from his/her own area of expertise and influence include:

- Leslie Bernstein, PhD, Professor and Director of the Department of Cancer Etiology in the Division of Population Sciences at the City of Hope National Medical Center
- Smita Bhatia, MD, MPH, *Professor and Chair, Population Sciences, City of Hope Medical Center*
- Wen Ta Chiu, MD, Minister of Health, Taiwan and former Dean, Taipei Medical University and School of Public Health
- Eric, Frykman, MD, MPH, Director, Riverside Department of Health.
- Michael Owens, MD, MPH, San Diego Regional Medical Director - Molina Healthcare of California
- Alonzo Plough, PhD, MPH, Director, Emergency Preparedness and Response Program, County of Los Angeles Department of Public Health, and former Director, King County (Washington), Department of Health.
- Krishna Poudel, PhD, MPH, Assistant Professor Department of Global Health, Graduate School of Medicine at the University of Tokyo
- Sheryl Tyson, PhD, RN, PMHCNS-BC, Professor and Associate Dean, School of Nursing, Asuza Pacific University
- Michael Osur, MPH, Deputy Director, Riverside County Health Department

We have drawn extensively from the expertise of a wide array of public health colleagues both regionally and globally to help identify our distinctive niche in public health to most effectively address the population health and health needs of the regions we serve.

1.1.f. Description of how the mission, values, goals and objectives are made available to the program's constituent groups, including the general public, and how they are routinely reviewed and revised to ensure relevance.

Dissemination

The program mission, goals and objectives are continuously referenced and used to guide the development of the curriculum and programmatic decisions concerning continuing education offerings and recruitment strategies, for example. They are incorporated into program promotional materials (handbook, brochures and flyers) and are disseminated externally via those vehicles. They are posted on the website so that prospective students are introduced to them when first learning of the program. The website is used extensively for external and internal communications and so the mission, goals and objectives are continuously shared with external and internal publics. Our faculty has embraced the guiding principles of the program and they refer to them in their interactions with other faculty, students and the public.

Monitoring and Review

The mission, goals and objectives are monitored through multiple vehicles including: (1) Advisory Board meeting; (2) the annual faculty retreat and bi-monthly meetings; (3) recommendations provided by

CEPH; and (4) formulation/review of the SCGH Strategic Plan and (5) feedback from students and alumni.

The years leading up to reaccreditation were characterized by significant reorganization at various levels of the University, including realignment of the nine Schools and changes in leadership, both at the University and School level.

In addition, a University planning process began in 2013, when then Executive Vice President & Provost Dr. Jacob Adams, initiated a program strength analysis and prioritization process based on the system and structure outlined by Robert C. Dickeson's 2010 book, "Prioritizing Academic Programs & Services: Reallocating Resources to Achieve Strategic Balance." The process went through several stages of faculty discussions in small, program based meetings, to full faculty meetings. Faculty from each program collaboratively answered questions about their program and the Dean of each School created a summary for the School that accounts for each program report with reference to a set of data, program review reports, and other evidence. The Former Vice President of Strategic Academic Planning (VPSAP) led a group of faculty from across the disciplines. Their charge was to review the reports that were produced by each program and their Deans to describe the academic strengths and opportunities for development at CGU in the coming years. The VPSAP and faculty produced a report to accompany the reports by each program. The faculty and executive team discussed the findings and plans for investment moving forward. These reports and conversations were then revisited by the executive team as they met separately with the faculty for each program and began to draft a strategic academic plan. The executive team and faculty worked together to collaboratively revise the plan. The draft was shared with the Academic Affairs Committee of the Board of Trustees in December 2016. A special faculty meeting was called in February 2017 to discuss the merits of the academic plan and to identify areas of growth and investment. A final version was presented to the Board of Trustees in March 2017. SCGH was identified as a priority of growth.

Due to significant restructuring, the review and revision of the existing MPH goals and objectives was placed on hold until the university environment was clarified. University administration decided to maintain SCGH as a single unit as opposed to being merged with another School. Once this decision was rendered an examination of the mission, goals and objectives of the MPH program was undertaken. The mission and goals remained the same; only minor changes concerning the objectives were proposed, based on: (1) the University's approval of the continuation of the School as a distinct entity, (2) changes in faculty complement within SCGH, and (3) proposed changes in CEPH's accreditation criteria. Some objectives were modified to reflect a transition to a more mature program as well as current resources. These changes were presented to the faculty during a retreat in 2015. Feedback was solicited and minor changes were made and approved. The revised goals and objectives were further refined by the Self-Study/Accreditation committee to ensure they were measurable. A time-lime for a review of goals and objectives will occur annually prior to the faculty retreat held in the summer.

1.1.g. Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion.

Assessment of Criterion

This criterion is met with commentary.

Strengths

- The program embraces a clear and concise mission that is consistent with the goals and objectives of the program.
- The mission, goals and objectives support the core values used to guide the program.
- Program objectives are specific, measurable, achievable and realistic given the maturity and resources of the School.
- The mission, goals, objectives and values are made available to program constituents.

Weaknesses

- Realignment activities at the University and SCGH delayed the revision of the MPH goals and objectives.
- Input on the revision of the mission, goals, and objectives could benefit from with additional input from program constituents in the future.

Plans

- Now that realignment of the University Schools is complete, SCGH will participate in a process for reviewing objectives and measurable indicators annually, along with targets for those indicators, to ensure that they are aligned with the strategic priorities of University.
- The DrPH program is in its second year of operation. As such, additional outcome indicators will be available in the coming years.

CRITERION 1.2. EVALUATION AND PLANNING

The program shall have an explicit process for evaluating and 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 defined in this document.

- 1.2.a. Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need to be described only once. If systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party for each.

Evaluation Procedures and Planning Processes

The program conducts both formative and summative evaluation activities. Formative evaluation assesses institutional development with the purpose of improving implementations or procedures. Summative evaluation assesses the overall impact of the program. Taken together, both methods provide considerable insight concerning overall program performance against stated objectives. Specific methods used to systematically gather data can be employed in both categories of evaluation. Table 1.2.a illustrates the types of methods employed, desired data, timing of evaluation procedures, and involvement by program constituents. The program evaluation plan includes a total of eight formative evaluation methods, nine summative evaluation methods and 42 data points. Data collection involves the efforts of many program constituents, including current students, alumni, program faculty and staff, community members, institutional officers, internship supervisors, and employers.

Evaluation activities take place at multiple levels within the programs. At the broadest level, outcome data are reviewed by the faculty to inform decision-making about finances, educational programs, and research activities. At the educational program level, Program Directors receive information for decision-making. Finally, evaluation of individual program components, such as courses, internships/practicum, and capstone experiences, is used by course instructors and Program Directors, for program improvement.

Evaluation activities take place on a variety of schedules. Some components are implemented every few years (e.g., faculty data regarding productivity in publication for the purpose of tenure/promotion), some are annual (e.g., alumni surveys), and many are implemented each semester (e.g., student GPAs, course evaluations, exit surveys). During critical time periods, such as the beginning of each semester, monitoring takes place on a weekly basis (e.g., academic advising, course enrollment). Evaluation activities are overseen by the Associate Dean for Academic Affairs/MPH Program Director and implemented by the Program Manager. Table 1.2.a below shows data systems and responsible parties for each evaluation method employed.

Table 1.2.a. Program Evaluation Procedures

Method	Data Collected	Timing	Constituents Involved
Formative Evaluation Activities			
1. Student Entrance Survey (MPH & DrPH)	1. Satisfaction with admissions process	August, January	Students
	2. Student enrollment numbers		
	3. Average incoming GPA		
	4. Average incoming GRE score		
	5. Student diversity		
2. Student Exit Survey (MPH & DrPH)	6. Program satisfaction	December, May, August	Students
3. Syllabi Audit (MPH & DrPH)	7. Incidences of service activities	Once per year	Program Administration
	8. Instruction on diversity		
	9. Measurable learning objectives		
	10. Inclusion of MPH competencies		
4. Course Evaluations (MPH & DrPH)	11. Faculty teaching ability	December, May, August	Students
5. Budget Review (MPH & DrPH)	12. Institutional expenses per student	After July 1	Program Administration
	13. Annual research dollars		
	14. Student support		
6. Current Student Survey (MPH & DrPH)	15. Governance roles	August	Students
	16. Service activities		
	17. Research activities		
7. Student Recruitment Report Audit (SCGH)	19. Number and type of recruitment events attended	Varies	Program Administration
8. Workforce Development Survey/Interviews (SCGH)	20. Preferences/need for continuing education topics	Varies	Public Health Professionals
Summative Evaluation Activities			
Student Exit Survey (MPH & DrPH)	20. Mastery of student competencies	December, May, August	Students
2. Institutional Reports (MPH & DrPH)	21. Cumulative GPAs	Every semester	Institutional officers
	22. Graduation rates		
	23. Attrition rates		
3. Alumni Survey (MPH & DrPH)	24. Job placement rates	December, May, August	Alumni
	25. Program satisfaction		
	26. Mastery of MPH student competencies		
	27. Pass rate of national examination		
4. Assessment of faculty CVs/Faculty Reviews	28. Courses taught	August	Institutional officers; Program Administration; Faculty
	29. Student supervision load		
	30. Grant awards		
	31. Publications		
	32. Presentations		
	33. Service activities		
	34. Awards & honors		
	35. Degrees earned, appointment type,		

Table 1.2.a. Program Evaluation Procedures

Method	Data Collected	Timing	Constituents Involved
	rank		
	36. Faculty diversity		
5. Continuing Education Event Evaluation Survey	37. Participant numbers 38. Participant satisfaction	Varies	MPH Program Director/Community members
6. Internship/Practicum Skill Assessment Survey (MPH & DrPH)	39. Observations of students in practice	December, May, August	Internship Supervisors
7. Employer Survey (MPH & DrPH)	40. Preparation of graduates	Three years post-graduation	Employers
8. Capstone course (MPH)	41. Mastery of MPH student competencies	December, May, August	Students; Faculty Instructor
9. Certification exams (MPH & DrPH)	42. Mastery of public health/health education competencies	Varies upon exam type	Credentialing Agency

Assessment Procedures

Measuring program performance is assessed through a multitude of methods as indicated in table 1.2.a. Details regarding the processes used to gather the program's performance data are described below along with performance indicators/criteria for success ("targets").

Cumulative GPA

In order to successfully progress through the program, all students are expected to maintain a minimum grade point average of 3.00 in all coursework with no more than two incomplete courses at any time. Failure to maintain the applicable minimum standard will result in the student being placed on academic probation for the following semester. Students are placed on probation who do not met the minimum standard. *Target: 90% of students will achieve a cumulative GPA of 3.0 every semester.*

MPH Capstone Seminar

The MPH Program does not have a thesis option; rather students register for CGH 307: Public Health Capstone in their final semester of the program. The capstone seminar pulls together the training students have received in all their prior coursework and field experience and it provides the opportunity to round out the development of the full set of competencies viewed as essential for masters-prepared graduates in public health. The requirements, which include a portfolio and final paper, provide students with a means of self-assessment, indicating how core and concentration-specific competencies were achieved, through master's courses and fieldwork, community service, and paid work experience. The assignments are graded by a faculty committee with a standard rubric.

Target: 90% of students pass the Capstone seminar on the first attempt

Syllabi Audit

The Program Manager conducts a syllabi audit to assess various outcomes, including incidences of interdisciplinary teaching, use of distance learning technology, and match of student competencies with measurable learning objectives and evaluative techniques.

Target: 100% of syllabi will have measurable student learning objectives and competencies.

Budget Review

Sometime after the beginning of the fiscal year (July 1), outcome measures from the previous year are assessed, including institutional expenses, annual research dollars, and student awards.

Targets: Annual research dollars of at least \$2 million; at least 1 student receives a travel award per application cycle

Internship/Practicum Skill Assessment (Preceptor Survey)

The preceptor survey is included in the internship/practicum handbook which is distributed to all internship supervisors. The survey requests feedback on the student's job performance and competencies. Students receiving ratings on several criteria: interpersonal skills, supervisory skills, personal attributes and skills. Preceptors are asked to give an overall rating for the student's performance. The evaluation uses a five-point Likert-scale (5=beyond expectation, 1=below expectation). Preceptors are also asked to rate the student's preparedness to undertake the activities asked of them during their internship/practicum.

Target: 90% of students will receive a performance rating of at least 4.0 from their preceptors. Ninety percent of students will receive a preparedness rating of "very prepared" from their internship supervisors.

Examinations and Tests

Upon graduation, students can sit for two types of certifications exams. The National Commission for Health Education Credentialing (NCHEC) offers the Certified Health Education Specialist (CHES) exam, a competency-based test that measures the possession, application and interpretation of knowledge related to the Seven Areas of Responsibilities: a comprehensive set of Competencies and Sub-competencies defining the role of an entry-level health educator. Only students in the health promotion, education and evaluation concentration are eligible to sit for the exam. As of 2008, The National Board of Public Health Examiners (NBPHE) offers a certification in public health (CIP). The purpose of which is to ensure that students and graduates from schools and programs of public health accredited by the Council on Education for Public Health (CEPH) have mastered the knowledge and skills relevant to contemporary public health. The exam is rooted in the five basic core competencies of public health to reflect the nature of the field. Only graduates of a CEPH accredited program are eligible to sit for the exam.

Target: At least 2 students will sit for an accreditation exam each year.

Student Exit Survey

The exit survey is distributed to students upon graduation. The MPH program survey is available online through the Qualtrics platform. To increase response rates, MPH students are now required to submit this survey as a part of their capstone course. The MPH survey assesses students' confidence regarding mastery of core and concentration competencies; overall satisfaction with the program and curriculum; and strengths/weakness of the program; and skills still needed. Students also complete a university wide survey included with their intent to graduate form. The CGU exit survey captures students' assessment with various aspects of their experience at the university (participation in research, clubs, satisfaction with faculty involvement, academic & career advising and overall climate).

Target: 90% of graduates will report mastery of MPH competencies.

Alumni Survey

The alumni survey is sent to students one-year post graduation with responses collected using Qualtrics. The survey is comprised of four sections: demographics, prior degrees, employment, and recommendations (i.e., curriculum, program operations, etc).

Target: 80% of graduates will report job placement rates within 12 months.

Employer Survey

This survey is sent to employers of graduates approximately three years' post-graduation to assess graduates' overall performance with competencies. Employers provide a rating of the employee's preparedness for their position and provide recommendations for modification of program requirements.

Target: 80% percent of employers will provide a preparedness rating of "very prepared" for their employees.

Current Student Survey

Students complete an inventory of research and service related activities.

Targets: Each year: 25% of students maintain governance roles at the program or school level; at least two students present at a professional conference; two students participate in faculty service activities; 100% of students engage in service activities

Student Entrance Survey

All incoming students complete a survey that assesses their satisfaction with the admissions process.

Target: 90% of students will rate their experience with the admissions process at CGU as "satisfied" or "delighted."

Faculty Survey

In addition to school internal review of all faculty every year, the University (Provost's office) conducts an independent review of faculty progress listed in an annual report which all faculty must submit. The annual report includes a list of all contributions to research, service, teaching, and mentoring within the last year. The program also disseminates an annual survey to core and adjunct faculty to assess various outcomes pertaining to research and service.

Target: 100% response rate

Institutional Data

The Office of Institutional Research at CGU provides data on various student outcomes. To assess student learning outcomes, the program specifically tracks student grades, admissions data, time to graduation and attrition rates. The program directors use a degree counseling sheet to monitor student progress.

Targets: 80% of students will graduate within two years; maintain a less than 10% attrition rate.

Continuing Education Evaluation Survey

At the conclusion of every continuing education event, participants receive a survey that assesses: (1) how well the learning objectives were met; (2) speaker performance and impact; and (3) satisfaction with event logistics. Results are communicated to the National Commission of Health Education Credentialing (NCHEC) and discussed among program administration. Note: A report summarizing the participants' evaluation of the event is required for those events that provide continuing education hours for health educators. CPH events are logged into a central database. The program serves as a provider of these units.

Target: Seventy-five percent of participants attending sponsored continuing events rate the conference as having their learning needs as at least “well met or met.”

Audit of Student Recruitment Report

The SCGH Recruiter provides an end-of-year report on the number of recruitment events attended and effectiveness of various strategies.

Targets: Attendance at least 2 events per year targeting minority students.

1.2.b. Description of how the results of evaluation processes described in Criterion 1.2a are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities.

Use of Evaluation Results

The evaluation processes implemented by the program enables program faculty, staff, students and community partners to enhance program operations and student learning. Results are funneled to the faculty-at-large and specific MPH program committees. Faculty meetings, held bi-monthly, maintain regular discussions of program functioning. Program leadership routinely adopts recommendations expressed in these meetings. Program committees are scheduled to meet annually or as needed to evaluate areas that pertain to their charge; targets that are not met are accompanied by an action plan for remediation.

Below is a description of program committees and their charges as they relate to the evaluation process.

MPH/DrPH Self Study/Accreditation Committee

Members of this committee meet to review the outcome data and discuss explanations for these findings. The entire evaluation process is also discussed, making changes to the schedule for data collection, methods of data management and suggestions for improvement to the process. The committee has met officially multiple times during 2016 (June 7, July 27, October 5, November 9, 2016) and 2017 (March 8) leading up to the submission of the self-study document and the site visit.

MPH & DrPH Curriculum Committees

The curriculum committee for each program meets individually to assess and evaluate offerings with regards to areas of dual degree options, specializations, teaching schedules, and specific courses and study-practice options. Recommendations from this committee are presented to the program faculty for discussion and approval. Modifications are then made. New concentrations, joint or dual degree programs are formally proposed to the university-wide Academic Standards Committee (ASC), the recommendations of which are acted upon by the Faculty Executive Committee and the Provost.

The results of these evaluative measures are used to determine the attainment of student learning outcomes and are used to enhance the quality of the program. For example, the results of course evaluations are compiled and reviewed by the program directors. These evaluations can impact subsequent teaching assignments, sequencing of course offerings, or specific teaching strategies. In the event of lower than average scores teaching faculty are counseled. Course content or evaluative criteria may also be revised in the light of student comments.

Student surveys, particularly the exit and alumni surveys, provide important information concerning student satisfaction with program curriculum, attainment of competencies, and overall program operations. This data is used by the program directors to identify new content areas and methods to

improve student services. Both students and internship preceptors complete evaluation surveys. Preceptors rate the level of student preparation and performance after the 400-hour field training requirement. The survey is forwarded to the program directors, who also teaches the Internship/advanced practicum courses. Information concerning areas of strength and improvement can inform student competencies.

Similarly, students rate their experience and identify specific courses that were instrumental in preparing them for the types of tasks they undertook in their field training/advanced practicum experience. In addition, students comment on courses or content areas that would have been helpful had they been offered in the curriculum. New course offerings can be instituted based upon assessment of student surveys and feedback.

Recommendations from this committee are presented to the curriculum committee for discussion and approval. Modifications are then proposed. Most recently, employers were surveyed regarding student's performance in the workplace and areas of increased preparation were recommended.

The latest meeting of the Curriculum Committee was held on October 5, 2016, at which time, the members reviewed the Student Learning Outcomes Report. Modifications to the leadership and management track were discussed. Members who teach in this track will meet to implement changes.

A DrPH curriculum committee has been recently established to discuss integrative requirements such as the tools requirement, advanced practicum, dissertation formats and compliance with the 2016 CEPH accreditation criteria. The committee has met in 2016 (December 19) and 2017 (March 8, 22, April 26-planned). There have been supplement meetings specifically to discuss the proposed embedded practicum scheduled to begin fall 2017. Unlike the advanced practicum which is conducted after the conclusion of DrPH coursework, the embedded practicum would span the first three years of the students' program with preassigned rotations and special seminars.

MPH/DrPH Steering Committee

The Steering Committee, meets biweekly, comprises all SCGH core and any adjunct faculty who are interested in serving on the committee as well as SCGH staff, current students and alumni. There are specific agenda items pertaining to the programs. A copy of the MPH outcome report is circulated to the faculty and feedback is solicited to develop an implementation plan.

MPH/DrPH Admissions and Recruitment Committee

This committee comprises the three program directors, the assistant director of admissions, the program manager, and application reviewers. Members review application numbers and status of specific applicants, upcoming recruitment events, promotional materials and website maintenance. A recruitment report is generated which the committee reviews for outcomes and, in turn, makes modifications to strategies and budget allocations based upon yield. The committee met most recently on October 14, 2016.

MPH/DrPH Community Advisory Committee

This committee comprises internship preceptors, employers of graduates and community members. Topics concern workforce development activities, quality of the MPH internship experience and student competencies and preparedness. Updates on the re-accreditation process are also discussed. The committee met most recently on September 14, 2016. Recommendations to program requirements are considered and changes are vetted through all committees.

Based upon a review of the outcome data, the following strengths and growth areas were revealed. Modifications to address growth areas are identified. Infrastructure changes designed to maximize the efficiency of the evaluation process are also included. Note: some action items will require increased support from the School's operating budget while others may not involve additional funds. The MPH Program Director is responsible for implementing such changes with oversight from the School's Dean, Associate Dean, Program Manager and Grants Manager. An implementation report will be vetted to program, school administration upon conclusion of the accreditation cycle.

Other Evaluation Activities

Additional evaluation activities are conducted by the University that are not directly related to the specific outcomes measures used to evaluate progress related to the public health program goals and objectives. These are described below:

Faculty

The School evaluates faculty annually. See Section 4.2.c. for description of these processes. Currently the Dean submits a formal evaluation to the Provost for tenured track faculty only. Term faculty are due for a formal review of the University's Appointments, Promotions and Tenure Committee based upon their length of their appointment, typically 3 or 5 years.

Staff

The School evaluates staff annually using the processes established for their job classification. Supervisors evaluate and develop performance plans with staff annually and summarize this review for the Dean. Staff and program coordinator meetings with senior university administration provide opportunities for staff feedback and career development is encouraged and supported by the Dean and Associate Deans of the School.

Decennial Department Review

As articulated in the Institutional Handbook, all Schools or freestanding programs are reviewed every 10 years. For Schools subject in whole or in part to external accreditation reviews, the CGU decennial review will be scheduled to coincide with the accreditation review. For Schools with accreditation reviews, an external review committee is selected in accordance with the processes of the accrediting body. For the other Schools, in the semester prior to review, the School to be reviewed will provide the Academic Standards Committee (ASC) with a slate of possible members of an outside Review Committee. The principal purpose of decennial reviews is to serve the CGU faculty and administration in specific and overall School and resource planning. Table 1.2.b. shows the schedule of these reviews.

Table 1.2.b. Schedule of Reviews for Schools and Departments

School	Department	Date of Last Review	Date of Next Review
Arts & Humanities	<i>Religion</i>	2015-2016	2025-2026
	<i>Art, Music</i>	2010-2011	2020-2021
	<i>Humanities: Cultural Studies, Applied Women's Studies, English, History, Philosophy</i>	2006-2007	2018-2019
Botany	<i>Botany</i>	2008-2009	2018-2019
Social Science, Policy & Evaluation	<i>Psychology, Human Resources Development</i>	2008-2009	2018-2019
	<i>Politics & Policy</i>	2008-2009	2018-2019
	<i>Economics</i>	2008-2009	2018-2019
Community & Global Health	<i>Public Health</i>	2011-2012	2016-2017
	<i>Health Promotion Sciences</i>	N/A	2018-2019
Drucker School of Management	<i>Management</i>	2012-2013	2017-2018
	<i>Financial Engineering</i>	2010-2011	2017-2018
Educational Studies	<i>Education</i>	2010-2011	2020-2021
	<i>Teacher Education</i>	2014-2015	2021-2022
Information Systems & Technology	<i>Information Systems & Technology</i>	2015-2016	2025-2026
Mathematical Sciences	<i>Mathematics</i>	2010-2011	2020-2021

1.2.c. Data regarding the program's performance on each measurable objective described in Criterion 1.1d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (1.6, 2.7, 3.1, 3.2, 3.3, 4.1, 4.3, 4.4) the program should parenthetically identify the criteria where the data also appear. See Outcome Measures Template.

The MPH Program establishes and monitors outcome measures to assess the effectiveness of meeting its mission, goals and outcomes. Selected target levels are defined for the following criteria: **instructional programs** [Table 1.2.c.1.), **research** [Table 1.2.c.2.), **service** (Table 1.2.c.3.), **faculty** [Table 1.2.c.4.), **students** [Table 1.2.c.5.), and **resources** [Table 1.2.c.6). Data that speak to the program's performance for the selected indicators are provided from fall 2013 up through the summer 2016 semester.

Instructional Programs

The MPH/DrPH programs are a strength of the SCGH. The MPH program has been in existence for 8.5 years and the DrPH for 1.5 years. Both attract high caliber applicants. Many students arrive with high GPAs and maintain them during their tenure in the program. Average GPAs have met the 3.3 target for all three academic years. Public health competencies are addressed in various methods in core and concentration courses. Students report being satisfied overall with their instruction. Maximum time to complete the degree is five years (MPH) and seven years (DrPH) respectively. Roughly 90% of students have completed the MPH program within five years. This outcome was met (except for 2015-2016 year; note the CEPH target is 80 percent graduation rate). Attrition rates continue to remain low except for 2013-2014 (MPH) and 2015-2016 (DrPH). This number appears to be a one-time aberration and not a trend. The program administration monitors students' degree progress very closely and interacts with students many times throughout the semester to minimize attrition. Common reasons for attrition include conflicts with employment, finances and illness. Because the DrPH is a small program, attrition

rates may fluctuate. (e.g., one student withdrew in 2015-2016 which resulted in a 13% attrition.) Job placement among our graduates remains very high.

Table 1.2.c.1. Measures of Program Performance: Instructional Programs

Outcome Measures	Target Level	Performance		
		2013-2014	2014-2015	2015-2016*
1. Average GPA (all concentrations)	3.30	3.6 Met	3.7 Met	3.6 Met
<i>Health Education, Promotion & Evaluation</i>		3.7 Met	3.7 Met	3.4 Met
<i>Applied Biostatistics & Epidemiology</i>		3.7 Met	3.7 Met	3.6 Met
<i>Leadership & Management</i>		3.6 Met	3.7 Met	MPH-3.7 Met DrPH-3.48 Met
2. Graduation rates	90%	100% Met	100% Met	82% Not Met
3. Job placement rates (employment within 12 months)	80%	94% Met	100% Met	100% Met
4. Attrition rates	10%	22% Not Met	2% Met	9% Met DrPH-13% Not Met

*First year of DrPH program. Some outcomes are not yet available.

Research

SCGH faculty are extremely productive researchers. They are successful in obtaining NIH and other grant funding as well as publishing their research in leading public health journals. All core faculty hold doctoral degrees and their expertise consists of transdisciplinary applied public health research in which community-based health promotion and disease prevention and cessation programs (e.g., smoking prevention, HIV, drug, obesity and sun safety) are designed, implemented, and evaluated. This research contributes to classroom lectures and projects, and students learn first-hand the scientific basis of public health. Five outcome measures have been met in each academic year except for the percentage of faculty with funded research during 2013-2014 and the annual dollar amounts from grants for 2015-2016.

Table 1.2.c.2. Measures of Program Performance: Research

Outcome Measures	Target Level	Performance		
		2013-2014	2014-2015	2015-2016*
1. Percent of primary faculty with funded research	75%	59% Not Met	90% Met	89% Met
2. Annual dollar amount of grants	2,000,000	3,482,719 Met	3,427,754 Met	1,766,245 Not Met
3. Number of NIH funded grants	3	9 Met	7 Met	5 Met
4. Percentage of peer-reviewed publications for core faculty	75%	91% Met	80% Met	77% Met
5. Percentage of presentations at scientific meetings for core faculty	50%	75% Met	80% Met	66% Met
6. Number of students who work with faculty on research projects	5 (MPH) 2 (DrPH)	10 Met	6 Met	MPH-5 Met
				DrPH-3 Met
7. Number of student presentations at scientific meetings	2	2 Met	3 Met	MPH-6 Met
				DrPH-1 Not Met

*First year of DrPH program. Some outcomes are not yet available.

Service

Students and faculty are highly engaged in service activities that benefit local communities and national and international organizations. Faculty are acknowledged for service activities and maintain strong linkages with community-based organizations that they engage with in their applied public health research. Faculty hold leadership positions in professional organizations/associations and serve as manuscript and grant reviewers. In addition, faculty members actively serve on program and university committees.

Service activities are built into the curriculum in various ways. As part of their culminating capstone project, MPH students are required to participate in service activities during their academic career, either individually or in conjunction with the student association activities. (Community service became a requirement in the capstone course in 2015). The program has sponsored numerous continuing education events for the public health workforce, except for the 2013-2014 year. The low number in 2013-2014 was due to the loss of the program manager, who facilitated many collaborations with community-based organizations and continuing education events. A total of six events have been sponsored in fall 2016 alone. These recent events have been co-sponsored with Community Translational Research Institute (CTRI) and include a disparities series organized by Charles Drew University. Additional student involvement in faculty service activities is needed.

Table 1.2.c.3. Measures of Program Performance: Service

Outcome Measures	Target Level	Performance		
		2013-2014	2014-2015	2015-2016*
1. Number of courses that include service activities	2	2 Met	2 Met	MPH-2 Met DrPH-2 Met
2. Field supervisor performance ratings of students (1=below expectation; 5=beyond expectation)	4.0	4.2 Met	4.8 Met	4.8 Met
3. Percent of core faculty who serve on university committees	50%	58% Met	30% Not Met	60% Met
4. Percent of all faculty who serve on panel/boards or provide technical assistance to community based agencies	50%	42% Not Met	50% Met	66% Met
5. Percent of core faculty who serve as grant reviewers	25%	30% Met	40% Met	44% Met
6. Percent of all faculty who serve as manuscript reviewers	50%	50% Met	60% Met	66% Met
7. Percent of all faculty with active memberships/leadership positions in community, national or international professional associations	75%	100% Met	100% Met	100% Met
8. Number of students who participate in faculty service activities	2	1 Not Met	1 Not Met	MPH-7 Met DrPH-0 Not Met
9. Percent of students engaging in service activities	90% (MPH) 25% (DrPH)	85% Not Met	83% Not Met	MPH-94% Met DrPH-25% Met
10. Number of workforce development events sponsored	1	1 Met	3 Met	7 Met

*First year of DrPH program. Some outcomes are not yet available.

Faculty

CGU has a highly qualified faculty in the core areas of public health. The faculty are nationally recognized in their areas and integrate public health teaching and service into their research. Most faculty teach two or more courses and obtain research funding to support the rest of their salary. This creates an entrepreneurial environment in which faculty actively compete to maintain their prominence as public health researchers. There is a somewhat low number of tenured/tenured track faculty. While there are no quotas in place, we do strive to have a diverse faculty composition. Currently, there is a lack of Hispanic/Latino and African American faculty. The program administration is working to hire additional faculty in the coming years. Significant efforts have been employed to increase the diversity of the faculty applicant pool. Increased efforts and prioritization of this goal within the university have been achieved. SCGH currently has a draft diversity plan in place that was compared with recent requirements that came out of the President's Diversity Council. The last two years have seen an increase in the number of core faculty with funded research. The number of faculty presentations within 2015-2016 was lower than expected as grant preparation and budget restrictions may have precluded conference attendance by some faculty. These same restraints make it challenging for all faculty to

supervise students on research projects although, nearly half of our faculty have supervised student research each year (all student research receives faculty supervision, just not from all faculty members in each timeframe).

Table 1.2.c.4. Measures of Program Performance: Faculty

Outcome Measures	Target Level						Performance					
	2013-2014		2014-2015		2015-2016		2013-2014		2014-2015		2015-2016	
	#	%	#	%	#	%	#	%	#	%	#	%
1. Number and percent of primary faculty with doctoral degrees	12	100	10	100	9	100	12	100 Met	10	100 Met	9	100 Met
2. Number and percentage of primary female faculty	5	40	4.8	40	3.6	40	4	33% Not Met	3	30% Not Met	3	33% Not Met
3. Number and percentage of primary ethnic/minority faculty	5	40	4.8	40	3.6	40	4	33% Not Met	3	30% Not Met	2	22% Not Met
4. Number and percent of tenured/tenured track faculty	6	50	5	50	4.5	50	5	42% Not Met	4	40% Not Met	4	40% Not Met
5. Number and percent of faculty with the rank of Associate Professor or higher	9	50	10	50	10	50	9	75% Met	9	90% Met	9	100% Met
6. Annual dollar amount of grants	\$200K		\$200K		\$200K		3,482,719 Met		3,427,754 Met		1,766,245 Not Met	
7. Number and percent of all faculty involved in service activities	9	75	7.5	75	6.75	75	12	100 Met	10	100 Met	9	100 Met
8. Number and percent of core faculty presentations at professional meetings	9.6	80	8	80	7.2	80	9	75% Not Met	8	80% Met	6	66% Not Met
9. Number and percent of core faculty with funded public health research	9	75	7.5	75	6.75	75	7	59% Not Met	9	90% Met	8	89% Met
10. Number and percent of core faculty with peer-reviewed publications	6	50	5	50	9.5	50	11	91% Met	8	80% Met	7	77% Met
11. Number and percent of core faculty who supervise students on research projects	6	50	5	50	9.5	50	5	42% Not Met	6	60% Met	4	44% Not Met

Students

Academic performance among applicants is solid, with very few missing expected standards. The incoming GPAs for applicants, acceptances and enrollees have exceeded the minimum level for admission. GRE scores for applicants, acceptances and enrollees have also met the target. The level of student diversity in all categories has continued to increase across applicants, acceptances and enrollees. Participation in recruitment events attended by minority students has increased our student diversity. In fact, students are more diverse when compared with the university at large, which in fall

2015 reported that 20 percent of its student body consisted of underrepresented minorities compared to 48% of SCGH students. Students are encouraged to become involved in program operations. Over 30 percent of our MPH student body elect to participate in program governance through service committees or the student association board. Our student association is one of the most active groups on campus and maintains a close relationship with university administration.

Table 1.2.c.5. Measures of Program Performance: Students

		Performance		
	Target Level	2013-2014	2014-2015	2015-2016*
1. Average Incoming GPA	3.00			
Applicants		3.10 Met	3.25 Met	MPH-2.95 Not Met
				DrPH-3.29 Met
Acceptances		3.20 Met	3.24 Met	MPH-3.10 Met
				DrPH-3.34 Met
Enrollees		3.22 Met	3.25 Met	MPH-3.23 Met
				DrPH-3.43 Met
2. Average GRE scores (combined verbal/quantitative)	297			
Applicants		307 Met	302 Met	MPH-300 Met
				DrPH-300 Met
Acceptances		318 Met	312 Met	MPH-305 Met
				DrPH-300 Met
Enrollees		329 Met	307 Met	MPH-310 Met
				DrPH-302 Met
3. Ethnic diversity	50%			
Applicants		36% Not Met	41% Not Met	MPH-59% Met
				DrPH-46% Not Met
Acceptances		32% Not Met	43% Not Met	MPH-45% Not Met
				DrPH-45% Not Met
Enrollees		28% Not Met	48% Not Met	MPH-54% Met
				DrPH-50% Met

Table 1.2.c.5. Measures of Program Performance: Students

		Performance		
	Target Level	2013-2014	2014-2015	2015-2016*
4. Gender diversity	50%			
Applicants		69% Met	69% Met	MPH-62% Met
				DrPH-43% Not Met
Acceptances		69% Met	73% Met	MPH-62% Met
				DrPH-41% Not Met
Enrollees		70% Met	77% Met	MPH-65% Met
				DrPH-63% Met
5. Percent of students in program governance roles		25%	35% Met	34% Met
	DrPH-13% Not Met			

*DrPH program admitted first class in fall 2015.

Resources

Program faculty have active research agendas. Their many funded projects provide extraordinary opportunities and benefits to the Program and its students. Students may assist faculty research projects and gain course credit for doing so (i.e., directed research sections). There was a decrease in annual research dollars in the 2015-2016 year. This is a documented trend universally.

Students receive a significant amount of attention, mentorship and support throughout the Program. While the student-to- faculty ratio is on the rise, it remains below the target of eight students to one faculty member. All eligible students receive at least a 15 percent tuition fellowship with the maximum being about 30 percent. The amount of aid in recent semesters has increased due to student need. In 2014, we initiated a student travel award mechanism to assist students who are presenting at professional conferences.

The number of agencies available for internship placements continues to grow. This increase is due to outreach by Program staff as well as student initiated contact with agencies of interest. Participation in the Randall Lewis Policy Fellowship program (described elsewhere) has afforded additional placements with local governments involved in the Healthy Communities Initiative. To date, approximately 8-10 students complete the 9-month internship and receive a fellowship through Partners for Better Health which is matched by CGU (students receive 4K total). Approximately two students per year are selected to the California Leadership Education in Neurodevelopmental and Related Disabilities (CAL-LEND) program sponsored through Children's Hospital Los Angeles. CA-LEND is a comprehensive 32-week training program that runs September through May. Learning modalities include seminars, clinical cases, small group exercises, presentation skill development, interdisciplinary team modeling, service system engagement, family-based experiences, policy and advocacy work, research methodology, self-reflective leadership training and clinical exposure. Several students have received internship placements in the Community Translational Research Institute (CTRI) where they have assisted with diabetes prevention research, intervention and grant writing within Inland Empire populations. Students in the leadership

and management concentration have expressed a desire to see more placements in hospital or clinic settings. Collaborations with Riverside Hospital Medical Center and Pomona Valley Hospital may lead to the establishment of an administrative fellow program suited for dual MBA/MPH students.

Table 1.2.c.6. Measures of Program Performance: Resources

Outcome Measures	Target Level			Performance		
	2013-2014	2014-2015	2015-2016	2013-2014	2014-2015	2015-2016*
1. Student/Faculty Ratio	8:1	8:1	8:1	6:1 Met	7:1 Met	MPH-8:1 Met DrPH-1:1 Met
2. Annual Research Dollars/FTE faculty	\$200,000:1	\$200,000:1	\$200,000:1	\$290,226:1 Met	\$342,775:1 Met	\$196,249:1 Not Met
3. Percent of eligible students supported financially through departmental fellowship	100%	100%	100%	100% Met	100% Met	100% Met
4. Availability of awards available for student travel to professional conferences	N/A	1	1	N/A	2 Met	1 Met
5. Number of agencies available for student field placement	50	55	60	53 Met	65 Met	74 Met

*DrPH program admitted first class in fall 2015.

1.2.d. Description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents, including institutional officers, administrative staff, faculty, students, alumni and representatives of the public health community.

Development of the Self-Study Document

The self-study and accreditation process has been a high program priority, one that is an ongoing and valuable effort over the long-term. The self-study process has been directed by Dr. Darleen Peterson, MPH Program Director and Associate Dean for Academic Affairs. The initial planning for the reaccreditation self-study began in the summer of 2014, about two years after our initial five-year accreditation term. Specific actions taken for the development of the self-study document include:

- Reformatting of the current document to address the 2011 criteria was initiated by the program director in June 2014 and ongoing data collection commenced as of fall 2013.
- The overall strategy and timeline for the development of the self-study document was presented to the new Dean of SCGH, university administration and discussed at the summer faculty retreat (June 2015).
- An MPH Accreditation/Self-study committee was reestablished with new staff to oversee this process and discuss the completion of various tasks and achievement of milestones (January 2016).
- Several program constituents were convened during the development of the document, including faculty, staff, current and former students, and community members (various committee meetings in 2016).
- A formal draft was circulated to the university administration for input (December 2016).
- Another draft was circulated to faculty for input (April 2017)

Opportunities for Input by Program Constituents

In addition to data provided by program constituents, opportunities for comments has been formally solicited. Copies of the document are made widely available for public review and input. Specific details concerning this process include:

- To reach the public health community, a section on accreditation is featured on the MPH program website. The page features an explanation of the accreditation process, a link to the draft document, and a statement encouraging public comment.
- Hard copies of the draft were sent to the faculty, institutional officers (President & EVP and Provost), and program administration.
- An e-mail with the attached document was sent to all students (former and current) inviting them to review the document and provide their input.

Instances of comments/edits were sent via e-mail to the Program Director or Program Manager (standalone or embedded in the draft document). Edits were incorporated in the final draft of the document. All program constituents were made aware that comments may be sent directly to CEPH at least 30 days prior to the site visit (April 4, 2017).

1.2.e. Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Assessment of criterion.

This criterion is met with commentary.

Strengths

- The program has a diverse set of indicators used to monitor program operations related to instruction, research, and service.
- The indicators are appropriate ones for each domain and audience and are used interactively by the directors to influence program operations on a daily basis.
- The program has developed a broad-based, integrated plan for monitoring and evaluating program performance with regards to stated objectives.

Weaknesses

- Data are limited due to low response rates from student surveys.
- Increased faculty/staff resources could help manage the volume of assessment data required for accreditation and ASPPH data requests
- Like most programs, we are continuously challenged to acquire the data necessary to ensure that it is used appropriately in decision-making.
- Data on the DrPH program are limited due to the recent program initiation (fall 2015).

Plans

- Opportunity to provide more widespread input on the self-study draft by program constituents will be sought in future reporting opportunities

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CRITERION 1.3. INSTITUTIONAL ENVIRONMENT

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

1.3.a. A brief description of the institution in which the program is located, and the names of accrediting bodies (other than CEPH) to which the institution responds.

History and Tradition

Claremont Graduate University is a research-extensive and graduate-only institution with 91 years of history. Located in Claremont, California and as part of the Claremont Colleges, CGU was founded on the premise that education thrives where students, faculty, and business and civil societies engage in scholarship and research on a level that encourages broad-ranging conversation. CGU's first president, James Blaisdell, envisioned "great conversation" as the center of the University in the belief that "out of the talk of college life springs everything else." The University thrives on a tradition that values inquiry and research across the disciplines, addressing significant societal issues with academic rigor.

Academic Organization

Claremont Graduate University consists of five schools and three independent departments that function in an increasingly transdisciplinary mode, including the School of Arts and Humanities, Community and Global Health, Drucker School of Management, Educational Studies, and Sciences, Social Science, Policy & Evaluation and Departments of Information Systems and Technology, Mathematical Sciences and Botany.

Claremont Graduate University is part of The Claremont University Consortium (CUC) that consists of five highly regarded undergraduate and two graduate universities. Pomona College (established in 1887) was followed by the founding of Claremont Graduate University (1925), the Claremont University Consortium (1925), Scripps College (1926), Claremont McKenna College (1946), Harvey Mudd College (1955), Pitzer College (1963), and the Keck Graduate Institute of Applied Life Sciences (1997). The Claremont Colleges is a consortium unique in American higher education. Although located on contiguous campuses in the pleasant southern California city of Claremont, each institution has its own student body, faculty, governance, curricular emphasis, style, and mission. Through intercollegiate cooperation, the Colleges provide university-scale services and facilities, including a two-million-volume library system, health and counseling centers, ethnic centers, an interfaith chaplaincy, a performing arts complex, and an ongoing panoply of events open to the Colleges community. In addition, the Claremont School of Theology and the Rancho Santa Ana Botanic Garden are affiliated with Claremont Graduate University. Because many of the 500 faculty members from the undergraduate colleges and affiliated institutions participate actively in Claremont Graduate University's programs, CGU students benefit from potential access to a faculty of far greater depth than the University could provide independently.

Pomona College

Pomona, founding member of the group, is an independent, coeducational college offering instruction in all major fields of the arts, humanities, social and natural sciences. Strongly committed to the value of a residential educational community, it emphasizes both liberal arts and paraprofessional training, providing students with considerable exposure to a wide range of fields and first-rate preparation for future professions.

Scripps College

Scripps is a liberal arts college for women. Its curriculum offers a wide variety of humanities, fine arts and social science courses. Scripps offers the bachelor of arts degree, with more than 30 majors in five fields: the arts, languages and literature, philosophy and religion, science, and social sciences.

Claremont McKenna College

CMC offers the bachelor of arts degree in 26 fields, often combined by students in dual majors. Most of the college's students choose a major or part of a dual major in economics, government or international relations. CMC is unique among liberal arts colleges in that it actively supports faculty and student research and publications through seven research institutes.

Harvey Mudd College

HMC is a coeducational college of science and engineering. The curriculum is designed to create scientists and engineers with unusual breadth in their technical education and a firm academic grounding in the humanities and social sciences. Engineering students may opt for a fifth-year master's program.

Pitzer College

Pitzer is a coeducational liberal arts college with a strong commitment to the values of a residential educational community. It offers concentrations in all major fields of the liberal arts with curricular emphasis on the social and behavioral sciences. Its strengths lie in encouragement of independent work and the development of a critical approach to the traditional disciplines.

Keck Graduate Institute of Applied Life Sciences

Keck Graduate Institute of Applied Life Sciences (KGI), the seventh and newest member of The Claremont Colleges, is the first American graduate school dedicated exclusively to the emerging fields of the applied life sciences. KGI's mission is to combine the vast power of ongoing developments in molecular biology, biotechnology, chemistry and related fields with creative, application-centered engineering. Professionally-oriented master's degrees requiring two full years of study will be KGI's primary offering, along with a smaller but highly innovative doctoral program to be initiated within a few years. KGI's first students enrolled in August 2000.

Claremont Graduate University

Providing advanced education for the future of society, Claremont Graduate University is dedicated exclusively to graduate study, awarding master's and doctoral degrees in 24 professional and academic disciplines. The academic divisions include Institute of Mathematical Sciences, Center for Information Systems & Technology, School of Arts & Humanities, School of Community & Global Health, Drucker School of Management, School of Educational Studies, and School of Social Science, Policy & Evaluation.

From its first graduate program in education, CGU has grown to a comprehensive university devoted entirely to graduate study, offering programs in a variety of fields (45 MA, 22 Doctoral and 9 certificates). In the 2015-2016 academic year CGU conferred 416 Masters, 165 doctoral degrees and 42 certificates. CGU has achieved a reputation for excellence in the arts, education, the humanities, religion, the social sciences, management, mathematics and information sciences. To date, 2136 students are enrolled in graduate programs on a full- or part-time basis. Twenty-one percent of the study body is international, representing 52 countries. Fifty-five percent of the student population is female with the average age ranging from 30 (MA) to 37 (Doctoral). The full CGU faculty includes 130 members (65% tenured track) who hold primary responsibility for instruction, advising and faculty

governance. CGU students, may take classes with many of the 550 faculty members in the Claremont University Consortium, make use of the library and are involved in a host of affiliated organizations, programs, and institutes.

The Claremont University Consortium is the central coordinating and support organization for the seven institutions. CUC has 302 employees and a well-managed budget of more than \$38 million to assist the member colleges and universities, delivering academic, student, and institutional support services such as campus safety, interfaith chaplains, bookstores, student centers, minority affairs centers, payroll and accounting, real estate and housing, risk management, and health and wellness. The Claremont Colleges consortium model enables students to cross-register in over 2,500 courses throughout the member institutions. CGU works closely with other members of the Consortium in serving the needs of our students. Currently, CGU has 210 CGU extended faculty members among Pomona, Scripps, Claremont McKenna, Pitzer, and Keck Graduate Institute. In addition, CGU also collaborates with the Claremont School of Theology in the study of religions. Faculty at the other campuses of the Consortium have actively participated in teaching at CGU, grading students' qualifying exams, and serving on dissertation committees. CGU has funded many such activities through a variety of CGU's resources including the investment income from the BLAIS Foundation endowment designated to the collaboration between CGU and other members of the Consortium.

School of Community and Global Health

CGU announced the formation of the School of Community and Global Health (SCGH), the fifth school in the University in the summer of 2008. The new School addresses twenty-first century threats to population health such as accelerated shifts in global populations, as well as spikes in preventable health-related problems. Building on professors coming to CGU from the University of Southern California's celebrated Institute for Disease Prevention and Health Promotion Research, the new School focuses on such topics as addiction, the world-wide obesity epidemic, and how research findings in prevention science can be translated into better policies and practice. The new School is strategically aligned with the university's pioneering transdisciplinary curriculum and research focus. It creates important synergies with many research activities at CGU, and creates new partnerships within the university, especially with Information Systems and Technology (CISAT), Social Science, Policy & Evaluation (SSSPE), the Drucker School of Management (Drucker), and the Keck Graduate Institute of Applied Life Sciences (Keck). The CGU public health programs reside in the School of Community and Global Health (SCGH). The School supports nine full-time faculty which includes one Dean, two Associate Deans (Faculty and Academic Affairs) and three academic program directors (MPH, DrPH and PhD in Health Promotion Sciences).

Accrediting Bodies

Claremont Graduate University was last reaffirmed from WASC Senior College and University Commission (WSCUC) accreditation in July, 2014. The Drucker School of Management is fully accredited by the Association to Advance Collegiate Schools of Business (AACSB). The AACSB is a not-for-profit corporation of educational institutions, corporations, and other organizations devoted to the promotion and improvement of higher education in business administration and management. In April 2008, the Drucker School received a Reaffirmation of its AACSB Accreditation. The Teacher Education Program was re-accredited by the California Commission on Teacher Credentialing in 2014.

- 1.3.b. One or more organizational charts of the university indicating the program's relationship to the other components of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.**

Organizational Chart of the University

The organizational charts of the university are organized by School/Department. Its is avaiable in the electronic resource file 1.3.b.

- 1.3.c. A description of the program's involvement and role in the following: (1) budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees, and support for fundraising; (2) personnel recruitment, selection and advancement, including faculty and staff; and (3) academic standards and policies, including establishment and oversight of curricula.**

1.3.c.1. Budgeting and Resource Allocation

Budget Negotiations

Each School prepares and submits a budget request/recommendations via administrative channels when requested by the Vice President of Finance and Administration and Provost to do so. The Provost has the final responsibility and authority in determining specification of request for the final budget request, as well as related requests. Only the Provost has the authority to authorize additional faculty FTE and works in conjunction with the Vice President of Finance and Administration to ensure there are sufficient funds to cover such a request. The Dean shall involve other administrators as appropriate in the budget building and resource request activities within the School. The Dean of the School has the responsibility and authority to work with the Provost and Office of Finance and Administration in determining final budget and other allocations for each fiscal year, once final figures become known.

The Dean accounts for recommendations emanating from the academic programs regarding the budget, the mission, and long range plans accepted by the faculty. Similar principles of decision making apply in the case of allocation of other resources, such as new faculty FTE, year-end monies and special requirements for equipment, travel, or student recruitment. Dr. Peterson (Certificate and MPH Program Director/Associate Dean for Academic Affairs) prepares the academic budget with the assistance of the Program Manager, Bree Hemingway and DrPH Program Director, Dr. Gatto. A final draft is submitted to Budget Director, Janice Crane for approval.

Indirect Cost Recoveries

At CGU, indirect cost recovery is used to fund the following activities: faculty research, laboratory start-up costs, and administrative costs related to research (administrative support, compliance, and sponsored programs staff).

The Federal Indirect Cost rate is negotiated periodically by the Vice President of Finance and Administration. The currently negotiated Federal indirect cost rate is 38.4% modified total direct cost base. That rate also applies to non-federal extramural funding. Should a foundation or other party specify a lower rate, however, the PI must submit a formal written policy from that institution or business defining the allowable indirect cost rate. The appropriate indirect cost rate is applied to all eligible expenses on the grant. Currently, all schools receive 75% of the indirect cost that they produce with 50% going to Central administration.

Distribution of Tuition and Fees

Registration fees and tuition levels are set by the CGU Board of Trustees. They approve registration fees a portion of which supports capital improvements, general improvements, and student access (financial aid). Student fees also help to offset a portion of the operation costs from various non-academic student services, such as student government. The remaining revenue is authorized for the University to address specific issues.

Registration fees are payable upon commencement of each semester. A payment installment plan is available.

Tuition varies by full-time and part-time status. The standard tuition fees for the 2016-2017 academic year include \$1847 per unit (1-11 units), \$22,164 per semester (12 units), and \$29,552 (16 units).

Miscellaneous student fees in the operating budget include:

- Student Services Fee (\$200 per semester). This fee is required of all students (except those in Executive Management) which helps offset a small portion of the operating costs from the various nonacademic student services, which are provided by the University. It is *nonrefundable*.
- Technology Fee (\$100 per semester). This fee is required of all students for technology improvements, collaboration enhancements, and increased IT support for all. It is *nonrefundable*.
- Continuous Registration Fee (\$1217 after master's coursework). The fee for continuous registration is to be paid by all master's degree students not enrolled in a credit course in a given term. Payment of the fee is mandatory until all requirements for the master's degree have been met, including submission of the approved thesis or critique and payment of binding fees. This applies equally to students not in residence and must be paid at the regular registration time to avoid the Late Registration Fee.
- Late Registration Fee (\$165)
- Reinstatement Fee (\$250)

At CGU, 50% of the tuition generated by the School of Community and Global Health is returned to the unit for use as part of the operating budget for the School, which is mostly comprised of the graduate programs in public health. Tuition is returned to the School three times a year after the drop/add period has passed and pursuant to CGU policy, the student should have either paid their full tuition bill and/or decided to pay via a loan servicer. Any fees (above tuition) charged are not returned to the unit and are used centrally for the purpose intended (e.g., Technology fee is used to upgrade the computer network, purchase new computers for labs, upgrade software, etc.). These fees benefit all CGU students.

Support for Fundraising

The mission of the Office of Advancement is to promote the University and serve its many constituents, including students, faculty, staff, and alumnae/alumni. The Office of Advancement operates under three guiding principles of excellence, service and creativity. Through effective fundraising, communications, planned giving and alumnae/alumni services, they promote partnerships, build relationships, and secure resources. Their efforts advance the mission of the university, sustain the work of its faculty, support the success of its students, and enhance its ongoing relationship with alumnae/alumni.

In 1989, The Office of Advancement adopted a policy that affirmed that institutional fundraising is a centrally coordinated function with a set of operational principles as stated below.

- The Office of Advancement is an institutional support service whose primary objective is to design, organize, and implement an institutional relations program to secure maximum gift support for Claremont Graduate University.
- The Office of Advancement focuses its efforts on the procurement of funds. Decisions relative to the expenditure of those funds will be made by the Provost and Vice President for Academic Affairs, and the Vice President for Finance in conjunction with the school deans or, when applicable, the department or program chair and in accordance with the University's budget.
- In support of this objective, the Advancement Office will assign a development officer to each academic school. That individual will work with the school dean to design and implement a fundraising effort for the school to support and enhance its academic goals and objectives.
- A gift account will be established for each school. Unless otherwise designated, all gifts from alumni will be applied to his/her school account.
- The expenditure of all gift income will be accounted for in the central budgeting process-- either through institutional operating or capital budgets.

Advancement efforts conducted on behalf the School are the responsibility of a centrally funded Advancement Officer and the school's Board of Advisors in collaboration with the Dean.

1.3.c.2. Personnel Recruitment, Selection and Advancement of Faculty and Staff

Recruitment and Selection of Faculty

The first step in recruitment is to determine School needs. This step is coordinated by the Dean. Each academic program is consulted about teaching needs, research areas needing strengthening, and compatibility with School directions. Faculty jointly determine the type of position required during one or more School meetings.

A letter of intent to the Provost is written by the Dean, reflecting the recommendation of all faculty. The letter is reviewed by the school's faculty affairs committee (constituted by all tenured faculty members). This letter outlines the type of faculty position desired (e.g., rank and track), research, teaching, and/or administrative areas of focus.

Before the letter of intent is sent to the Provost, the school must have a current Faculty Executive Committee (FEC)-approved diversity component of its strategic plan on file. The FEC is a university-level faculty committee responsible for many university decisions. The School's current strategic plan was approved during fall 2010.

After the letter of intent is sent to the Provost, the following steps take place as mandated by the University:

1. Provost authorization. The Provost must authorize the search.

2. Notification of AADC of search: Once a search is authorized, the Provost, in consultation with the School Dean (or equivalent), appoints a search committee, designates a chair of the search committee, and notifies the chair of the Affirmative Action and Diversity Committee (AADC) that a search is about to begin. The AADC is a standing university-level committee.

3. Provision of information by AADC to search chair: The AADC chair meets collectively with all chairs of approved searches and discusses with them the impact of diversity, where the University is achieving it, and how diversity benefits the University strategically and academically. At that time, all search committees will be provided with the “Guidelines for Diversity Procedures in the Faculty Search Process,” the relevant forms to which it refers, and a list of places where the job might be publicized to reach a diverse set of possible applicants.

4. Appointment of AADC liaison to search: The AADC chair, in consultation with members of the AADC, assigns a member from its ranks to serve as a liaison to aid in achieving an all-inclusive search. The liaison can function as an *ex officio* member of a search committee. The chair of the AADC informs the search chair, the Dean and the Provost who that member is.

5. Approval of position description, advertisement and search plan: The entire AADC, the chair of the search committee, and the Provost, or her/his designee, will discuss the position description, the draft advertisements for the position, the search plan and review the diversity guidelines and forms. The AADC will provide advice and assistance to foster the achievement of CGU’s diversity goals. Once all parties are satisfied that the position description, the advertisements for the position and the search plan do strongly foster those goals, the AADC liaison, search committee chair, Provost and AADC Chair must sign-off on a specific form (Form A, Approval of Position Description, Advertisement and Search Plan).

6. Provost “publication” of the position description/advertisement: The Provost’s Office will “publish” the advertisement in the *Chronicle of Higher Education* and post it on CGU’s web site. The position description/advertisement will be published elsewhere in accord with the search plan.

7. Involvement of the AADC approval of the long short list or short list: The search committee chair will invite the AADC liaison to attend all meetings of the search committee. The search committee chair will meet with AADC and present the long short list of potential finalists or the short-list of finalists if no long short list is constructed, and the list of finalists. The search committee chair and the AADC chair, after meeting with the AADC, must sign off on Form B (Approval of Summary of Applicants, Short-list, and Finalists) prior to the dispatch of invitations to the finalists for on-campus interviews.

8. Involvement of the AADC liaison in on-campus visits and her/his approval of the conduct of the search process relevant to the promotion of diversity: The AADC liaison will be informed of, and involved in, the on-campus visits of the finalists. The AADC Chair must sign-off on Form C (Approval of Choice) before the recommendation is made to the Provost to initiate an offer of employment.

9. Procedure for resolving disagreements between the AADC and the search committee: If the AADC determines that the search is not being undertaken in accord with the objectives of this policy, it will not sign-off on Form A, B, or C. The liaison must suggest corrective action to the chair of the search committee immediately. If the corrective action is unacceptable to the chair of the search committee, then the Provost will decide under what conditions the search should proceed.

10. Makeup of Search Committee: Under normal conditions, Deans will not serve as chairs of search committees as conflict of interest, too much authority upon a search, and undue pressure upon certain faculty could arise from that situation. Since the Provost forms and approves the search committee and designates the chair, the Provost determines whether the conditions constitute unusual circumstances.

Unusual circumstances could include such things as: lack of enough people in the department of the relevant rank to chair the search, the Dean is the only specialist in the area to guide such a search, or the Dean's status in the field would garner more qualified and diverse candidates if they were to chair it.

SCGH has developed the following steps for a faculty search, which is currently underway to replace a tenured track position vacated in July 2015.

- (1) A job announcement will be posted for at least one month in each of the following outlets, pending budgetary approval for this expense. (A copy of the current announcement is available onsite in the resource file.) Some postings will likely last several months and will be extended as necessary. There is no formal deadline for applications. The announcement indicates that the position will remain open until filled. Three main outlets are pursued: (1) general academic outlets: the Chronicle of Higher Education and Southern California Higher Education Recruitment Consortium; (2) those focusing on diversity: *Diverse Issues in Higher Education*, *Women in Higher Education*, *Insight into Diversity*, and the *Journal of Health Care for the Poor and Underserved*; and (3) outlets focusing on public health and related fields: American Public Health Association, Professional Association listservs (e.g., Society for Behavioral Medicine (SBM), Society for Research on Nicotine and Tobacco (SRNT), American Cancer Society (ACS), Society for Prevention Research, The Obesity Society, American Alliance for Health, Physical Education, Recreation and Dance). In many of these sources, applicants can enter in a search term, such as "diversity," and find advertisements that place an emphasis on this issue.
- (2) The announcement is distributed to directors and relevant co-investigators at twenty-five national research centers, which conduct health disparities research funded by the National Cancer Institute. (Note: Drs. Paula Palmer, a search committee member, has ongoing contacts with each of these centers.) The advertisement is distributed to other health disparities networks, such as the Tobacco Research Network on Disparities, the Disparities Network of Society of Research on Nicotine and Tobacco, and the Ethnic Minority & Multicultural Health Special Interest Group of Society of Behavioral Medicine. Individuals within such networks frequently have contacts with potential candidates who have diverse backgrounds and are interested in decreasing health disparities based on ethnicity or other characteristics. Distribution at additional NIH center and research networks is considered.
- (3) Search committee members email a personal note and advertisement to their professional contacts in academia, making certain to include all potential candidates, paying particular emphasis on increasing School diversity by reach out to minorities, women and other under-represented or under-served populations based on ethnicity, socio-economic status, gender, international status or sexual orientation. All School faculty members are encouraged to do the same.
- (4) All faculty are encouraged to network with colleagues at conferences and other meetings, inquire about faculty who might be interested in the position, distribute a flyer with the announcement for the position when appropriate.
- (5) Search committee members attend relevant talks at conferences, attempting to identify diverse and qualified candidates. Other faculty contacts within and outside the School are encouraged to do the same.

- (6) The search committee engages in a variety of additional activities that follow leads obtained from the preceding sources, their contact, or potential candidates themselves. These activities include phone calls, emails, and follow up-letters as appropriate. Each faculty member records their contacts on a spreadsheet and forwards them to the chair of the committee.
- (7) Postings and all other efforts detailed above are extended as necessary to make certain sufficient applications are obtained and that a diverse pool of candidates has been achieved.

Advancement of Faculty

The factors considered in promotion, renewal, retention, and tenure decisions of the faculty vary greatly depending on the position and track. This is especially the case for non-tenure track positions. These positions range from those with primarily high-level administrative duties, to those with primarily research or teaching duties, to those with a mixture of each of these activities. Individuals primarily assigned to one set of duties are not held accountable for other duties beyond their job description in their offer letter. There is some correspondence between duties and specific faculty title, as follows:

Tenure track and tenured faculty: This category of faculty is required to engage in research, teaching, and service. Decisions for promotions and tenure are based on each of these elements. Tenure track faculty may vary in their obligations depending on School needs and research funds. Some may primarily teach, but still must engage in research and service. Others may primarily conduct research, but still teach on occasion and must engage in service. Others also carry an administrative role, requiring a substantial service component. Criteria for promotion and tenure within the School are individualized and balanced with School needs, given the range of obligations. The scholarly effort should have a national impact. Those with substantial service or teaching obligations may receive tenure at the lower publication levels within these ranges, whereas those who primarily conduct research are expected to perform at the higher ranges. Factors such as start-up time at early phases of grants, numerous grant submissions, or extensive service advancing public health, and extensive mentoring, are mitigating factors. Again, decisions are highly individualized, within a certain range of expectations and fit to School needs.

Promotion to full professor typically has evidence of 40-50 or more peer-reviewed publications, international scholarly impact, substantial leadership in service roles, and high quality teaching, revealed on teaching evaluations. Again, the balance of obligations and productivity can be highly individualized, because some individuals may have quite substantial leadership or service obligations at the School and University. Research productivity, teaching evaluations, and service are thoroughly evaluated.

Research faculty: This category of faculty is designated as “research faculty”, at ranks of assistant, associate, or full professor, and are expected to primarily engage in research, though a minimal amount of service is expected. They cannot be legally required to engage in more than minimal service because they are funded entirely from research grants, usually NIH. Thus, renewal and promotion decisions must be based mostly on research productivity. In addition to scholarly and grant productivity, the principal investigator of the grant supporting the faculty member is consulted about productivity particular to funded projects. Decisions must be highly individualized. For example, a research faculty member may have a lull in publications the year before their term must be renewed. Although this is a critical time for demonstrating publication production, there are circumstances when such faculty may have been fully engaged in research activities that do not yet provide time for publication. These may include start-up times on new grants, extensive preparation for novel grant submissions, data analysis, or other activities. The case for renewals and promotions are made by the School in consultation with

the principal investigator of funded projects. The School must demonstrate to a University committee (Appointments, Promotions, and Tenure Committee; APT) that the faculty member was productive in ways important to the funded research projects, school, and scholarly area. Research faculty may engage in some minimal contractual teaching on a term-by-term basis at their option, if teaching opportunities are available. However, their term appointments are not reviewed on the basis of teaching. Their teaching is reviewed only in terms of renewal of any teaching contract they may hold to teach a particular term and year. Typically, research faculty teach only one course per year.

Professor of Practice: Term faculty with the title “Professor of Practice”, at ranks of assistant, associate, or full professor, engage in activities particularly tailored to School needs. Usually the title at SCGH is restricted to high-level administrative roles or a mixture of teaching and administration that does not include substantial research. Individuals with this title are judged entirely based on the fulfillment of job responsibilities assigned by the School, outlined in the offer letter, which can be any mixture of teaching and administration. Although some involvement in research is encouraged, it is not a typical obligation and is not a major factor in renewal or promotion. The university APT committee reviews renewals of appointments in terms of School criteria.

Clinical Professor: Term faculty with the title “clinical professor” are engaged primarily in teaching and are not evaluated on the basis of research productivity. They are expected to engage in service. Some clinical faculty may also be given a specific service load requirement, which may reduce their teaching load somewhat. As with professors of practice, clinical faculty may be appointed at any rank. Although not required, some clinical faculty may engage in research activities.

Non-tenure track: Faculty who are hired on a specific term of appointment (non-tenure track) but take on regular faculty duties carry regular faculty titles of assistant, associate or full professor. For renewal and promotion with this regular term faculty track, these individuals are held to similar criteria as are tenure track and tenured faculty, with consideration regarding unique fit to School needs. The balance of research, teaching, and service obligations is taken into consideration. Such faculty members are encouraged to apply for suitable tenure track positions, when such positions become available in an open-search. However, the candidates must be treated like any other candidate in the application process.

Adjunct faculty: Non-CGU faculty are a very special case. Adjunct faculty normally have a primary position at another University or health care service or other relevant agency. The faculty affairs committee at SCGH normally allows adjunct faculty to retain the rank they maintain at their primary institution. If their primary institution is non-academic, then their rank is roughly equivalent to their non-academic title. For example, the chief officer of Molina health care was nominated at the full professor level, as adjunct professor. Criteria for promotion are roughly equivalent to those for tenure track faculty described above, with some exceptions for outstanding service, teaching, or particularly unique and valuable contributions.

Additional specific procedures for retention, promotion, and tenure are comprehensive and lengthy and are mandated by the university. These procedures are detailed in the university “APT Rules” within the Institutional Handbook. Some general characteristics of these university procedures are outlined below.

Procedures vary depending on track, that is, whether faculty are tenure track/tenured, term faculty (with a specific renewable term from 1 to 5 years), or contractual (adjunct faculty). Within the term faculty track, procedures vary on the specific classification of term faculty, as outlined in the APT Rules.

Specific classifications of term faculty can include many different designations, outlined in the APT Rules. However, SCGH currently uses only the following designations of faculty other than tenure track, which have already been discussed in terms of SCGH policy:

- a. Term faculty, with obligations similar to tenured or tenure track faculty (e.g., research, service, and teaching)
- b. Research faculty, who are not obligated to teach but are funded solely on research grants. This designation is a specific type of term faculty position.
- c. Professors of practice, focusing primarily on service, administration and some teaching. Again, this is a specific type of term faculty position.
- d. Clinical professors, focusing primarily on teaching and service, also within a term faculty category.
- e. Adjunct faculty, focusing on contractual (term by term) teaching or a minimum amount of service or research.

Although SCGH policies have already been outlined, and more extensive procedures for review of tenure track, tenured, and term faculty are outlined in the APT Rules, major differences across track are outlined below:

All categories of term faculty must be reviewed before the end of their designated term, which may range from 1 to 5 years. SCGH has so far only recruited term faculty for renewable terms. At this time, the Provost appoints a “nominating committee” from the school to review the candidate. At SCGH this is typically the faculty affairs committee, including the Dean. The nominating committee reviews term faculty on research, teaching, and service, similar to the guidelines for tenure track faculty outlined in the APT (Appointment, Promotions, and Tenure) rules. The university-level APT committee reads the nominating committee’s evaluation and considers other documents submitted in the candidate’s dossier. Term faculty may then be appointed to another 1 to 5-year renewable term. Many additional details are provided in the APT Rules.

It should be noted that APT rules clearly indicate that all term faculty are to be evaluated according to School criteria, consistent with the obligations in each of the categories already outlined. The major differences across categories of term faculty involve whether primary research (research faculty), teaching and service (term faculty without further designation) are the focus of the evaluation. However, regardless of track or title, all faculty who engage in any teaching are evaluated for teaching effectiveness.

Although retention procedures in terms of School and University criteria are outlined in the APT Rules, the other side of retention concerns the welfare and satisfaction of faculty members. SCGH conducts an annual consultation for faculty, which provides a formal avenue for faculty members to provide input to the School. This is a bi-directional consultation with an open discussion about individual faculty needs as well as school perceptions of faculty member progress. Details about this annual consultation are provided in section 4.2 (b) in terms of faculty development and in sections 4.2 (c) in terms of annual faculty evaluation.

In addition to the annual consultation, faculty members in all classifications and ranks are encouraged to speak openly about concerns and recommendations at faculty meetings or individual meetings with the Dean or with the chair of the faculty affairs committee (presently, the associate dean for faculty affairs).

Further, the Dean and/or the chair of the faculty affairs committee seeks out individual faculty members for an individual meeting if they imply less obviously that they may have concerns regarding their appointment or any related school issues. Although this is an informal procedure, it has proven useful.

Finally, an annual (and usually more frequent) budgetary review confirms funding availability for faculty depending on research funds. If fund projections look limited in the future, other funding opportunities are vigorously explored, such as encouragement of grant submission and more extensive collaboration, transfer to other grants, and teaching opportunities.

Recruitment and Selection of Staff

The University has established a review process to monitor and document the institution's commitment to Affirmative Action to all staff employment. The process of Affirmative Action seeks to reach the largest and most diverse pool of individuals, to encourage them to apply for positions, and to ensure equitable treatment in obtaining information about and evaluating their qualifications.

The following section describes the implementation of the CGU Affirmative Action process for staff employment. This process pertains to the recruitment for all regular staff positions of half time or greater. Each Senior Officer is responsible for ensuring that these procedures are followed in his/her areas of responsibility.

If the department head/supervisor believes it is in the University's best interest to **waive** the affirmative action recruitment requirements, or a normal search strategy, he/she must prepare a written request and submit it, through his/her Senior Officer, to the President, who, in consultation with the Affirmative Action Officer (AAO), will evaluate the request. The department head/supervisor must receive written approval from the President. If the request is not approved, recruitment or a normal search strategy must proceed.

The MPH program adopts the hiring procedures dictated by the University as described below.

Procedures for Hourly and Salaried Employees (Non-exempt, Grades A-H) and Salaried Employee (Exempt, Grades 1-4) include the following:

1. The Employment Requisition Form and Job Description are produced by the hiring department with the appropriate department head/supervisor signature. (It is assumed that the department has discussed the job description and qualifications and has determined that the position is necessary).
2. The Employment Requisition Form and Job Description are sent to CGU Human Resources for approval and processing.
 - a. The CGU Human Resources Office provides the department head/supervisor with an Affirmative Action information packet and blank Compliance Report.
 - b. CGU Human Resources recommends advertising and recruitment strategies, and a sufficient time frame for recruitment. CGU Human Resources will place the ads if requested by the hiring department or the hiring department may place the ads. Advertising expenses are borne by the hiring department.

- c. All positions must be open for at least five working days to allow interested applicants time to apply.
- d. CGU Human Resources will process incoming applications and resumes.
- 3. CGU Human Resources sends applications and resumes to the department head/supervisor for review.
 - a. At least two applicants must be interviewed for each position.
 - b. The department head/supervisor completes the Confidential Interview Report Form attached to each application. (Even for those whose applications are only reviewed on paper.
 - c. When the hiring department comes to agreement on an applicant, the Associate VP for Human Resources must review the three top candidates to insure the hiring process has met all requirements. An offer to the finalist cannot be made until the candidate has been approved by his/her Senior Officer, Human Resources, and has gone through a background check.
 - d. Within two weeks, the hiring department returns the completed and signed Affirmative Action Compliance Report and applications (with attached Confidential Interview Report Forms) to the CGU Human Resources Office.
 - e. The hiring department must notify all unsuccessful interviewed candidates. The hiring department will notify the successful applicant. The CGU Human Resources office will prepare the offer letter.

Procedures for Salaried Employees (Exempt, Grade 5 and above)

- 1. The department head/supervisor establishes a search strategy and job description, with assistance from CGU Human Resources and campus committees, as appropriate.
- 2. The department head/supervisor submits an Employment Requisition Form, Job Description, and suggested Search Committee and Chair to appropriate Senior Officer for approval.
- 3. With approval, the department head/supervisor sends the Employment Requisition Form to the CGU Human Resources Office for review and processing.
 - a. CGU Human Resources provides the Chair of the Search Committee with an Affirmative Action information packet and blank Compliance Report.
 - b. After consultation with the Search Committee Chair, CGU Human Resources advertises the position in a variety of locations designed to attract a diverse applicant pool. The advertising expense is borne by the hiring department.
- 4. The Search Committee reviews applications and completes the Confidential Interview Report Form for each applicant.
 - a. At least two applicants must be interviewed for each position.

- b. When the Search Committee comes to agreement on an applicant, the Associate VP for Human Resources must review the three top candidates to insure the hiring process has met all requirements. An offer to the finalist cannot be made until the candidate has been approved by his/her Senior Officer, Human Resources, and has gone through a background check.
- c. Within two weeks, the Committee Chair returns the completed and signed Affirmative Action Compliance Report and applications (with attached Confidential Interview Report Forms) to CGU Human Resources Office.
- d. The hiring department must notify all unsuccessful interviewed candidates. The hiring department will notify the successful applicant. The CGU Human Resources office will prepare the offer letter.

Advancement of Staff

Supervisors review employees' job performance in accordance with the specific policies and procedures of CGU. The MPH program has executed these procedures for the promotion/advancement of staff.

Introductory Review Period: New employees serve an Introductory Review Period. At the conclusion of this period, certain benefits, and access to certain personnel-related procedures become available (i.e., sick leave). Staff also will receive an Introductory Performance Review whereby the supervisor will provide feedback about performance in the new position.

Performance Evaluations: Performance evaluations at CGU take place annually. These evaluations are a two-way communication process during which goals are set and job requirements are defined or redefined. Supervisors inform the staff member of work performance strengths and offer suggestions for improvement and development of job-related skills. As part of this evaluation process, staff are asked to self-evaluate their own performance and suggest goals and objectives.

Periodic Faculty Participation in the Review of Senior Administrators: Senior administrators of Claremont Graduate University (Provost and Executive Vice President, Vice President for Finance and Administration/Treasurer, Vice President for Advancement) are appointed by the Board of Trustees upon the recommendation of the President. Their performance is reviewed annually by the President. In addition, the CGU faculty recommends that the Faculty Executive Committee appoint faculty teams to review the performance of the senior administrators on an annual basis. Such reviews of at least one senior administrator will be conducted each academic year. Periodic faculty participation in the review of CGU senior administrators aims to inform the faculty and the President of the faculty's view of the performance of senior administrators. Faculty participation in each review is intended to help assess the administrator's success in fulfilling the responsibilities outlined in the administrator's job description and other relevant activities and to suggest ways in which these responsibilities might more effectively be fulfilled. The Faculty Executive Committee (FEC) designates a three-member task committee of the faculty to prepare each review for transmittal to the President. With input from and agreement of the President, the task committee prepares a statement of the specific objectives of the review and methods to be used for gathering faculty views. The administrator under review has an opportunity to comment on these objectives and achievements during the period under review. This statement is distributed to the CGU faculty before or while the task committee conducts its review. After conducting its review, the task faculty committee submits a draft of its report to the chair of the FEC and the administrator(s) under review for correcting factual errors. Each task committee's final report is submitted to the FEC Chair, the CGU President, and the administrator under review. The FEC Chair meets with the President in May to discuss the results of annual reviews. In addition, the FEC Chair

prepares a summary of the report for the CGU faculty. The President reports results of administrative reviews annually to the Board of Trustees, as appropriate. The deliberations and findings of the task committee are strictly confidential, except as provided in the previous items.

Promotion: A supervisor wishing to advance an internal employee to a new position must submit a new job description and a justification to the Director of Human Resources. If accepted, the Director works with the Finance department to determine a salary based upon the proposed job title.

1.3.c.3. Academic Standards and Policies, Including Establishment and Oversight of Curricula

Standards and Policies

The CGU Institutional Handbook (<https://cgu.policystat.com/policy/1788464/latest/>) outlines the following academic policies and procedures:

- Academic Honesty & Procedures for Violation of Standards of Academic Honesty
- Decennial Reviews
- Making Changes in Academic Departments
- New Programs
- Financial Considerations for New Programs
- Criteria for Establishment and Review of Institutes
- Collective Dialogue
- Expectations of Academic Departments
- Guidelines for Non Degree Programs
- Guidelines for Dual Degrees
- Dissertation Committee Membership
- Summer Session
- Awarding Degrees
- Guidelines for Awarding Honorary Degrees
- Guidelines for the Selection of Commencement Speakers
- Travel Policy
- International Travel Policy

Establishment and Oversight of Curricula

The MPH Program Steering and Curriculum Committees are responsible for the establishment and oversight of curriculum. Should both committees approve modifications to the MPH curriculum, the Program Director submits an application to the appropriate University Committees. Gaining approval of changes in CGU academic departments requires approval by the two faculty committees, the faculty at large, the Provost the CGU Board. Four categories of proposed changes are considered. A proposal must move through all steps before it can be advertised or considered approved by CGU.

Approval for a new degree: After consultation with all current faculty who will participate in the proposed program, the governing committee for the school or unaffiliated department submits the proposal simultaneously to the chair of Faculty Executive Committee (FEC) and the Provost and Vice President of Academic Affairs (Provost). Schools will submit to the FEC Chair proposals in the fall semester by September 15th and in the Spring Semester by February 1st. The FEC requests the Academic Standards Committee (ASC) to review the proposal for academic integrity. To inform its review of academic integrity, the ASC requests the budget Planning and Review Committee, minus the Provost, to review the proposal for financial feasibility and to submit its findings to ASC. The ASC submits

an evaluation of the proposal and a recommendation to the FEC. The FEC submits the proposal and a recommendation to the full CGU faculty for approval. If the CGU faculty approves the proposal, it is then submitted to the Provost for approval. If approved by the Provost, it is submitted to the Board of Trustees.

New collaborative concentration between two academic programs, existing degree: After consultation with all current faculty members who will participate in the proposed program, the governing committee for the school or unaffiliated department submits the proposal simultaneously to the chair of the FEC and the Provost. The FEC evaluates the proposal and approves or disapproves. If the FEC approves the proposal, it is submitted to the Provost for approval.

New concentration within an existing degree program: After consultation with all current faculty members who will participate in the proposed program, the governing committee for school or department submits the proposal simultaneously to the chair of the FEC and the Provost. The chair of the FEC evaluates the proposal and may approve the proposal or bring it to the FEC for approval. If the FEC approves the proposal, it is submitted to the Provost for approval.

Change in requirement, examination procedures within a program: The governing committee of the school or unaffiliated department, in consultation with all current faculty members who participate in the program or concentration, may change requirements or procedures within the constraints of CGU requirements.

1.3.d. If a collaborative program, descriptions of all participating institutions and delineation of their relationships to the program.

Not applicable.

1.3.e. If a collaborative program, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program's operations.

Not applicable.

1.3.f. Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion.

Assessment of Criterion

This criterion is met.

Strengths

- The program is part of an established University that is fully accredited.
- The SCGH public health programs are fully integrated within the University and contribute to the University's mission.
- The program abides by University and School policies, procedures and ethics in recruitment, hiring and admissions practices.

Weaknesses

- The creation of the SCGH and the MPH program occurred during a time of severe economic downturn. A hiring freeze and staff layoffs have occurred within this reporting period. One staff person who provided administrative assistance to the programs was laid off in July 2014.
- The currently negotiated Federal indirect cost rate of 38.4% is low compared with similar universities.
- The advancement of faculty is dependent on the track and on the specific job obligations.

Plans

- Communication between the Schools offering dual degrees with SCGH continues to be a challenge. We seek ways to streamline administrative processes to improve the student experience in terms of advisement, professional development and career services.

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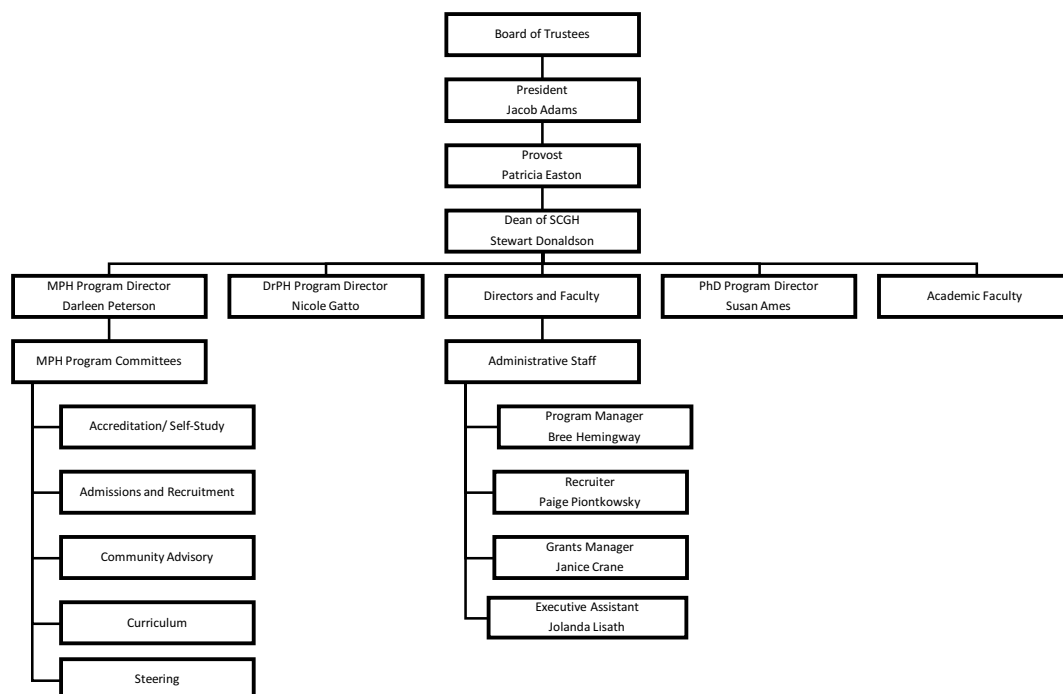
CRITERION 1.4. ORGANIZATION AND ADMINISTRATION

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 that contribute to achieving the program's public health mission. The organizational structure shall effectively support the work of the program's constituents.

- 1.4.a. One or more organizational charts showing the administrative organization of the program, indicating relationships among its components.

Organizational Chart of the Program

Figure 1.4.a. Organizational Chart of the Program



The public health programs are under the Dean of the School of Community and Global Health. The Provost reports to the University President, who receives direction from the University's Board of Trustees. The programs consist of a Program Director, nine core faculty, and four administrative staff, including the Program Manager, a Recruiter, Grants Manager and an Administrative Assistant. While the Steering Committee, comprised of the Dean, Program Directors, Director of Global Health Programs, and Associate Deans of Faculty Affairs and Academic Affairs, provides general oversight of all major program components, the other committees are involved in various aspects of program planning, implementation and assessment.

Stewart Donaldson, PhD, is the Dean of the School of Community & Global Health, where the programs reside. Dr. Donaldson also serves as the Dean of the School of Social Sciences, Policy & Evaluation (SSSPE). In these roles he reports to the Provost, Dr. Patricia Easton. Dr. Donaldson provides oversight and direction to the program directors, Dr. Darleen Peterson (Certificate & MPH), Dr. Nicole Gatto

(DrPH) and Dr. Susan Ames (PhD Program). Policy advisement is provided by the MPH Program Steering Committee, which is composed of SCGH faculty. Other MPH program committees, namely, the Community Advisory (with representatives from key community agencies), Curriculum, Recruitment and Admissions, and Accreditation/Self Study provide additional oversight of program operations. Dr. Peterson, MPH Program Director, also serves as Associate Dean for Academic Affairs for the SCGH and oversees all academic programs.

Drs. Peterson and Gatto report directly to Dean Donaldson. They develop and implement program policies in accordance with University procedures for maintaining curriculum integrity and adherence to regional accreditation standards. In addition, program directors meet regularly with students to advise them on planning their educational objectives, making progress towards their degree, selecting internship/practicum placements, and assessing the viability of post-graduation options. The MPH Concentration Directors, Drs. Susan Ames (Health Promotion, Education & Evaluation), Bin Xie (Applied Biostatistics & Epidemiology), and Paul Torrens (Leadership & Management) consult with Dr. Peterson regarding program evaluation procedures, continuing education offerings, course scheduling, internship program, and the capstone requirement. Paige Piontkowsky, MA, Assistant Director of Admissions for both SCGH and SSSPE carries out student recruitment and admission activities. The program manager, Bree Hemingway, MPH, assists with program assessment activities, coordinates the MPH internship and DrPH practicum requirements and represents the programs at community outreach and recruitment events. Ms. Jolanda Lisath, SCGH executive assistant, coordinates SCGH events/meetings, manages website changes, and the processing of student paperwork. Ms. Janice Crane assists with grant preparation, submissions, post-award requirements and manages the budget of SCGH.

1.4.b. Description of the manner in which interdisciplinary coordination, cooperation and collaboration occur and support public health learning, research and practice.

Coordination, Cooperation and Collaboration

Collaboration in teaching and training of students is vibrant within CGU and across the consortium. The Peter F. Drucker and Masatoshi Ito Graduate School of Management partners with the School of Arts and Humanities to offer an MA program in Art Management. The Schools of Mathematical Sciences and of Management jointly supervise an MS program in Financial Engineering. The School of Politics and Economics and the School of Religion have created a joint MA degree in Religion and American Politics. SCGH has collaborated with the Drucker School to establish a dual MBA/MPH degree, the School of Social Sciences, Policy & Evaluation (SSSPE) to develop a dual MA (applied psychology)/MPH, and the School of Information Systems and Technology to provide a Concentration in Health Informatics within the MPH program. (Currently, this concentration has been suspended). In addition, SCGH has partnered with the Keck Institute of Life Sciences, School of Pharmacy, to put on Interprofessional Education (IPE) events for the past three years. The year's event held on March 1, 2017, was entitled "Social Determinants of Health and Culture," featuring a panel of Pharmacy and Public Health experts. The event was well attended by students in both Schools. A program flyer is included in the electronic resource file, 1.4.b.

CGU is also well-positioned in the promotion of faculty research. The BLAIS Foundation has provided \$80,000 to \$100,000 as seed money to support the joint research between CGU faculty and faculty of other campuses in the Consortium since 2006. The faculty receive various intramural research grants annually. The Office of Research gives a high priority to faculty development in the research area by providing workshops on research conduct and promoting research across disciplines. Moreover, to encourage sponsored research and the development of academic research infrastructure, CGU returns

indirect costs (overhead) received on grants directly to the Schools, where Deans and Professors may reinvest these funds in research enterprises.

The University has a clear focus on applied research that has important social and human values. In pursuing this interest, the Strategic Planning Committee began in 2006 to define overall strategic directions plus specifically desired initiatives to increase the levels of research collaboration between faculty of the Schools at CGU and other members of the Claremont Consortium; increase the levels of funding that support graduate student research; and expand and establish major new research institutes to address important societal issues. As mentioned above, our research capacity has been strengthened through staffing of the Office of Research and Sponsored Programs and the Office of Business and Finance, intramural grants geared toward faculty and student research, enhanced functions of the Institutional Review Board (IRB), and other measures the University has taken.

1.4.c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Assessment of Criterion

This criterion is met with commentary.

Strengths

- The program has developed an organizational structure that is functional and efficient at meeting program goals.
- The training of our faculty indicates its interdisciplinary spirit and achievements. There is a genuine commitment within the program and throughout the School to foster interdisciplinary work to meet our mission and goals, and to strengthen our achievements.

Weaknesses

- Additional staff lines could increase the program's optimal efficiency given the rise in academic programs and student enrollment.

Plans

- The SCGH plans to hire an additional faculty member in the Leadership and Management track.

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CRITERION 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.

1.5.a. A list of standing and important ad hoc committees, with a statement of charge, composition, and current membership for each.

List of Standing and Ad hoc Committees

The **MPH Steering Committee** is comprised of SCGH faculty and a current student. This committee provides oversight, vision, and planning and policy development of the MPH program. The Steering Committee meets bi-weekly, and on an as-needed basis. Members are listed in Table 1.5.a.1. below.

Table 1.5.a.1. Current MPH/DrPH Program Steering Committee

Member	Position
Susan Ames	SCGH Associate Professor; PhD Program Director
Janice Crane	SCGH Grants Manager
Stewart Donaldson	SCGH Professor; Dean (Chair)
Nicole Gatto	SCGH Associate Professor; DrPH Program Director
Bree Hemingway	SCGH Program Manager
Neil Morte	MPH Student
Allysa Colunga	MPH Alumni
Jolanda Lisath	SCGH Administrative Assistant
Paula Palmer	SCGH Associate Professor; Director of Global Health Programs
Darleen Peterson	SCGH Associate Professor; MPH Program Director; Associate Dean for Academic Affairs
Paige Piontkowsky	SCGH/SSSPE Assistant Director of Admissions & Recruitment
Kim Reynolds	SCGH Professor; Associate Dean for Administration
Alan Stacy	SCGH Professor; Associate Dean for Faculty Affairs
Paul Torrens	SCGH Clinical Full Professor
Bin Xie	SCGH Associate Professor

The **MPH & DrPH Curriculum Committees** provides separate direction, oversight, and assessment of the program curriculums. It is responsible for ensuring that the program meets the curriculum requirements of the University for graduate programs, the Council of Education for Public Health, and the MPH/DrPH competencies and values of the programs are realized. Meetings vary upon needs. Committee members include program administration, MPH concentration directors, health department staff (DrPH), current student and alumni (MPH only).

Table 1.5.a.2. Current MPH Program Curriculum Committee

Member	Position
Susan Ames	SCGH Associate Professor; PhD Program Director; Health Promotion, Education & Evaluation Concentration Director
Bree Hemingway	SCGH Program Manager
Nicole Gatto	SCGH Associate Professor; DrPH Program Director
Aaron Thon	MPH Student
Shanna Livermore	MPH Alumni
Paula Palmer	SCGH Associate Professor
Darleen Peterson	SCGH Associate Professor; MPH Program Director; Associate Dean for Academic Affairs (Chair)
Paul Torrens	SCGH Professor; Leadership & Management Concentration Director
Bin Xie	SCGH Associate Professor; Applied Biostatistics & Epidemiology Concentration Director

Table 1.5.a.3. Current DrPH Program Curriculum Committee

Member	Position
Bree Hemingway	SCGH Program Manager
Michael Osur	Deputy Director, Riverside University Health System, Department of Public Health
Nicole Gatto	SCGH Associate Professor; DrPH Program Director
Alyssa Colunga	DrPH Student
Paula Palmer	SCGH Associate Professor
Darleen Peterson	SCGH Associate Professor; MPH Program Director; Associate Dean for Academic Affairs (Chair)

The Admissions and Recruitment Committee meets to establish criteria and procedures for student recruitment and admissions, reviews all applications, and determines who will be admitted. This group is charged with maintaining the student body's high quality by implementing the criteria set forth by the University and the committee when selecting candidates for the program. In addition, it is the committee's responsibility to identify various opportunities for program staff to participate in activities for recruiting students into the program.

Table 1.5.a.4. Current MPH/DrPH Program Admissions & Recruitment Committee

Member	Position
Susan Ames	Associate Professor; PhD Program Director
Stewart Donaldson	SCGH Dean
Nicole Gatto	Associate Professor; DrPH Program Director
Bree Hemingway	MPH Program Manager
Parasto Dorriz	MPH Alumni
Allyssa Ungrue	MPH Student
Jolanda Lisath	SCGH Administrative Assistant
Paula Palmer	SCGH Associate Professor
Darleen Peterson	SCGH Associate Professor; MPH Program Director; Associate Dean for Academic Affairs
Paige Piontkowsky	SCGH/SSSPE Assistant Director of Admissions & Recruitment (Chair)

The Community Advisory Committee provides recommendations for student competencies, recruitment, internships, research, and evaluation, as well as serve as a liaison with community-based organizations. It meets once each year. Members also serve as the Advisory Board for SCGH. Members are listed in table 1.5.a.4.

Table 1.5.a.5. Current MPH/DrPH Program Advisory Committee

Member	Affiliation	Title
Ruben Brambila, MPH	San Bernardino County Public Health Department	Program Manager, Community Outreach and Innovation
Lizbeth Bayardo, MPH	Community Clinic Association of San Bernardino County	Project Manager
Alyssa Colunga, MPH	YWCA of San Gabriel; MPH Alumni	Operations Manager, Healthy Communities
Maggie Hawkins, MPH, CHES	Partners for Better Health	Director of Randal Lewis Health Policy Fellowship
Bree Hemingway, MPH	SCGH Program Manager (Chair)	Program Manager
Andaye Hill, MPH	Glendale Adventist; MPH Alumni	Project Director, Community Services Department, Glendale Adventist Medical Center
Jeanette Hughes, MPH	Prototypes	Supervisor
Lucie Liu, MHA	Community Translational Research Institute	Field Manager at Diabetes Free Riverside
Ali Martinez, PhD	City of Claremont	Supervisor
Paula Palmer, PhD	SCGH Associate Professor	Associate Professor of Community and Global Health and Psychology, and Director of Global Health Programs
Darleen Peterson, PhD, MPH	SCGH Associate Professor & MPH Program Director	Associate Professor of Practice, Community and Global Health, Director of the Certificate, MPH and DrPH Programs, and Associate Dean for Academic Affairs
Jacklyn Samano	MPH Student	Student
James Scheu	San Antonio Regional Hospital	Community Health Specialist
Roger Uminski	Inland Empire Health Plan	Director of Health Administration

The **MPH/DrPH Self-Study/Accreditation Committee** provides direction, oversight, and assessment of the CEPH accreditation criteria and composition of the self-study document. Members include program administration and student representatives as listed in table 1.5.a.5. below. The committee meets as needed.

Table 1.5.a.6. Current MPH Program Accreditation/Self Study Committee

Member	Position
Janice Crane	SCGH Grants Manager
Nicole Gatto	SCGH Associate Professor; DrPH Program Director
Bree Hemingway	SCGH Program Manager
Jolanda Lisath	SCGH Administrative Assistant
Alana Olschwang	CGU Institutional Effectiveness Director
Paige Piontkowsky	SCGH/SSSPE Assistant Director of Admissions & Recruitment
Darleen Peterson	SCGH Associate Professor; MPH Program Director; Associate Dean for Academic Affairs (Chair)
Jake Sumibcay	MPH Alumni
Liia-Ann Mikhail	MPH Student

Student Association Executive Board support students pursuing an education and career in the field of public health by providing a forum where students can share and discuss ideas and information relevant to public health and by serving as a liaison between the student body and SCGH administration and

faculty. The Board fosters a sense of community between students in SCGH programs and all other Schools at CGU and the consortium. They promote diversity and acceptance among the students by working within CGU and its community partners.

1.5.b. Identification of how the following functions are addressed within the program's committees and organizational structure: (1) general program policy development; (2) planning and evaluation; (3) budget and resource allocation; (4) student recruitment, admission and award of degrees; (5) faculty recruitment, retention, promotion and tenure; (6) academic standards and policies, including curriculum development; (6) research and service expectations and policies.

1.5.b.1. General Program Policy Development

To provide guidance to the programs and ensure that the students experience a quality program that meets the standards of the various accrediting bodies, students, faculty, staff and lead members of the public health practitioner community serve on the following committees. Meeting minutes are available on the on-site resource file. There are five committees within the MPH program: Steering, Curriculum, Admissions and Recruitment, Community Advisory, and Self- Study/Accreditation. Opportunities for student input are evident. Student representation exists on all MPH program committees. In collaboration with the Steering Committee and Concentration Directors, the MPH Program Director develops program policy, provides strategic plans, program oversight, and committee agendas while also supporting other governing and administrative bodies at CGU. Final recommendations for curriculum and policies are recommended by two University Committees: Academic Standards Committee (ASC), and the Faculty Executive Committee (FEC), and then voted upon by the CGU faculty at large. The Provost makes recommendations to the CGU Board of Trustees, who serves as the final authority on academic policy and curriculum decisions.

The programs support a faculty director, one full staff member and three part-time staff. Dr. Peterson, the MPH Program Director, has direct responsibility for program design and assessment, policy development, personnel administration, course scheduling, public relations, student advising, internship experiences, and accreditation. As Associate Dean for Academic Affairs, Dr. Peterson also oversees the development and operation of all academic and certificate offerings in the SCGH. Bree Hemingway, the Program Manager, assists with internship placements, program evaluation activities and oversight of program committees. As of July 2016, Dr. Nicole Gatto directs the DrPH program, engaging in student advising and management of the advanced practicum requirement. Drs. Peterson and Gatto maintain currency with University and program curricula, practices, policies and procedures as well as providing clarification of these policies to faculty, administrators and students. They respond to inquiries from students or staff regarding established procedures relating to degree requirements, diplomas and exceptions to academic policy. Ms. Paige Piontkowsky directs the programs' recruitment and admissions. Janice Crane assists with budget development and grants management. Ms. Jolanda Lisath provides general administrative support. Staff resumes are available in the on-site resource file.

1.5.b.2. Planning and Evaluation

School-wide planning is a broad-based, interactive process involving all relevant committees and faculty. It is led by the Dean and Associate Deans (Academic and Faculty Affairs), Grants Manager and the Program Manager. Periodically, the faculty will be joined by members of the University Administration (the President, Provost and Vice Presidents and other Deans) to discuss the future of the School and resource allocation. School updated its Strategic Plan in 2013 for the period 2013-18 (Resource File 1.1). Annual faculty retreats for both the School and University outline accomplishments and future plans and

directions. School retreats review faculty hiring, student recruitment and the establishment of future academic programs. Each program director is responsible for providing various reports and updates for their respective academic programs.

1.5.b.3. Budget and Resource Allocation

The MPH program began in the University fiscal year 2008-2009. While the program becomes more viable through increased FTEs, most of the support for the program came from CGU sources as well as research indirect costs returned to the School. In the eight years that the School has been admitting students, FTE has grown where it produces a considerable amount of tuition revenue to the point where it will surpass indirect costs as the main source of revenue for the School. Subsequent budgets are highly dependent on FTE estimates and the associated revenue from those FTEs.

Currently, the School has 76 FTEs (1 FTE is equal to a student taking 12 units of coursework/3 courses). Given the growth projections of both the School (as it pertains to new faculty members) as well as admissions, we estimate that the MPH program will be at full capacity at approximately 100 FTEs. Dean Stewart Donaldson, Associate Dean Darleen Peterson and Grants Manager Janice Crane review the SCGH budget yearly and advise on various issues such as program growth and needs (e.g., teaching, administrative support, classroom space, etc.), review budget expenditures, and budget accordingly to ensure all activities run smoothly.

Planning for budgets and administration are overseen by the Dean in collaboration with Janice Crane, School's Grant Manager and with advisement from the Dean and MPH Program Director. Once approved, the School budget is included in the University macro budget and presented to the CGU Board of Directors Finance Committee. The Committee meets four times a year (April being the meeting where they discuss the budget) and recommends changes and/or moves that the University budget be approved by the full Board of Directors. The full Board also meets four times a year about one month after the Finance Committee meeting. The final CGU budget is usually approved in the full Board's May meeting. Once the budget is approved, it is entered into the University accounting system by July 1 of every year.

1.5.b.4. Student Recruitment, Admission and Awarding of Degrees

Student Recruitment

CGU's Central Office of Administration supports a Recruiter assigned to SCGH. With guidance from the Vice President of Student Enrollment Services, the Dean and the Program Directors, the Associate Director of Admissions/Recruiter formulates a yearly student recruitment plan involving opportunities for interpersonal contact and web-based methods. An end of year report is presented to the Admissions and Recruitment committee for feedback.

Admissions

Admissions are handled in CGU's central administration for the PhD in Health Promotion Science Committee. The Associate Director of Admissions/Recruiter is responsible for distributing the applications to members of the admissions committee. The admissions committee is composed of three faculty members, inclusive of the PhD program director. Every student application is reviewed by two members of the admissions committee.

Applications for the MPH and DrPH, programs are collected through the School of Public Health Common Application System (SOPHAS). The certificate applications are collected through SOPHAS

Express. Once received, applications are reviewed by faculty members on the admissions committee to which each prospective student applied. The respective directors decide offers of admission as well as a fellowship amount. The official offer of admission letter is sent from the Office of Admission, and the matriculation process happens at the central administrative level. In addition, Admissions procedures are discussed in Criterion 4.3.

Awarding of Degrees

Students who successfully complete all program requirements are awarded the Master of Public Health or Doctor of Public Health degree by the University. Degrees are awarded three times a year (September, January and May) although the ceremony takes place only in May. CGU faculty approves the September list at the first faculty meeting of the academic year. Students submit a Degree Intent and Final Approval form to the Associate Dean for Academic Affairs/MPH Program Director. These forms are signed by the both Program Directors and the Dean and then submitted to the Registrar for processing.

1.5.b.5. Faculty Recruitment, Retention, Promotion and Tenure

Faculty recruitment is a responsibility of the School's Faculty Search Committee which is appointed by the Dean. Retention, promotion and tenure decisions are made at the School level and approved by the University's Appointment and Promotions Committee and the Provost.

1.5.b.6. Academic Standards and Policies including Curriculum Development

CGU maintains high academic standards and policies, which are outlined in the Institutional Handbook. The public health programs are governed by these policies and procedures concerning the following topics:

- Academic Honesty & Procedures for Violation of Standards of Academic Honesty
- Decennial Reviews
- Making Changes in Academic Departments
- New Programs
- Financial Considerations for New Programs
- Criteria for Reviewing Institutes
- Collective Dialogue
- Expectations of Academic Departments
- Guidelines for Non Degree Programs
- Guidelines for Dual Degrees
- Dissertation Committee Membership
- Summer Session
- Awarding Degrees
- Guidelines for Awarding Honorary Degrees
- Guidelines for the Selection of Commencement Speakers
- Travel Policy
- Tuition Policy

Initial plans for the MPH program were developed through a Steering Committee, the Directors described above, recommendations from Community Advisory Groups, and the MPH Program Director. The proposed curriculum was recommended for approval by the Academic Standards Committee (ASC) in early September of 2008. The program was officially approved by the Provost and CGU Board of Trustees in late October of 2008. The first students were admitted in the fall of 2009. Since that time, members of the MPH administration have held numerous meetings with MPH Committees, faculty,

students, university administrators and community representatives to help mold and improve the program. New concentrations and dual degree programs have been reviewed and approved by the Provost on several occasions. It has been a rapid, extensive, and exciting process of review and growth. Planned changes regarding new programs, program concentrations, and off-site study programs require the approval of the Provost, who acts on the recommendations of the ASC, FEC and the faculty at large. A proposal for a DrPH program was submitted to the ASC by the Associate Dean for Academic Affairs/MPH Program Director in March of 2015. The proposal was approved in June 2015 and SCGH admitted its first class of internal students in the fall of 2015.

1.5.b.7. Research and Service Expectations and Policies

Research and service expectations are expressed in the offer letter prepared by the Provost with input from the School's Dean.

Research Policies

Both research and term faculty are expected to engage in the following scholarly activities.

Publications. All faculty will author or co-author publications in peer-reviewed journals. Exceptions include faculty whose offer letter does not designate research responsibilities (e.g., some positions as Professor of Practice; adjunct faculty positions). Nevertheless, even faculty with extensive service roles are encouraged to participate in some research when time permits.

Extramural support. All faculty will serve as principal investigator (PI) or co-investigator (Co-I) of at least one extramural grant or apply for at least one extramural grant per year. All faculty are strongly encouraged to service or apply as PI routinely or, if junior faculty, conduct research that will facilitate an eventual role as PI. A center or program project research project or core counts as an independent grant for these purposes.

Conference presentations. All faculty will present their research in major national or international conference per year.

Service Policies

All faculty are expected to engage in service for the University and community. Faculty reviews count service as an obligatory component. Service is reviewed during the annual consultation, at renewals of term appointments, during promotion to tenure, and during 5-year reviews of full professors. Faculty can be denied renewal of appointments or tenure if service is not sufficient. Some examples of service domains are:

- Develop and implement innovative, evidence-based public health policies and programs in partnership with communities both locally and globally.
- Serve scholarly and professional organizations, for example, as members of journal editorial boards or grant peer review panels, and in leadership roles in professional associations.
- Serve the university, for example, as members or leaders of key academic committees or as external members on graduate student thesis or dissertation committees in other CGU schools.
- Serve local or global communities, for example, as volunteers on advisory boards or public speakers, or as organizers of *pro bono* or inexpensive health education activities.

1.5.c. A copy of the bylaws or other policy documents that determines the rights and obligations of administrators, faculty and students in governance of the program, if applicable.

Policy Documents

The programs are governed by the policies and procedures of the University as articulated in the following documents:

- Institutional Handbook: <https://cgu.policystat.com/policy/1788464/latest/>
- Staff Handbook: http://mycampus.cgu.edu/c/document_library/get_file?uuid=1e4da67d-aa07-45b9-816c-538e6ae3cb0e&groupId=4597475&filename=Staff%20Handbook%202016
- Affirmative Action Hiring process: <https://cgu.policystat.com/policy/1133890/latest/>
- Policies & Procedures Manual: <http://mycampus.cgu.edu/web/finance-and-administration/>
- Student Rights and Responsibilities: <https://mycampus.cgu.edu/web/registrar/for-current-students/student-policies>

Individuals who become students at CGU are guaranteed specific rights and, in turn, are expected to adhere to certain responsibilities in their relationship to the University. Policies and procedures are published in the CGU website, in the CGU Bulletin (<http://bulletin.cgu.edu>) and in individual School publications. The rights and responsibilities that arise therefrom are determined and intended not only to ensure institutional efficiency, but also to comply with federal, state, accreditation, and other regulations. All new and continuing students are expected to be cognizant of and abide by the interrelated rights and responsibilities.

The programs distribute its own Student Handbook at the new student orientation each semester which incorporates many of the policies and procedures referenced above. The Handbook is also available on the program's website and in resource file.

1.5.d. Identification of program faculty who hold membership on university committees, through which faculty contribute to the activities of the university.

Faculty Memberships and Committees

Faculty with full-time CGU appointment serve on School and University committees. Some are standing committees while others are ad-hoc. Table 1.5.d lists faculty membership on University Committees and School Committees. Service to the university is high: faculty served on a total of 32 committees in 2013-2014, 33 in 2014-2015, 21 in 2015-2016 and 22 in 2016-2017.

Table 1.5.d. Program Faculty Membership on University & School Committees

CGU Faculty Member	Committee	Type	2013-2014	2014-2015	2015-2016	2016-2017
Susan Ames	Affirmative Action & Diversity	University	X	X	X	--
	Events Planning	School	X	X	X	X
	Finance	School	X	X	--	--
	Space Planning	School	X	X	X	X
	PhD Admissions	School	--	--	X	X
Nicole Gatto	DrPH Admissions	School	N/A	N/A	N/A	X
Paula Palmer	Affirmative Action & Diversity	University	--	--	--	X
	MPH Admissions	School	X	X	X	X
	Institutional Review Board	University	X	X	X	--
	Strategic Planning	School	X	X	X	X
	DrPH Admissions	School	N/A	X	X	X
Kim Reynolds	Faculty Executive	University	X	X	--	--
	Finance	School	X	X	X	--
	Investment	University	--	--	--	X
	Space Planning	School	--	X	X	X
Darleen Peterson	Academic Standards	University	--	--	--	X
	Events Planning	School	X	X	X	X
	Faculty Search	School	X	X	X	X
	MPH Admissions	School	X	X	X	X
	PhD Admissions	School	X	X	--	--
	DrPH Admissions	School	N/A	N/A	X	X
	Space Planning	School	X	X	X	X
	Strategic Planning	School	X	X	X	X
	Student Recruitment	School	X	X	X	X
	Website & Technology	School	X	X	X	X
Alan Stacy	Appointment, Promotions & Tenure	University	X	X	X	X
	Faculty Search	School	X	X	X	X
	Finance	School	X	--	--	--
Paul Torrens	MPH Admissions	School	X	X	--	--
Dennis Trinidad	CGU Excellence	University	X	X	N/A	N/A
	CGU Research	University	X	X	N/A	N/A
	CUC Health Benefits	University	X	X	N/A	N/A
	Events Planning	School	X	X	N/A	N/A
	Faculty Executive	University	X	X	N/A	N/A
	Faculty Search	School	X	X	N/A	N/A
	Finance	School	X	X	N/A	N/A
	Space Planning	School	X	X	N/A	N/A
	Strategic Planning	School	X	X	N/A	N/A
	PhD Admissions	School	X	X	N/A	N/A
Bin Xie	PhD Admissions	School	X	X	X	X
TOTALS			32	33	21	22

1.5.e. Description of student roles in governance, including any formal student organizations.

Student Roles in Governance

MPH students serve key roles in the governance of the program through participation in formal student organizations and membership on MPH program committees.

Student Associations

The SCGH Student Association (SCGH-SA) was created by MPH students and recognized by the University as a formal student organization in the fall of 2009. The primary purpose of the SCGH-SA is to provide a resource for the students in the academic programs at CGU to further the academic, professional competence and dedication of individuals in the discipline of public health. The objectives that guide the activities of the Association include:

- Encourage scientific research opportunities
- Facilitate communication between individuals, agencies, and governmental jurisdictions through the exchange of practices and philosophies
- Provide community service and health awareness
- Support academic achievement
- Develop methods, materials, and programs to support student achievement
- Raise professionalism and professional conduct
- Adhere to a strong code of ethics
- Assist in the professional preparation of graduate students and faculty at SCGH
- Encourage outstanding individuals to enter the public health field
- Support research autonomy and professional opportunities for the public health profession

All students are welcome to join the organization which meets monthly to discuss current needs of the student body, community service activities, and student social events. The Student Association is governed by a set of bylaws and board of officers. The program director serves as the faculty advisor; the program manager also maintains an active role and attends all board and general meetings. The Board meets bi-weekly. Events organized by the Student Association to date include social, service and professional development related activities. Members of the student association executive board are listed below.

Table 1.5.e. Current Student Association Executive Board, 2016-2017

Member	Position
Jacklyn Samano (MPH)	President
Skylar Hanson (MPH)	Vice President
Neil Morte (MPH)	Secretary
Aaron Thon (MPH)	Treasurer/Fundraising Chair
Lilia-Ann Mikhail (MPH)	Public Relations Chair
Allyssa Ungrue (MPH)	Events Coordinator Chair
Mary Illback (MPH)	Professional Development Chair
Shanna Livermore (DrPH)	Mentorship Co-Chairs
Tim Borowski (MPH)	
Dr. Darleen Peterson	Faculty Advisor
Bree Hemingway, MPH	Staff Advisor

The Graduate Student Council (GSC) at CGU is concerned with promoting the welfare and concerns of the graduate student body and communicating with CGU faculty and administration on behalf of the graduate students. They sponsor social and cultural events throughout the entire year to help improve the quality of life for graduate students. The GSC consists of four elected officers, and representatives and delegates who are elected, appointed or volunteer from various academic programs and departments. Representatives and Delegates from each of CGU's schools serve on the GSC to present ideas and concerns of the students from their respective schools. Through this collective effort, the GSC strives to accomplish its mission to better understand and address the needs of the diverse graduate student population at CGU. Each School has two representatives on the GSC. In addition, each School has a number of delegates determined in proportion to the total student population of the School as stipulated in the constitution. CGU School Representatives have the authority to vote on all council issues, including elections, constitutional amendments and proposals. CGU School Delegates have the authority to vote on council issues relating to student body considerations and organizational funding opportunities, excluding elections, constitutional amendments and proposals. All members of the GSC must be currently enrolled in a degree program in the School they represent. The GSC is governed by a constitution and bylaws. One SCGH Board member served a one-year term on the GSC.

There are many opportunities for students to evaluate program functioning: (1) membership on MPH program committees; (2) completion of program surveys; (3) self-evaluation of internship/practicum; (4) course evaluations and (5) feedback given during advisement meetings.

Program Committees

Members of the Student Association are invited to participate in meetings of the Community Advisory, Steering, Curriculum, Admissions & Recruitment and Accreditation/Self-Study committees. At least one student representative from the student body is present at all MPH meetings and serves as a liaison between the student body and the committee. During the meetings, the student representative is asked to comment about current student needs (i.e. both academic needs and non-academic needs such as facilities and computer set-ups) and provide feedback to the student body. Board members of the SCGH-SA are encouraged to volunteer for a two-year term.

Program Surveys

Student surveys, particularly the exit and alumni, provide important information concerning student satisfaction with program curriculum, attainment of competencies, and overall operations. This data is used by the program directors to identify new content areas and methods to improve student services. At orientation, new students complete a survey assessing their satisfaction with the admissions process.

Course Evaluations

The results of course evaluations, completed by the students are compiled and reviewed by the Associate Dean of Academic Affairs/MPH program director. These evaluations can impact subsequent teaching assignments, sequencing of course offerings, or specific teaching strategies. In the event of lower than average scores, teaching faculty are counseled. Course content or evaluative criteria may also be revised in the light of student comments. The Curriculum Committees review all course evaluations.

Advisement Meetings

MPH Students meet with the Associate Dean of Academic Affairs/MPH program director or the DrPH Program Director each semester to discuss course selection, internship options, and post-graduation plans. At these meetings, students are free to discuss issues of concern. Valuable information concerning satisfaction with program operations is gleaned through these regular one-on-one meetings. The DrPH program director began advising students as of Fall 2016.

1.5.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Assessment of Criterion

This criterion is met.

Strengths

- The standing committees of the MPH program have been a tremendous asset to the program by guiding program decision-making and generating support within and outside the School and University. Responsibilities have been established for each committee and current MPH students are recruited to serve on each committee, providing a formal vehicle for student feedback to the program.
- Policies, procedures, and opportunities for faculty recruitment, retention, and promotion are well established at the University and School levels.
- MPH faculty are active both internally and throughout the University in key decision-making and policy planning levels.
- Students have their own formal organizations which serve as liaisons between the student body and various groups within the University.
- Students are present at each MPH committee meetings, new student orientations, information sessions and recruitment events. Student representation serves to provide the program with in-depth information and first-hand experience regarding student needs and issues.
- A multitude of vehicles exist whereby students can provide evaluations of program operations.
- The SCGH student is extremely active and initiate many social, service and professional development activities for students.

Weaknesses

- The small number of faculty at SCGH and CGU result in a heavy committee membership burden for the typical faculty member. This has been identified as an issue for University as well as CGU governance.

Plans

- We plan to increase the number of current students and alumni who serve on program committees
- The DrPH program plans to create additional separate committees to address the unique composition of the program.

CRITERION 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.

- 1.6.a. Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research, and service activities. This description should include, as appropriate, discussion about legislative appropriations, formulas for funds distribution, tuition generation and retention gifts, grants and contracts, indirect cost recovery, taxes and levies imposed by the university or other entity within the university, and other policies that impact on resources available to the program**

Budget Process

The budget process at the University begins February of each year. Each school is expected to provide a balanced budget (pursuant to previously stated goals) along with income projections from tuition, gifts and indirect costs, to the Office of the Vice President of Finance and Administration for the following fiscal year. School's Grant Manager Janice Crane requests FTE estimates from Paige Piontkowsky, SCGH Assistant Director of Admissions, and Dean Donaldson to estimate tuition income. Crane also meets with School Dean Donaldson to estimate any gift income as well as indirect cost return income. Finally, Ms. Crane requests grant coverage estimates from faculty investigators and their project managers. With the information at hand, a School budget is created and provided to the Dean and Associate Dean for their input and eventual approval.

Once approved, the School budget is included in the University macro budget and presented to the CGU Board of Directors Finance Committee. The Committee meets four times a year (April being the meeting where they discuss the budget) and recommends changes and/or moves that the University budget be approved by the full Board of Directors. The full Board also meets four times a year about one month after the Finance Committee meeting. The final CGU budget is usually approved in the full Board's May meeting. Once the budget is approved, it is entered into the University accounting system by July 1 of every year.

Grants Manager Janice Crane and Dean Donaldson meet as needed to discuss budget matters. At the close of every month, Crane provides the Dean a reconciled statement of the account along with budget projections through the end of the fiscal year. As needed, the Dean meets with the Vice President of Finance and Administration/Treasurer, Ms. Leslie Negritto, to discuss budget matters.

Table 1.6.a. illustrates the tuition revenues earned by University, and in turn, the School, from the program. Half of all tuition earned by the School (minus any tuition discount) is allocated back to the School as income. At this point, the graduate programs in public health do not have a budget of their own. The programs derive necessary funding from the overall School of Community and Global Health budget. It is a future goal to have a separate budgets for the programs at which time the Program Director will have the responsibility of meeting with the Grants Manager on a yearly basis and ensure that 1) all core faculty teaching in the program are adequately compensated for their time, 2) all adjunct faculty are properly compensated as well, 3) the program administration has the appropriate personnel and resources to run the program effectively, and 4) that there are sufficient funds to meet any student needs that may arise during the course of the fiscal year. There currently is no specific timeline for the establishment of a separate program budget.

During this time, all expenses for the program, including adjuncts, faculty, administration and other expenses are budgeted as part of the overall School budget and is under the constant review of the School Dean, Associate Dean for Academic Affairs, and the Grants Manager.

Table 1.6.a. Gross and Net Tuition Revenues

Tuition Revenues	SCGH Fiscal Year 2011-2012 Revenues	SCGH Fiscal Year 2012-2013 Revenues	SCGH Fiscal Year 2013-2014 Revenues	SCGH Fiscal Year 2014-2015 Revenues	SCGH Fiscal Year 2015-2016 Revenues
GROSS TUITION	1,401,589	959,611	2,296,910	2,623,279	2,949,631
Less financial aid	351,298	263,020	578,837	577,705	576,318
NET TUITION	1,050,291	696,591	1,718,073	2,045,574	2,373,313

1.6.b. A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last 5 years whichever is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in a table format as appropriate to the program *See CEPH Data Template 1.6.1.*

Table 1.6.b. Sources of Funds and Expenditures by Major Category, Fiscal Years 2011-2016

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Source of Funds					
Tuition & Fees	1,050,291	1,165,502	1,718,073	2,045,574	2,373,313
Grants/Contracts	4,320,853	2,039,259	3,482,719	3,427,754	1,766,245
Indirect Cost Recovery	982,852	747,847	641,732	538,987	328,579
Gifts	0	1,223	220	20	50
Total	6,353,996	3,953,831	5,842,744	6,012,315	4,468,187
Expenditures					
Faculty Salaries & Benefits	1,874,197	1,653,760	2,146,272	1,859,043	1,591,262
Staff Salaries & Benefits	1,165,620	1,402,065	1,428,155	1,013,614	862,783
Operations	1,569,566	572,426	1,125,244	788,789	666,267
Travel	76,956	73,233	52,129	32,171	19,470
Student Support	348,751	25,360	67,540	239,225	185,317
Adjuncts	126,775	110,175	115,014	34,182	35,456
University tax/fee	0	0	0	1,022,788	1,186,657
Total	5,161,865	3,837,019	4,934,354	4,989,812	4,547,212

Program Budget Statement

Annual revenue budgets are based on the following criteria; (1) FTE counts as estimated by both the Associate Dean of Academic Affairs/MPH Program Director as well as the CGU Central Student Affairs Office, (2) Indirect cost estimates as determined by the SCGH Dean and Grants Manager, (3) Gift income estimates per the CGU office of advancement. Expense budgets are based on regular School administrative operations, as well as number of courses being taught in that particular fiscal year. Both budgets are combined to produce one viable School budget that covers all essential operations.

Currently, there is no separate account that is specific to the public health programs. Currently, all School functions are in one account (211-2112200) that supports all School expenditures, which include

salary (faculty and professional staff), student wages (graduate student TAs), materials and services (office supplies, faculty and student recruiting costs, graduation costs, etc.), travel, telecommunications, and other miscellaneous costs. The Grants Manager is primarily responsible for the maintenance of the overall budget and as the School grows, she will continue to be responsible for any specific accounts that may be created in the future to differentiate the teaching program from the other School functions. Documentation that supports the expenditures by university fiscal year in table 1.6.b.

Since the School's inception in 2008, it was understood by CGU administration and its Board that the School would be in "startup mode" for the duration of 5-8 years depending on factors such as FTE growth and grant production. Given the "startup mode", it is reasonable to expect expenditures to be higher than revenues during this time. Former Budget Director Rodriguez, in conjunction with Former Dean Johnson and Former Associate Dean Trinidad, presented a 7-year strategic budget plan to the CGU Board of Trustees in May 2010. The strategic plan contained reasonable projections for FTE growth as well as grant production over the next seven years. Along with careful stewardship of the funds, it was anticipated that the SCGH would have a positive operating continuous balance by June 2017 contingent on FTE growth, etc.

SCGH's strong research base and numerous funded projects provide extraordinary opportunities and benefits to the programs. These include: (1) primary means of salary support for research faculty enabling them to teach in the MPH program; (2) theoretical and applied training provided by leading experts in many facets of global health, public health, epidemiology, health behavior, health promotion, and cognitive neuroscience; and (3) various research opportunities for students.

1.6.c. If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointment elsewhere.

Not applicable.

1.6.d. Identification of measurable objective by which the program assesses the adequacy of the its fiscal resources, along with data regarding the program's performance against those measures for each of the last three years.

Table 1.6.d. below furnishes outcome measures by which the public health programs may assess the adequacy of its financial resources.

Table 1.6.d. Measures of Program Performance: Resources

Outcome Measures	Target Level			Performance		
	2013-2014	2014-2015	2015-2016	2013-2014	2014-2015	2015-2016
1. Annual Research Dollars/FTE faculty	\$200,000:1	\$200,000:1	\$200,000:1	\$290,226:1 Met	\$342,775:1 Met	\$196,249:1 Not Met
2. Percent of eligible students receiving a departmental fellowship	100%	100%	100%	100% Met	100% Met	MPH-100% Met
						DrPH-100% Met
3. Availability of financial awards available for student travel to professional conferences	N/A	1	1	N/A	2 Met	2 Met
4. Annual Tuition Revenue	\$2,255,156	\$2,507,040	\$3,227,400	\$2,296,910 Met	2,623,279 Met	\$2,949,631 Not Met

Faculty met the target for annual research dollars in the first two years. All eligible students receive a departmental fellowship (approximately 20% tuition reduction). A new travel award mechanism was instituted in the 2014 school year to assist students to attend professional conferences in which they are presenting their research. Travel award applications are accepted three times per year (October, February and June). Targets for annual tuition revenues were based upon student FTE. Tuition revenue exceeded targets in the first two years.

1.6.e. Assessment of the extent to which criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Assessment of Criterion

The criterion is met with commentary.

Strengths

- The School has the minimal financial resources to maintain its operations.
- There is a clear budgeting process with input from relevant parties.

Weaknesses:

- The University must essentially operate on tuition and grant revenues, which can be challenging at times given the cost of education at the university and the increasingly competitive grant environment.
- Resources available from indirect cost recovery are extremely limited, given the University's reliance on these funds.

Plans

- It is an ongoing role of the Dean to advocate for additional financial resources for the School.
- The Office of Advancement has hired additional staff to seek potential donors for the University and SCGH in particular.
- Student recruitment efforts continue to be implemented to increase enrollment and therefore tuition revenue.

CRITERION 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.

- 1.7.a. A concise statement or chart defining the number (headcount) of primary faculty employed by the program for each of the last three years, organized by concentration.

Core Faculty

Core faculty provide instruction, administrative support to the program, student mentorship/advisement, conduct and supervision of research, and periodic colloquia in the MPH program. Table 1.7.a. below lists core faculty members who contribute to the MPH program. The program has maintained a total of 9-10 core faculty for the past three years. Dr. Nicole Gatto was hired in fall 2016 to serve as the DrPH program Director. Dr. Brian Hilton is currently on administrative leave but plans to return full-time in spring 2017.

Table 1.7.a. Primary Faculty by Concentration Area

Concentration	Name	Rank	2014-2015	2015-2016	2016-2017
Health Promotion, Education & Evaluation MPH	Susan Ames	Associate	X	X	X
	Kim Reynolds	Full	X	X	X
	Alan Stacy	Full	X	X	X
Applied Biostatistics & Epidemiology MPH	Nicole Gatto	Associate	--	--	X
	Brian Hilton ¹	Associate	X	X	--
	Jason Siegel ²	Associate	X	X	X
	Dennis Trinidad	Associate	X	--	--
	Bin Xie	Associate	X	X	X
Leadership & Management MPH & DrPH	Andy Johnson	Full	--	--	X
	Paula Palmer	Associate	X	X	X
	Darleen Peterson	Associate	X	X	X
	Paul Torrens	Full	X	X	X
Total Faculty Count			10	9	10

Adjunct faculty teach courses and provide limited student mentorship, and administrative assistance to the MPH program. In addition to the core faculty, the program has maintained a total of 3 adjunct faculty for the 2014-2015 academic year, 6 for 2015-2016 and 4 for fall 2016-2017.

- 1.7.b. A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last of the three years (calendar years or academic years) prior to the site visit. Data must be presented in a table format (see CEPH Data Template 1.7.2) and include at least the following information: a) headcount of primary faculty; b) FTE conversion of faculty based on % time devoted to public health instruction, research and service; c) headcount of other faculty involved in the program (adjunct, part-time, secondary appointments, etc.); d) FTE conversion of other faculty based on estimate of % time commitment; (e) total headcount of primary faculty plus other (non-primary) faculty; f) total FTE of primary and other (non-primary) faculty; g) headcount of students by department or program area; h) FTE conversion of students, based on definition of full-time as 9 or more credits per semester; i) student FTE divided by primary faculty FTE and j) student FTE divided by total faculty FTE, including other faculty.

Faculty, Students, and Student/Faculty Ratios

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Concentration										
	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students	FTE Students	SFR by Core FTEF	SFR by Total FTEF
Year 1: 2014-2015										
MPH/HPEE	1.Ames 2.Reynolds 3.Stacy	1 1 1	1.Kwan 2.Fierro	.50 .50	5	4.00	10	3.26	3.3 : 1	2.5 : 1
MPH/ABE	1. Hilton 2. Siegel 3. Trinidad 4. Xie	.50 .50 1 1	1.Strassburg	.50	5	3.50	8	5.04	2.7 : 1	2.3 : 1
MPH/LM	1.Palmer 2.Peterson 3.Torrens	1 1 1	--	--	3	3.00	8	5.38	2.7 : 1	2.7 : 1
Year 2: 2015-2016										
MPH/HPEE	1.Ames 2.Reynolds 3.Stacy	1 1 1	1. Zargarpour 2. Kwan 3. Gonzalez	.50 .50 .50	6	4.5	15	8.89	5.0 : 1	3.3 : 1
MPH/ABE	1. Hilton 2. Siegel 3. Xie	.50 1 1	1.Strassburg 2. Sherman	.50 .50	5	3.50	18	13.77	7.2 : 1	5.1 : 1
MPH/LM	1.Palmer 2.Peterson 3.Torrens	1 1 1	1. Orr 2. Islam	.50 .50	5	4.00	16	12.26	5.3 : 1	4.0 : 1
DRPH/LM*	1.Palmer 2.Peterson 3.Torrens	1 1 1	1. Orr 2. Islam	.50 .50	5	4.00	8	6.01	2.7 : 1	2.0 : 1
Year 3: 2016-2017										
MPH/HPEE	1.Ames 2.Reynolds 3.Stacy	1 1 1	1. Zargarpour	.50	4	3.50	12	9.45	4.0 : 1	3.4 : 1
MPH/ABE	1. Gatto 2. Siegel 3. Xie	1 .50 1	--	--	3	2.50	21	16.55	8.4 : 1	8.4 : 1
MPH/LM	1.Johnson 2.Palmer 3.Peterson 4.Torrens	1 1 1 1	1. Islam 2. Orr	.50 .50	6	5.0	21	15.77	5.3 : 1	4.2 : 1
DRPH/LM*	1.Johnson 2.Palmer 3.Peterson 4.Torrens	1 1 1 1	1. Islam 2. Orr	.50 .50	6	5.0	21	18.79	5.3 : 1	4.2 : 1

Faculty FTE was calculated according to the following allocations:

- Teaching: 25% (1 course, including directed research sections)
- Research: 50% (grants and publications in public health)
- Administration: anywhere from 10-50%, including service as SCGH leadership (e.g., Program Directors, Dean, Associate Deans), participation on MPH program committees, evaluation of culminating experiences, and career advising

1.7.c. A concise statement or chart concerning the headcount and FTE or non-faculty, non-student personnel (administration and staff) who support the program.

Other Personnel

Table 1.7.c below lists the core administrative staff for the programs, their roles, dedicated percent of time, and primary responsibilities. The public health program directors are core CGU faculty members and are not included in table 1.7.c.

Table 1.7.c. Non-Faculty, Non-Student Personnel Supporting the Programs

Name	Position	FTE	Primary Responsibilities
Bree Hemingway, MPH	Program Manager	100%	Committee meetings, student association, assessment & data management, field training counseling, course evaluations, event planning (orientation, graduation, career fair), community outreach, workforce development, Delta Omega Staff representative
Paige Piontowsky, MA	Assistant Director of Admissions	50%	Student recruitment and admissions, SOPHAS liaison, student fellowships, career fair
Jolanda Lisath	Administrative Assistant	50%	Event planning (orientation, graduation), website, general administrative support
Janice Crane	Director of Contracts & Grants*	80%	Budget development in conjunction with program director, expenditure reviews, monthly financial forecasts and variance reports, grants management
Total: 4		280%	

*Employees of CGU Central Administration and are not reflected in the School budget.

1.7.d. Description of the space available to the program for various purposes (offices, classrooms, common space for student use, etc.) by location.

Space Resources

SCGH maintains administrative offices 1.3 miles from the CGU campus. At the administrative offices, students have access to two conference rooms, and a common area/breakroom. Students that serve as research assistants or student workers on faculty sponsored research project may share an office or have workspace in a cubicle. The programs do not maintain office space on the CGU campus. Classes are held in various buildings across campus. The location of classes is determined every semester by the registrar's office. The programs maintain a total of 10,817 square footage of space.

Table 1.7.d. Space Available for the Programs

Location	Address	Purpose	Square Footage
SCGH Administrative Offices	675 W Foothill, Claremont	Conference Rooms	1,133
SCGH Administrative Offices	675 W Foothill, Claremont & 689 W Foothill, Claremont	Common Areas: Kitchen/Copy Room/Storage	851
SCGH Administrative Offices	675 W Foothill, Claremont & 689 W Foothill, Claremont	Workstations/ Student Lounge	2,914
SCGH Administrative Offices	675 W Foothill, Claremont	Faculty Offices	2,402
SCGH Administrative Offices	675 W Foothill, Claremont	Program Office	126
CGU Campus	130 E 9th St., Claremont	Computer Lab	3,247
CGU Campus	170 E College, Claremont	Recruitment Office	144
CGU Campus	150 E College, Claremont	Instructional Space	Varies
		Total space:	10,817

1.7.e. A concise description of laboratory space and description of the kind, quantity and special features or special equipment.

Laboratory Space and Special Equipment

Not applicable.

1.7.f. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

Computer Facilities

E-Mail Services

CGU provides the Microsoft Exchange email system for faculty, staff and students to support academic and personal communication requirements.

Wireless Access

The Claremont wireless network is a shared network that can be found at various locations on all of the Claremont Colleges campuses. This wireless network is accessible in all CGU centrally managed classrooms.

Help Desk

The Help Desk is typically the central point of communication for the Office of Information Technology with the exception of Audio Visual (AV) requests. The Help Desk is staffed 24/7 and can be connected to in three ways, (1) Instant messaging, (2) email at helpdesk@cgu.edu, and (3) by phone at (909) 621-8174 or (800) 630-8893.

Computer Labs

Students may work on CGU computers in Academic Computing Building Rooms 118, 118A, 118D, 122, 124, 126, Harper 6, 8, 10, 12, 22A, Burkle 18, Student Apartments, Math Lab, SPE Lab, and the Art Lab.

ACB: 118, 118A, 118D, 122, 124, 126

Hours: 8:30 a.m. — 12 midnight, Mon. — Sun.

Harper: 6, 8, 10, 12, 22A

Hours: 8:30 a.m. — 10 p.m., Mon. — Fri.

8:30 a.m.— 6 p.m., Sat.

CLOSED, Sunday

Burkle: 18

Hours: 8:30 a.m. — 10 p.m., Mon. — Sat.

CLOSED, Sunday

Student Apartments

Hours: Open 24/7, but requires a door code from the Housing Manager

Art Lab, Math Lab, SPE Lab

Hours: Hours and access are determined by each Department

Each PC has the Microsoft Office Suite, Internet access, and CD/DVD drive; other software packages are available. You may also bring in your laptop and access the CGU network wirelessly from these and other labs. Students must have a CGU network account (i.e. be enrolled) to gain access to any machine in the computer labs.

Academic Computing Services

Canvas is CGU's learning management system. A Canvas site is automatically created for each course. Instructors can upload course materials as early as four weeks before the beginning of each semester. Canvas includes a web conferencing tool that allows students to participate in class from distance if both the classroom and the students have an Internet connected computer with microphone and web camera. The web conferencing tool also allows for recording of the web session. Recordings are available to students to view up to 14 days after the recording has been made.

The Office of Information Technology (OIT) offers a course consultation, allowing faculty to take their existing on-campus course and convert it to the online environment. Faculty can use the web to enhance a campus-based course, to develop a "hybrid" course that combines campus-based and online instruction. OIT staff assists faculty to analyze their needs, create and manage initial content, and provide them with an understanding of the best approaches to online instruction (i.e., appropriate pedagogy).

Faculty and staff development is available through workshops on the use of Canvas (the course management system used at CGU), and on other software and technologies.

1.7.g. A concise description library/information resources available for program use, including description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities and document delivery services.

Library/Information Resources

Students in public health most frequently access resources found in the Honnold/Mudd library, located on the CGU campus. The library's general collections in the arts, humanities, sciences, and social sciences include nearly 2 million volumes. The library also has extensive holdings of journals, magazines and newspapers, providing access to articles in over 70,000 periodicals.

A Master Plan for the Claremont Colleges Library is underway with a series of workshops. The first resulted in the creation of a shared vision statement: "The design of the Next Generation Vital Library at the Claremont Colleges envisions a welcoming, inviting, and dynamic environment that will inspire excellent scholarship and the advancement of knowledge. It will connect members of our community to one another as well as to innovations in academia to enhance, augment and complement the work of each institution." The results of the first workshop were presented to the Council of Presidents at their February meeting. The second workshop is scheduled for April 10 and 11, 2017 – "Early Concept Phase" – by with focus group sessions for the Claremont University Consortium (CUC) faculty and staff. The results of the second workshop will be presented to the Council of Presidents at their May 2 meeting. The entire master planning process will take a little over one year, with presentation of the final Master Plan to the Presidents at their Spring Retreat in January 2018.

Electronic holdings

The library's large collection of electronic resources provides ready access to a wide variety of bibliographic, full-text and multimedia information. From the library web site, it is possible to search Blais, the online catalog, or any of hundreds of databases including services such as Lexis-Nexis Academic and ISI Web of Science. Other resources include electronic books and journals, such as the ACM Digital Library and Congressional Quarterly Library. The Claremont Colleges Digital Library (CCDL) provides access to a growing number of digital collections from The Colleges as well as from library Special Collections. Digital collections such as Early English Books Online and North American Women's Letters & Diaries make available thousands of additional primary source materials. Sherlock is a "discovery" tool that searches across many of the library's resources, including local databases such as Blais and CCDL, as well as most of the library's subscription full-text content. Most electronic resources are accessible to students, faculty and staff of The Claremont Colleges in their dorms, labs, offices and homes, as well as in the library. A list of public health related holdings is available in the on-site resource file.

Access mechanisms and support

The library offers Interlibrary Loan service and maintains partnerships which provide access to books, articles, and other materials not held in our collections. These partnerships include LINK+ and the Center for Research Libraries in Chicago. Library research instruction and workshops for classes and other groups, as well as individual appointments for instruction and research assistance, may be scheduled in the library or on campus. Most library research classes and workshops are held in the Keck Learning Room, Honnold/Mudd's smart, hands-on teaching facility. Honnold/Mudd Library has four group study rooms for use by students and study carrels for individual study.

Document delivery

Interlibrary Loan (ILL) allows students to request articles that are not available in the Libraries either as online full-text or in paper. They may also use ILL to request a book if it is not owned by any LINK+ libraries. LINK+ allows students to request a book from another library when the Libraries do not own the book and also when our copy is checked out. Photocopy Service including scanning and delivery to desktop is available.

1.7.h. A concise statement of any other resources not mentioned above, if applicable.

Not applicable.

1.7.i. Identification of measurable objectives through which the program assesses the adequacy of its resources, along with data regarding the program's performance against those measures for each of the last three years.

Measurable Objectives

Table 1.7.i. below furnishes two outcome measures by which the program may assess the adequacy of its resources.

Table 1.7.i. Measures of Program Performance: Resources

Outcome Measures	Target Level	Performance		
		2013-2014	2014-2015	2015-2016
1. Student/Faculty Ratio	8:1	6:1 Met	7:1 Met	MPH-8:1 Met
				DrPH-1:1 Met
2. Agencies available for student field placement	5 additional sites per year	53 Met	65 Met	74 Met

1.7.j. Assessment of the extent to which criterion is met and an analysis of the program's strengths, weaknesses and plans to relating to this criterion.

Assessment of Criterion

The criterion is partially met.

Strengths

- The number of sites for field training placement continues to rise each year.
- SCGH's strong research base and numerous funded projects provide extraordinary opportunities and benefits to the MPH program.
- Computer and library facilities meet the needs of the students.
- Faculty to student ratio is low in both programs, allowing for a great deal of personalized attention.
- Faculty are extremely productive and secure an impressive amount of funding.
- All majority of students receive a tuition discount through a departmental fellowship.

Weaknesses

- The program could benefit from additional full-time staff.
- There have been faculty shortages in the applied biostatistics/epidemiology concentration (MPH) and the leadership & management focus (DrPH).

Plans

- The number of faculty will need to grow and a search is currently under way for one tenure track faculty and one term faculty appointment to address needs in these specializations.

CRITERION 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.

1.8.a. A written plan and/or policies demonstrating systematic incorporation of diversity within the program, including the following.

Faculty at the School of Community and Global Health (SCGH) recognize the great disparities in behaviors and health outcomes resulting from racial/ethnic, socioeconomic, and gender differences. Situated in one of the most multicultural, multiracial, and multiethnic regions in the country, SCGH faculty, students, and staff are fortunate to benefit from the cultural richness provided by these diverse populations as well as to learn firsthand not only of their health-related challenges but also of the strengths, emic perspectives, and wisdom of their community members. The concepts of cultural sensitivity and inclusion are not inserted at milestone points within course curricula, rather they are part of the very thread that weaves together the knowledge and skills that students are exposed to from their epidemiology through leadership and management courses. SCGH students integrate what they learn in the classroom with experiences in community settings through volunteer and internship opportunities that prepare them for the knowledgeable, equitable, and culturally competent application of public health policies and programs that benefit and respect all populations.

Our mission at Claremont Graduate University (CGU) is *to prepare a diverse group of outstanding individuals to assume leadership roles in the worldwide community through research, teaching, and practice in selected fields*. In our academic goals we have identified three avenues for fulfilling this mission, by becoming 1) a more practice-based research university, 2) a more transdisciplinary university, and 3) a more student-centered university. Practice-based research sends our faculty and students into the field to see problems *in situ* where the complexity demands the skills to deal with a variety of beliefs, communities, and problems. Likewise, transdisciplinary research follows a problem where it goes and demands researchers to draw from and communicate with multiple disciplinary domains. Finally, a student-centered university acknowledges that our students are a networked generation that is collaborative, diverse, outward-looking, and community-oriented.

Achieving these academic goals is fundamentally contingent on promoting diversity and inclusion among the members of our CGU community and to the research and teaching we do. Diversifying our faculty and students will multiply the intellectual depth and breadth in our goal areas. An environment of inclusion will encourage a culture where enhanced levels of professional and scholarly achievement become the norm. Success-focused support must reach each and every individual in our community, regardless of race, color, creed, national or ethnic origin, religion, ancestry, sex, gender identity and expression, age, sexual orientation, physical or mental disability, marital status, or any other aspect of the rich expression of human difference. Diversity at CGU is central to our viability and vitality as a graduate institution.

The mission of the MPH program at CGU is to prepare professionals to play leadership roles in promoting global public health through improved research, practice, policy-making, and system response. The program provides contemporary leadership, education, research, and service in public health, regionally, nationally, and internationally by combining a broad public health foundation with specific training in three specialty areas.

To ensure that diversity and inclusion remain in the forefront of academic and curricular planning, an SCGH Diversity Strategic Plan was created in 2012. We continue to make improvements in the plan, in conjunction with the development of CGU's broader diversity initiatives. SCGH aims to provide multicomponent avenues for developing the skills for the delivery of ethical, equitable, and culturally competent public health practice so that graduates will be able to: (1) more fully understand the issues that place individuals at risk for disease and disability, (2) recognize the need for community engagement and empowerment in the development and implementation of effective health promotion strategies, and (3) serve as advocates to support those whose collective voice may not be heard. Goals set forth in Healthy People 2020 are to achieve health equity, eliminate disparities, and improve the health of all groups. Attaining these goals will require multi-sectoral engagement and commitment.

1.8.a.1. Description of the program's under-represented populations, including a rationale for the designation.

The program has identified the following racial/ethnic groups: Blacks/African Americans, Hispanics/Latinos, American Indians, Alaska Natives, Native Hawaiians and other Pacific Islanders as underrepresented populations. In addition, international applicants as well as those from local rural and high desert areas also meet the criteria. CGU is an Equal Opportunity Employer CGU Equal Opportunity Policy and does not discriminate on the basis of race, color, creed, national origin, sex, age, sexual orientation, or physical disability in its employment practice and in admission of students to educational programs and activities.

The rationale for designating the aforementioned populations as underrepresented groups is two-fold. First of all, it reflects the National Institutes of Health's (NIH) mission to increase diversity NIH definition of underrepresented racial ethnic groups. Despite notable advances in biomedical, behavioral, and social science research certain racial/ethnic groups have not benefitted due to their disproportionate lack of inclusion and participation in research. A climate of distrust, past injustices, poor access to and limited understanding of the research process, clinical trials, and ethical conduct of human subjects research have seriously thwarted progress in this area. Importantly, the same racial/ethnic groups are also poorly represented in the scientific, medical, and public health workforces. Unless and until sufficient numbers of Black/African American, Hispanic/Latino, American Indian, Alaska Native, Native Hawaiian and other Pacific Islander researchers and practitioners are trained and become integral members of academic and scientific interdisciplinary teams, their unique perspectives, experiences, and contributions towards expanding our knowledge of these underrepresented groups will fail to occur. The percentages of professionals in most the health and human services do not reflect the current and projected population demographics. As students study to become professionals, they will learn about people from groups that have been historically underrepresented because of race and ethnicity, as well as sexual orientation and identification, religion, class, military, veteran, or disability status.

Secondly, our designation supports the program's mission statement to meet the unique needs of CGU's surrounding diverse communities. To the west of Claremont in Los Angeles County is the San Gabriel Valley home to the largest concentration of Asians in the U.S., many of whom are newly arrived immigrants. To the east, lies the Inland Empire (IE), comprising San Bernardino County, the largest county in the nation and fifth most populous, and Riverside County, the fourth largest in California. The region is dynamic and in transition. Given the high price of housing in most of Southern California, migration into the more affordable IE by low-income African-Americans, Native Hawaiians, Samoans, Tongans, Latinos, whites, and a variety of immigrant populations has increased dramatically.

The distinctive challenges faced by these communities are reflected in patterns found globally: The growth of major desert cities and urban sprawl, the public health needs of rural and urban tribal populations in Southern California, akin to those of indigenous peoples in Asia and Latin America, and the difficulties faced by populations in communities confronted with rapid growth, rising chronic disease, environmental degradation, health and economic disparities, public health emergencies, and entry into a global economy. We have expanded our designation of underrepresented groups to include international students and faculty, students, and staff from local rural and high desert areas, since they contribute enormously to unique cultural sharing and insights, which is germane to fulfilling SCGH's mission.

Assessing and addressing the unique health challenges of these communities in transition serves as a major theme guiding our programs of research, service, education, including the MPH program. MPH faculty, staff and students work in partnership with communities, tribes, and the public and private sectors to focus on issues confronting these communities, building on their strengths, developing leadership skills and increasing their capacity to respond to rapidly evolving public health problems. Many of the research and outreach activities of the program focus on diversity, poverty, and the challenges of understanding tolerance. Students gain knowledge in the emerging trends in global health while also honing the skills necessary to be eligible for jobs that employ many graduates in public health. SCGH students are trained to "think globally and act locally." Many of our graduates are local and committed to remaining in the area to build a strong public health network.

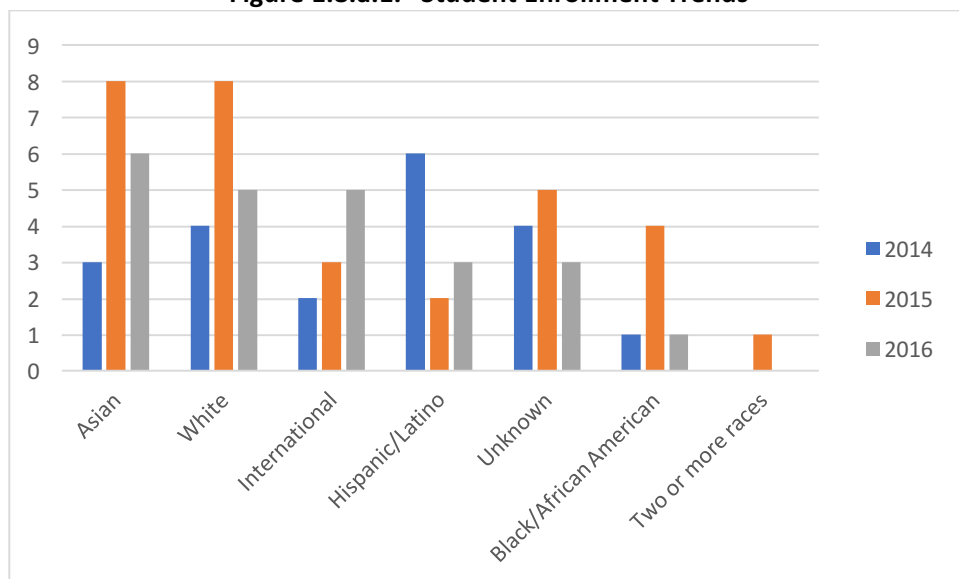
Per the 2016 U.S. Census, the counties of San Bernardino, Los Angeles, and Riverside have more residents living in poverty (20.4%, 18.7%, and 17.1%, respectively) compared to the nation (13.5%). Table 1.8.a.1. provides details regarding the racial/ethnic diversity of the surrounding CGU communities compared with the U.S. overall. Hispanics/Latinos in San Bernardino, Los Angeles, and Riverside counties comprise the majority population compared with all other groups, while both Whites and Black/African Americans fall below the national average. The Asian population in each of the three counties is above that of the U.S. While 88% of San Bernardino residents are U.S. citizens, the most common country of origin is Mexico. The predominant industry, by number of jobs, in San Bernardino County is healthcare and social services (13.5% of all jobs available across 2.1 million residents). After Los Angeles and Orange Counties, San Bernardino has the third highest Medicare reimbursement rate in California. There is an urgent need for trained public healthcare practitioners skilled in serving the diverse and underserved communities neighboring CGU. Students are taught how to assess and understand community needs and concerns. Assessment of resources, capacity, and priorities is paramount to achieving meaningful and lasting impact.

Table 1.8.a.1. County and U.S. Racial/Ethnic Group Comparisons

Race/Ethnicity	San Bernardino	Los Angeles	Riverside	United States
Hispanic/Latino	51.7%	48.6%	47.9%	17.3%
White (no H/L)	30.4%	28.5%	36.7%	61.9%
Black/African American	7.8%	11.5%	7.1%	12.3%
Asian	6.7%	8.6%	6.9%	5.2%

Over the past three years, new student enrollment in the program has been racially and ethnically diverse as depicted in the figure below. The student cohorts have included more students of color as compared to the number of students who identify as white/Caucasian. There has also been a slight increase in the number of international students. There were few Hispanic/Latino, Black/African American students across all three cohorts, which has presented a growth opportunity for recruitment and admissions.

Figure 1.8.a.1. Student Enrollment Trends



SCGH faculty believe that attention to diversity helps to clarify the values of the program. The faculty support a scholarly community in which the students, faculty, and staff are appreciated as individuals and are supported to reach their full potential. Currently, the SCGH faculty composition is not as diverse as the students who are enrolled in the program. Across nine current core faculty members, four are female and one is from an underrepresented minority. Adjunct faculty who regularly teach in the program include two additional female faculty who are of Asian-American origin.

At the national level, establishing a faculty that is reflective of the student and local population is challenging. In a report on faculty composition conducted by the American Association of University Professors (AAUP, 2014), 71% of faculty were of Caucasian origin. Across the nation, only 8.5% of tenured faculty reported being from underrepresented minority categories, and 10.5% self-reported as Asian. The percentage of faculty of color jumped from 21.9% of tenured faculty up to 18.6% for faculty who are not on the tenure or tenure track system. While SCGH strives to increase the number of faculty from diverse backgrounds, the school is also cognizant of the challenges at a national level.

1.8.a.2. A list of goals for achieving diversity and cultural competence within the program, and a description of how diversity-related goals are consistent with the university's mission, strategic plan, and other initiatives on diversity.

The SCGH Diversity Strategic Plan for achieving diversity and cultural competence within the School and the academic programs was developed in 2012 and comprises seven goals that are listed below. Each goal is attached to one or more objectives and strategies for attainment; the full document is available in the electronic resource file.

- Goal 1: Develop a shared and inclusive understanding of diversity
- Goal 2: Create a welcoming campus climate
- Goal 3: Recruit, admit, retain and graduate a diverse student body
- Goal 4: Recruit, develop and retain a diverse workforce
- Goal 5: Develop curricula and other opportunities that address and build competency in diversity and cultural considerations
- Goal 6: Diversify school leadership and management
- Goal 7: Coordinate organizational change to support diversity goals

To measure the extent to which the goals and objectives are met, assessment activities have been designed within four inter-related fields for analysis as listed below:

- (1) *Student Access and Success*: including student diversity, persistence and completion rates, time-to-degree, and student satisfaction.
- (2) *Climate and Inter-Group Relations*: including faculty, staff, and student perceptions of institutional climate, quality of experience, and engagement on campus.
- (3) *Education and Scholarship*: including the presence of diversity-related courses, research, faculty expertise, and academic resources across the university.
- (4) *Institutional Viability and Vitality*: assessing the integration of diversity in the university's mission of graduate education as well as in the missions and scholarly activities of the School.

The SCGH plan aligns with CGU's Commitment to Diversity, such that common goals include emphasis on faculty diversity and insuring welfare and supporting the academic success of students from underrepresented minorities. In addition, the four previously mentioned inter-related fields for analysis will be utilized at SCGH as well as at the university level. The School recently submitted a draft of its Diversity Strategic Plan to the newly formed, university-wide President's Diversity Council. Upon recommendations from the Council's members, the plan will be refined and acted upon.

1.8.a.3. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the program should also document its commitment to maintaining and using these policies

CGU is committed to creating and nurturing an environment that is characterized by its diversity. The university takes very seriously the valuing of all difference, whether based on race, color, creed, national or ethnic origin, age, sexual orientation, gender, military status, or level of physical and mental ability. Ongoing efforts have been sustained for the consortium wide resources to support student groups through an Office of Black Student Affairs, Office of Latino Student Affairs, and a Queer Resource Center. Multiple efforts have been made in the past three years to make it easier to register for disability services (Appendix: CGU Disability Services Registration) and to receive accommodations (Appendix: Claremont University Consortium SDRC Student Disability Resource Center). Discrimination, harassment, and sexual misconduct are strictly prohibited as defined by federal law.

Furthermore, CGU prohibits retaliation against anyone who reports, complains about, or participates in the investigation of a complaint. Violation of the policy will result in disciplinary action that may include discharge from employment or expulsion. The policy was reviewed and revised in 2015 to ensure compliance as well as establish conformity across the Claremont University Consortium. The policy is scheduled for review again in 2017.

Likewise, the SCGH holds diversity as one of its core value, and regards it as an important element necessary to thrive within an increasingly diverse population. At the same time, the school recognizes the challenges that may emerge across differences, and developed an MPH program that prepares students with a broad set of skills to develop cultural competence. The program seeks to foster an environment that moves beyond tolerance toward greater understanding of the differences that others bring and how these differences enhance the collaborative and practice-based experience of students as they prepare for their careers.

Over the past 10 years, CGU has included in its climate and exit surveys a detailed set of questions to identify the extent to which students experienced and witnessed harassment and discrimination. These responses have been monitored to identify trends or patterns, and identify ways that policies might need to be changed or education improved. Aggregate results are shared by the Office of Institutional Effectiveness with leadership including deans. A student organization, Sister Citizen, was established to create a safe space for female graduate students of African descent. Additionally, the group organizes activities, speakers, and events. Additional commitment to this topic was demonstrated across the consortium through a combined effort to distribute the HEDS Sexual Assault Survey in 2015. Because students and faculty work across the colleges, the synchronized distribution and collaborative reporting was regarded as very important. The Title IX Coordinators also revised the policies and procedures around sexual misconduct (<https://cgu.policystat.com/policy/1314094/latest/>) and developed one place to find options for reporting an incident, options for help, frequently asked questions, and support (<http://7csexualmisconductresources.claremont.edu/support/reporting-an-incident/>). As a result of the survey, CGU discovered opportunities for increased education across campus constituents and this education is underway. Additionally, the EmPower Center was established on the Scripps campus as a place to promote awareness of issues affecting women and around assault, for those across the Claremont consortium. The consortium also encourages community members to download the smartphone application, LiveSafe. The application provides an avenue to communicate directly to the campus police department to report safety concerns as well as notifications, resources, and peer-to-peer safety tools.

1.8.a.4. Policies that support a climate for working and learning in a diverse setting.

The School's Diversity Strategic Plan provides the following relevant strategy and objectives:

Strategy: Create a welcoming climate, working with various student groups and university offices to make available a variety of student resources that emphasize the importance and value of inclusivity.

Objective 1: Create a student group comprised of the School's racial and ethnic minority students and others interested in diversity issues in public health to provide increased awareness of these issues in the greater Claremont community. Activities may include public health awareness education, networking, training and advocacy.

Objective 2: Establish a journal club that focuses on health disparities, inequalities and inequities in order to facilitate increased understanding of the issues and controversies relative to these topics by creating opportunities for students, staff and faculty members. Members of the club will hear from experts in the field; engage in discourse with each other; keep up with the current literature; and develop a community of researchers and scholars.

Objective 3: Regularly publicize and sponsor diversity-themed events such as cultural heritage recognition events, symposiums, and other special programs.

Objective 4: Conduct periodic climate assessment surveys to determine faculty, staff and student views; act appropriately on areas that show need for improvement on negative perceptions.

CGU upholds a basic code of conduct policy to foster an environment that promotes the educational mission of preparing a diverse group of individuals to assume leadership roles in the worldwide community through research, teaching, and practice in selected fields. Students, faculty, and staff are expected to respect the person and property of all constituents as well as the educational and administrative processes and policies of the university. Violation of the basic code of conduct may result in disciplinary action up to and including dismissal. The policy was last revised in 2014 and is scheduled for review in May 2017.

1.8.a.5. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.

The School's Diversity Strategic Plan provides the following relevant strategy and objectives:

Strategy: Develop a curriculum that fosters intercultural and international competencies by offering courses in each concentration that incorporate diversity modules when relevant.

Objective 1: Introduce students to inclusivity and diversity components, impact and ramifications in course lectures and activities.

Objective 2: Expose students to the historical, economic, legal, political, social and global implications of the relationship between women, minorities and public health in at least one course for all concentrations offered in the MPH and PhD programs.

Objective 3: Provide service learning opportunities that build competency in diversity and cultural considerations.

Objective 4: Provide opportunities for students to become involved in research that involves underrepresented groups.

1.8.a.6. Policies and plans to recruit, develop, promote and retain a diverse faculty.

The School's Diversity Strategic Plan provides the following relevant strategy and objectives:

Strategy 1: Actively recruit minority faculty through personal contacts, networking, advertising and appropriate minority media and academic organizations.

Objective 1: Systematically increase the number of minority core and adjunct faculty members.

Strategy 2: Actively recruit female faculty through personal contacts, networking, advertising and appropriate minority media and academic organizations.

Objective 2: Systematically increase the number of female core and adjunct faculty members.

Strategy 3: Improve the success of search processes in identifying and assessing the credentials of women and minority candidates.

Objective 3: Create diverse faculty search committees that Include women and minorities, coupled with charges that include the importance of inclusivity, ensure that the broadest possible pools are sought and considered.

Strategy 4: Further diversify the staff by actively recruiting minority staff members through personal contacts, networking and appropriate organizations.

Objective 4: Systematically increase the number of full-time staff members from minority and/or protected classes.

At the university level, policies and procedures governing the recruitment, development, promotion, and retention of diverse faculty are monitored, revised, and implemented across several embedded mechanisms at Claremont Graduate University (CGU). These are associated with the CGU Faculty Executive Committee and the Claremont University Consortium committee structure.

<https://cgu.policystat.com/policy/1133890/latest/>

The CGU Chair of the Faculty Executive Committee elects faculty members to serve on the Affirmative Action and Diversity Committee (AADC). This Standing Committee is responsible for the oversight of the recruitment and hiring process. Specifically, committee members ensure procedural equity in each search. This is done by training faculty search committee chairpersons in how to conduct wide searches, ways to avoid bias, and how to manage the search process by their committee. The committee reviews the documents that are submitted at each step of the process, and works collaboratively with the school search committee and the Executive Vice President and Provost to ensure that efforts are made to comply with policies and promote diversity. Each faculty member serves a three-year term. One faculty member from SCGH, who belongs to an underrepresented minority group, joined the committee in 2016-2017. The policies are detailed in two documents and are available to the community on the website: Procedure for Faculty Searches: <https://cgu.policystat.com/policy/1578627/latest/> and Guidelines for Diversity Procedures in the Faculty Search Process <https://cgu.policystat.com/policy/1545083/latest/>. A Working Group of Associate Provosts and Associate Deans convene across the Claremont University Consortium monthly to create and implement a plan for faculty development around diversity and inclusion.

1.8.a.7. Policies and plans to recruit, develop, promote and retain a diverse staff.

As members of the Claremont University Consortium, the Associate Vice President of Human Resources attends regular meetings with members across the consortium to ensure that the policies and plans to recruit, develop, promote, and retain a diverse staff are in place. New staff participate in a new hire orientation for a positive and smooth transition. Staff participate in at least two staff meetings annually, where the staff learn about: changes to policies and procedures, decisions made by the Board of Trustees, and other updates for the University.

Staff were encouraged over the past three years to participate in training and development sessions that extended beyond required sexual harassment, supervisory, and data security. Topics included: mindfulness, managing transition, creating a purposeful personal plan, project management, customer service, and handling people with tact and skill. The trainings were well attended and the staff reported learning knowledge and skills that would help with their work. The Associate Dean for Institutional Diversity at Harvey Mudd also provided training for staff around implicit bias, micro-aggressions, and building trust (Appendix: training for faculty and staff). Additionally, the Queer Resource Center for the Claremont University Consortium, regularly provides training for staff about how to be an ally to LGBT students.

The Dean of Students, who is also the Chair of the Diversity and Inclusion Committee, has facilitated the coordination of efforts around diversity and inclusion across students, staff, and faculty. The CGU Diversity and Inclusion Committee Charge and Membership List was included in the resource file. This includes the development of several events for people of color, including students, faculty, and staff. These efforts were expanded fall 2015 as the Executive Leadership team approved an initiative to fund a fellows program. The program submitted a request for proposals in November 2016, asking staff, faculty, and students to participate in several elements, including designing a project or study with a focus on raising awareness about issues faced by underrepresented minority staff, faculty, and students. The fellowship includes a stipend, ongoing meetings for support and development, and a forum to display the project. The application was included in the resource file 1.8 Miscellaneous.

1.8.a.8. Policies and plans to recruit, admit, retain and graduate a diverse student body.

The School's Diversity Strategic Plan provides the following relevant strategy and objectives:

Strategy 1: The Schools shall have student recruitment and admission policies and procedures designed to locate and select qualified individuals capable of taking advantage of the programs' learning activities, which will enable each of them to develop competence for careers in public health and health promotion.

Objective 1: Systematically increase minority student enrollment through recruitment methods that reach a diverse group of students.

Objective 2: Create formal collaborative relationships with undergraduate colleges/universities that serve minority student populations.

Objective 3: Make maximum use of available university-based funds to recruit top-tier minority students.

Strategy 2: Through increased scholarship support, advising, involvement in student organizations and peer tutoring, retain minority students.

Objective 1: Collaborating with minority student support services (i.e., Office of Student Life & Diversity, Minority Mentor Program, International Place of the Claremont Colleges) by featuring them in SCGH orientation materials and attending events.

Objective 2: Keep retention rates in the 90% range for minority students.

Objective 3: Systematically increase the number of minority students who earn a public health degree.

Each year, the Vice President of Student and Enrollment Services has met with the program staff, recruiter, and leadership to review the recruitment plan for the MPH program. The plan has been edited based on the success of previous efforts, opportunities to engage with applicants, and the priorities for enrollment. The team works together to establish a shared vision for the size and composition of the incoming class as well as strategies to retain the diverse student body.

1.8.a.9. Regular evaluation of the effectiveness of the above-listed measures.

The CGU Diversity and Inclusion Committee has established a regular cycle of evaluating data disaggregated by gender and ethnicity for retention (mid-end of the fall semester), climate and satisfaction survey (summer-fall analysis and reporting), and degree completion (fall reporting for the previous year). These data are discussed among the committee members and often presented to additional audiences including deans, in full faculty meetings, in department faculty meetings, with the Graduate Student Council, and the directors of student services programs. Presentations have resulted in changes to improve the reporting format, improve the clarity of survey questions, and add additional comparisons for survey reports. Data are also regularly discussed with the Faculty Executive Committee and the Executive Leadership team as a two-part assessment review function.

Several changes were made to improve the support and resources available for students and staff. Staff expressed interest and participated in workshops around inclusion. Topics covered included implicit bias, micro aggressions, how staff can better recognize when these things are happening, and what to do about them. For students, the Office of Student Life and Diversity was granted its own space; a house. The house is staffed by a director and two student workers, who organized several events around holidays across faiths as well as guest speakers and social opportunities. The minority mentoring program has continued and is currently under review for expansion. The Executive Committee funded the fellowship program with an awareness theme; to provide additional opportunities for the faculty, staff, and students to learn about ways to build campus community and improve communication and dialogue. Finally, the job descriptions for the staff who support international students were evaluated and rewritten in 2016 to better meet student needs.

The campus climate survey was revised to include questions that specifically address diversity and inclusion. Of the 85 students enrolled in spring 2016, 18 students completed the satisfaction and climate survey (21% response rate). The sample was not completely representative of the student population, as there was an over-representation for minority students and people of color (while only 21% of all enrolled students responded, 50% of the URM and 31% of people of color responded). Most students (82%) agreed that students are treated with respect and about two thirds reported that they were comfortable with the climate in the program (65%). Students reported three incidences of harassment regarding age, race, and gender. One other instance of discrimination based in religion was witnessed. One of these events was reported.

When asked about diversity specifically, all students agreed that it enhances the educational experience. Students also agreed that all students are seen as being capable and expected to succeed. The students also agreed that the course offerings reflect the lives, perceptions, and contributions of people from diverse backgrounds and that the students felt comfortable talking about how to address these issues. More than two thirds of the students agreed that the program is doing a good job to help

underrepresented minority students succeed. There were several opportunities uncovered through the survey, as 11 students disagreed or expressed a neutral response about CGU leadership working to create tangible change around diversity and inclusion. Finally, two students indicated that they were subject to racism and that performance standards are not the same for all students, regardless of race and ethnicity.

When asked open-ended questions about the program, several students reported that there is a tight knit community and that students feel comfortable communicating with the faculty and other students. The students went on to identify the faculty as passionate, inspiring, caring about the students, and role models. Another student highlighted the importance of being able to try new things.

Evaluation of policies and plans regarding faculty. The Faculty Executive Committee is responsible for the academic activity of the institution including governing an inclusive and diverse campus. In the last three years, these efforts included regular review and revision of policies, as noted in the bylaws.

Bylaws: <https://cgu.policystat.com/policy/1695455/latest/>

To support the efforts of the AADC and the faculty at large in increasing and retaining a diverse faculty, an expert consultant was contracted (2014-15) to provide individual, small, and large group consultation and training. As a result, a boilerplate job template was created, revisions were made to the hiring process policy, and updates were made to forms. Additionally, Claremont Graduate University created updated resource materials for faculty hiring committees: to guard against implicit bias and cognitive errors, checklists for search committee chairs, vignettes to avoid bystander effects, and resources to mentor new faculty. The document for faculty training was included in the resource file 1.8 Miscellaneous.

CGU is an equal opportunity employer and does not discriminate on the basis of race, color, creed, national or ethnic origin, religion, ancestry, sex, gender identity and expression, age, sexual orientation, physical or mental disability, marital status, or any other basis protected by applicable laws in its employment or hiring practices. CGU is committed to increasing the diversity of the campus community and the curriculum. Candidates who can contribute to that goal are encouraged to identify their strengths and experiences in this area. Applicants who have a demonstrated commitment to issues of diversity and inclusion are particularly encouraged to apply as are individuals who have membership in one or more of the following groups whose underrepresentation in the American professoriate has been severe and longstanding: Alaska Natives, Black/African Americans, Mexican American/Chicanas/Chicanos, Native American Indians, Native Hawaiians and Other Pacific Islander, and Puerto Ricans.

In 2016, a long-standing member of the AADC committee was appointed to the position of Associate Provost. The Associate Provost worked with the Executive Vice President and Provost to revise the AADC forms to improve the process and put into place several recommendations from the expert consultant. This included a more detailed plan from the school about its recruitment strategy, requirements for a diversity philosophy, a place on forms to evaluate the elements of the candidates' diversity philosophy, and an independent survey sent to the applicant pool to evaluate the diversity of the pool, separate from the hiring committee. The plans that have been implemented over the past three years included training, development, and community building events. The committee also created a diversity teaching and mentoring award. Regular events were scheduled and information was disseminated by the Office of Black Student Affairs, Office of Latino Student Affairs, Queer Resource Center, Asian American Student Association, International Student Association, as well as support for Veterans and the

committee facilitated communication about these events. Specifically, the following consortium wide events were offered during this reporting period.

Table 1.8.a.6.2. Claremont University Consortium Events

	Date of Event
39 th Annual International Festival	4/8/2017
Claremont's 7C's Faculty of Color Reception	3/29/2017
Mujer Mariposa: Screening of a Project on the Lives of Refugee Women and Workshop to Explore Themes on Race, Gender, Class and Other Marginalized Entities Through Personal Narrative	3/23/2017
Being Black in White Spaces	2/21/2017
Diversity Fellows Program for Faculty & Staff	Spring 2017
Bowen Lecture Features Jerlando Jackson on "Diversity Prism Imperative"	11/15/2016
Vigil: Acknowledge National Violence and Support Unity Across Consortium	9/6/2016
Diversity Teaching and Mentoring Awards Ceremony and Reception	3/24/2016
How Inclusive Are Our Classrooms? Alumni Across the 7Cs Voice their Experiences	4/15/2015
Reading Working Groups (microaggressions and classroom management)	Spring 2015
Lecture: AC/ACCORD Director, Daniel Solorzano (UCLA): Using the Critical Race Tools of Racial Micro-aggressions to Examine Everyday Racism in Academic Spaces	2/23/2015
Faculty Workshop on Diversity – Berkeley Interactive Theater Troop	8/25-26/2014

The Claremont University Consortium also offers a week-long orientation each summer for new faculty. This session includes socialization to the campus as well as an opportunity to become acquainted with faculty across the consortium, toward better onboarding and networking.

In 2015, a new annual faculty evaluation process was launched. The previous process was revised to enable a three-year rolling look at faculty productivity. Elements of teaching and student engagement received additional emphasis, including involvement of students in faculty research.

Finally, the Executive Vice President and Provost led a committee that conducted a faculty equity study in 2016. The committee was charged with identifying any gender based inequities across the disciplines for faculty across multiple ranks. The study was conducted both to comply with changes in federal law and to evaluate the extent to which CGU faculty salary levels are in range with national and peer comparators (*Conditions of Employment: Gender Wage Differential, October 2015*).

1.8.b. Evidence that shows the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, lists of student experiences demonstrating diverse settings, records and statistics on faculty, staff and student recruitment, admission and retention.

Curriculum. The program incorporates all eight domains of the public health competencies set forth by the Council of Linkages between Academia and Public Health Practice (2009). All students are expected to successfully achieve all of the outcomes, and several address knowledge, skills, and abilities required to successfully practice in a diverse community. While cultural competence is a core competency, it is essential in order for students to master several other competencies completely (e.g., assessing determinants of health and illness, developing a plan to implement a policy or program, communicating in person or electronically, the role of government in delivering community health services, conducting a comprehensive review of scientific evidence related to an issue or concern, and understanding the role of organizational structures on management and financial planning). Understanding the contributions of

culture to health behaviors is paramount. The program also recognizes that community health goals will not be achieved unless the program and community agencies establish and maintain strong relationships, and allow for theory and practice to inform each other.

Courses throughout the curriculum address issues of diversity and are sequenced to scaffold cultural competence. Students gain an understanding about working among diverse populations, build an understanding of issues that affect underrepresented and marginalized groups, are introduced to key elements of community research and education, and learn how to initiate community outreach. The courses listed below are fundamental toward building these skills. Several faculty provided descriptions about how the courses address issues of diversity and inclusion in Table 1.8.b. The description for each course is available on the school website (<https://www.cgu.edu/academics/program/ma-public-health/>) and in the student handbook. Courses including cultural competency training (e.g., course content and teaching philosophy) for the following courses are included in table 1.8b, found in the electronic resource file.

- CGH 300: Theoretical Foundations in Health Promotion & Education (Alan Stacy, Susan Ames)
- CGH 302: Epidemiology (Nicole Gatto)
- CGH 303: Health Services in the US & Abroad (Paul Torrens)
- CGH 304: Environmental and Occupational Health (Nicole Gatto)
- CGH 305: Seminar in Grant Writing & Proposal Development (Andy Johnson)
- CGH 308: Health Program Planning (Kim Reynolds)
- CGH 309: Monitoring & Evaluation of Global Public Health Programs (Nazanin Zargapour)
- CGH 310: Global Health: An Interdisciplinary Approach (Paula Palmer)
- CGH 311: Curriculum and Materials Development (Patty Kwan)
- CGH 314: Chronic and Infectious Disease Epidemiology (Nicole Gatto)
- CGH 317: Ethics, Human Rights and Cultural Diversity (Paula Palmer)
- CGH 318, Management of International Programs and Organizations (Paula Palmer)
- CGH 319: Current Issues in Global Public Health (Paula Palmer)
- CGH 400: Advanced Theoretical Foundations (Kim Reynolds)

Internship Experiences. All MPH students are required to complete a 400-hour supervised internship in a setting involving public health research and/or practice (e.g., community-based organizations; research, clinical and school based settings; federal, state, local and/or international public health agencies). Learning opportunities available through participating agencies include health assessment, program design, intervention, evaluation, policy and advocacy, data management and analysis, and community organization. Students will complete a final report about their experience. Students benefit from a wide array of field study experiences both local and throughout countries of the Pacific Rim, South Asia, and Europe.

A list of sites where students completed internships and service learning was compiled (Table 2.4.1. Internship Organizations and Preceptors). The locations are diverse in geography, by the type of organization, and service provided. Students have engaged in topics as diverse as family planning, community empowerment, AIDS education, wellness, and disease control. Most sites are within a 50-mile radius, but some were in another state or country.

Service and service-learning. Program staff track student-initiated service events and assuring that students may engage in service at the community level, interacting with people of diverse cultures and backgrounds and learning about the challenges facing such groups. Students have organized events including; traveling internationally, participating in inter-field training on the social determinants of

health, working in the foodbanks that serve low-income communities, and supporting health fairs for underrepresented communities. Students have reported that this work is very rewarding and benefits their course work and helps prepare them for working in diverse settings.

Practical placements. Within the MPH Program, the applied experience of the public health internship places students in a variety of settings. Most of our placements provide students with an opportunity to interact with disadvantaged populations. Some of these placements include: Riverside County Public Health Department, where a student conducted a community health assessment to evaluate issues and priorities of the resident population; San Bernardino Department of Public Health, where a student helped coordinate and evaluate the Summer Meals program that is meant to address the food insecurity issues in the county; and Center for Health Justice, where students researched and implemented health programs to benefit transgender youth in-custody. These opportunities provide students with professional experience and exposure to a wide range of populations.

Seminars. Public Health Talks is a seminar series that exposes students to public health issues that affect various populations. Seminars frequently address health equity issues or health issues in disadvantaged or underrepresented populations.

Partnerships and Practical Sites. Students' applied experiences (e.g., internships and service-learning) involve multiple settings outside of the CGU. Organizations like the following expose students to underserved and diverse populations:

- AIDS Project Los Angeles
- Asian Pacific Islander Obesity Prevention Alliance
- City of Ontario
- Center for Health Justice
- Clinicas de Salud Del Pueblo Inc.
- East Valley Community Clinics
- Riverside County Public Health Department
- San Antonio regional Hospital
- San Bernardino Public Health Department
- California Center for Public Health Advocacy
- City of Claremont
- Community Translational Research Institute
- City of Pomona: Day One
- National Alliance for Mental Illness
- Orange County Asian Pacific Islander Community Alliance
- Planned Parenthood of San Bernardino and Orange County
- Reach Out

Student Association Experiences. The Graduate Student Association is a vibrant and active group of students who believe in the mission and organize events to fulfill the vision of the association. The mission is *“to facilitate interdisciplinary student collaboration, to build community and global engagement opportunities and make culturally dynamic contributions to the field of public health.”* The students work toward the mission through several objectives, including community and health interventions as well as staff and faculty partnerships. These are achieved through collaboration among the standing positions including: President, Vice President, Secretary, Treasurer/Fundraising Chair, Public Relations, Events Coordinator, Professional Development Chair & Mentorship Chair(s), and additional positions for a CGU Graduate Student Council Representative as well as a Community Liaison.

In the past few years, the student leaders planned activities to further the vision of the association. The vision is *“to expand and build on current student association platforms to lead the efforts of interdisciplinary public health work by encouraging advocacy, community engagement and leadership opportunities in the Inland Empire and the greater Los Angeles area. International leaders and global health advocates will always be supported, encouraged and developed throughout our efforts as well.”* The students reported that the experiences enhanced their leadership and advocacy skills as well as increased their engagement with their own program and the surrounding communities. The association has also increased communication among its members through social media platforms. A sample of projects included: (1) American Cancer Society’s Relay for Life (15 members); (2) City of Claremont Annual Meeting for Sustainable Claremont; (3) Meeting with the Mayor of Claremont (6 student board members); (4) Pacific Islander Festival (12 volunteers); (5) Reach Out, Upland toy drive (4 student board members); and (6) National Alliance for Mental Illness (NAMI) (10 students).

Recruitment. The MPH program met each of the objectives stated under the overarching goal of recruiting a qualified and diverse student body (Table 1.1.a.). Minority recruitment events were targeted, at least 50% of all students accepted for each cohort were minority students, and at least 50% were women. Additionally, more than 10% of students accepted had an international citizenship status and more than 25% had previous public health experience. The Diversity Forum that the recruiter attended in November yielded several applicants who converted to enrolled students. The full recruitment action plan and activities were evaluated and a report was completed. Both the plan and the report were provided in the resource file.

Retention and Graduation. Student success measures included satisfaction, retention, and completion. For the cohorts that began in 2009-10 and 2010-11, all students completed the program within a five-year timeframe. Within year three of five, five students were still active and these students identified across race and ethnicity categories. In an attrition study concluded in fall 2016, five students who were enrolled in 2015 did not return in 2016. One of these students (a Black/African American woman) did not complete units for any courses. Another student (a dual degree, Asian male), left the institution with a master’s degree in policy. An international student left with only four units completed. The remaining students were a Hispanic, who had a stop out and an Asian, whose reason for withdrawal is unknown. The Office of Institutional Effectiveness and the CGU Retention Committee will continue to monitor the disaggregated attrition and retention data.

1.8.c. Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.

The SCGH Diversity Strategic Plan was modeled on the CGU diversity plan, which has an overarching structure to support and inform school plans. Created in 2005, the CGU plan presented a framework for diversity characterized by six elements: (1) our mission; (2) access and success; (3) climate and intergroup relations; (4) education and scholarship; (5) institutional viability and vitality; (6) reporting and action. When the plan was revised in 2013, the diversity plan provided a more focused effort around two goals: (1) increase faculty diversity and (2) reduce the gap in student success, with a focus on URM students. The Presidents’ Diversity Council and the Student Success Task Force supported the creation of objectives, action items, and metrics. Building upon the CGU diversity plan, the SCGH plan was created by the MPH Program Director, along with input by other faculty, staff and a student in 2013. The plan was reviewed in an annual faculty retreat later that year. The former Director of local MPH program –and an expert in health promotion in multicultural populations – also reviewed the draft plan

and provided feedback which was included in the final version. The SCGH diversity plan was circulated to other parts of the university as a template.

1.8.d. Description of how the plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed.

SCGH faculty are committed to the maintenance and continuous improvement of the Diversity Strategic Plan and related materials. In this capacity, the faculty monitor the outcomes of the plan on an annual basis. The type of outputs and outcomes described in the plan take time to develop, and efforts may require a few years to take root in organizational change. For these reasons, the plan itself is slated for revision on a 5-8 year cycle.

1.8.e. Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Data Template 1.8.1. At a minimum, the program must include four objectives, at least two of which relate to race/ethnicity. For non-US-based institutions of higher education, matters regarding the feasibility of race/ethnicity reporting will be handled on a case-by-case basis. Measurable objectives must align with the program's definition of under-represented populations in Criterion 1.8.a.

Table 1.8.e. provides the self-identified outcome measures required. Measurable objectives regarding these outcomes include:

Objective 1: More than 25% of admitted students will come from underrepresented minority populations

Objective 2: More than 60% of admitted students will be female

Objective 3: More than 5% of admitted students are international

Objective 4: More than 25% of faculty hires are female

Objective 5: More than 15% of faculty hires are from Under-Represented Minority/Asian populations

Note: The University follows the Equal Employment Opportunity Commission (EEOC) guidelines but does not uphold any targets/objectives for staff diversity. Due to the very diverse surrounding community, CGU's Human Resources office evaluates the EEOC (including analysis of the qualifications and diversity of the pool) so that highly diverse pools are generated for staff positions. There are no additional recruitment efforts focused on staff hires.

Table 1.8.e. Summary Trend Data on Key Goals for Faculty, Students, and Staff

Category/Definition	Method of Collection	Data Source	Target	2013-14	2014-15	2015-16
Student: URM	Self-Report	Admission Form	> 25%	32%	25%	25%
Student: Female	Self-Report	Admission Form	>60%	71%	71%	70%
Student: International	Self-Report	Admission Form	>5%	6%	10%	14%
Faculty: Female	Self-Report	Hiring Form	>25%	30%	33%	40%
Faculty: URM and Asian	Self-Report	Hiring Form	>15%	33%	22%	20%

1.8. f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

- The curriculum and co-curriculum are designed to introduce and reinforce the knowledge and skills that students will need to become competent and culturally sensitive health care practitioners and providers. The internships, activities, and other opportunities provided through the co-curriculum facilitate student learning and can cultivate a deep appreciation for these skills in practice.
- Students are further encouraged to engage in social action through the very active student association. The student governance opportunities and mixture of social and academic activities further strengthens the student community and provides opportunities for students to understand the differences among themselves.
- Faculty conduct funded research that focuses on issues that impact underrepresented and marginalized communities. The diverse range of topics from decreasing smoking behavior in Native Hawaiian and Pacific Islander communities to increasing organ donation of Latino populations, faculty are putting into practice what they are teaching in the classroom. Further, the faculty integrate students into the research and model, from application to grant completion, how diversity and inclusion related topics influence each phase.
- In 2015-2016, an external review was conducted by the *National Council of University Research Administrators* (NCURA) to evaluate the research enterprise at CGU. The faculty reported and the team found that there was support for the identification of and application for federally funded grants of interest to SCGH faculty. SCGH research faculty have been successful in obtaining NIH and foundation grant funding for projects that include co-investigators and participants from URM. In addition, the faculty have secured supplemental funding (attached to their grants) for ethnic minority students and staff.
- In 2016, the Claremont University Consortium developed a diversity and inclusion award program to recognize faculty who model excellence in mentoring and teaching. While diversity and inclusion have been recognized as important values both at CGU and SCGH, there are no specific award programs or aspects of the promotion and tenure process that specifically speak to this. In 2016, the executive leadership approved a diversity and

inclusion fellows program. The 15 fellows are currently developing 4 approved projects that will increase awareness of diversity and inclusion related resources on campus, criteria to enhance the use of an inclusion lens for curricular development and when reviewing policy and making decisions, creating a symbol for diversity related projects and perspectives, and documenting best practices across campus. Each fellow will receive a stipend.

- The Office of Student Life, Diversity, and Leadership was expanded and became significantly more active this year.
- The Office of Alumni Engagement is launching a Mentoring initiative including a software program to enhance mentoring across alumni, students, faculty, and staff.

Weaknesses

- Increasing faculty diversity is an ongoing challenge that requires continued attention and continuous improvement of policies and practices. The Affirmative Action and Diversity Committee has received training from an outside expert and this training will continue. Revisions to forms and clarification of expectations has resulted in a more consistent faculty recruitment and hiring process, toward promoting and retaining a diverse faculty. Finally, the coordination of support across CGU and the Claremont University Consortium can provide support for faculty, toward building community and increasing retention.

Plans

- We plan to increase faculty diversity (racial/ethnic; LGBTQ, etc.) with new hires. The SCGH plans to expand its faculty over the few years, and will earnestly pursue candidates from diverse and URM backgrounds. This will be accomplished through outreach with our established academic and alumni networks, strategic placement of print ads, and contact with professional organizations.
- There needs to be increased recognition of diversity-promoting actions. Establishing criteria for faculty evaluation, promotion, and tenure that recognizes model teaching, research, and service related to promoting and understanding the multiple facets of diversity, including but not limited to community-based, health disparities, and social justice content and/or activities will address a current weakness.
- We plan to work with our recruiter to increase the number of URM enrollments. To enhance prospective student interest, we will develop a protocol comprising in-person, phone, or email contact with a faculty member, in addition to establishing contact with current students. Formalizing student activities that support and celebrate diversity will be a priority. This will involve: (1) Creating a student group comprised of the School's racial and ethnic minority students and others interested in diversity issues in public health to provide increased awareness of these issues in the greater Claremont community. Activities may include public health awareness education, networking, training and advocacy and (2) Establishing a journal club that focuses on health disparities, inequalities and inequities to facilitate increased understanding of the issues and controversies relative to these topics by creating opportunities for students, staff and faculty members. Members of the club will hear from experts in the field; engage in discourse with each other; keep up with the current literature; and develop a community of researchers and scholars.
- Regularly publicizing and sponsoring diversity-themed events such as cultural heritage recognition events, symposiums, and other special programs.
- We plan to establish an annual meeting to review progress, successes, shortcomings, and proposed revisions to the SCGH Diversity Strategic Plan.

2.0



The administrative offices of CGU School of Community and Global Health are located 1.3 miles from the CGU Main campus on Foothill Boulevard in which is a part of the historic U.S. Route 66. The SCGH administrative offices houses the offices of faculty and staff, two conference rooms, student workstations and a student lounge.

Instructional Programs

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CRITERION 2.0 INSTRUCTIONAL PROGRAMS

CRITERION 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 masters 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.

- 2.1.a. Instructional matrix presenting all of the program's degree programs and areas of specialization, including bachelor's, master's and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees for all graduate degrees offered and should identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix. See *CEPH Data Template 2.1.1*.

Instructional Matrix

SCGH offers two professional degrees: The Master of Public Health (MPH) and the Doctorate of Public Health (DrPH) as illustrated in Table 2.1.a. The MPH program provides an opportunity for students to specialize in one of three concentrations: (1) Health Promotion, Education & Evaluation; (2) Applied Biostatistics & Epidemiology; and (3) Leadership & Management. All concentrations reflect fundamentals of global health along with concentration specific competencies students are expected to master. The DrPH program has a focus in leadership and management.

SCGH has established dual degree programs with two schools within CGU and the undergraduate colleges of the Claremont Consortium. The MBA/MPH program is jointly administered with the Drucker School of Management (Drucker); the MA (Applied Psychology)/MPH is jointly administered with the School of Social Sciences, Policy & Economics (SSSPE). The Bachelors/MPH program offers qualified students from the undergraduate Claremont Colleges the opportunity to work simultaneously toward their undergraduate degree in any major along with the MPH degree. SCGH has a research PhD program in Health Promotion Sciences, but this degree program is not considered in the unit of CEPH accreditation (similar to the previous accreditation cycle.) No bachelor's degrees are offered at this time.

Table 2.1.a. Instructional Matrix – Degree/Specialization

	Academic	Professional
Master's Degrees		
MPH – Health Promotion, Education & Evaluation		X
MPH – Applied Biostatistics & Epidemiology		X
MPH – Leadership & Management		X
Doctoral Degrees		
Doctor of Public Health – Leadership & Management		X
Joint Degrees		
MPH/MBA		X
MPH/MA (Applied Psychology)		X
Bachelor's/MPH		X

- 2.1.b. The bulletin or other official publication, which describes all degree programs listed in the instructional matrix, including a list of required courses and their course descriptions. The bulletin or other official publication may be online, which appropriate links noted.**

University Bulletin

A copy of the university's *Bulletin* which illustrates the MPH and DrPH program curriculum is available in the on-site resource file 2.1.b.(1). The requirements for the degree, including the available concentrations are identified below. Course descriptions are available in the on-site resource file 2.1.b.(2).

Table 2.1.b.(1). MPH Curriculum by Concentration

<i>Core Requirements for the MPH Degree</i>		
<u>Course Number</u>	<u>Course Title</u>	<u>28 units</u>
CGH 300	Theoretical Foundations in Health Promotion & Education	4
CGH 301	Biostatistics	4
CGH 302	Epidemiology	4
CGH 303	Health Services in the US and Abroad	4
CGH 304	Environmental and Occupational Health	4
CGH 305	Seminar in Grant Writing & Proposal Development	4
CGH 306	Supervised Field Training in Public Health	4
CGH 307	Public Health Capstone	0
<i>Concentration 1: Health Promotion, Education & Evaluation</i>		
<u>Course Number</u>	<u>Course Title</u>	<u>16 units</u>
CGH 308	Foundations of Program Planning	4
CGH 309	Monitoring & Evaluation of Global Public Health Programs	4
CGH 310	Global Health: An Interdisciplinary Approach	4
CGH 311	Curriculum & Materials Development	4
<i>One additional graduate level course</i>		<i>4 units</i>
<i>Concentration 2: Applied Biostatistics & Epidemiology</i>		
<u>Course Number</u>	<u>Course Title</u>	<u>16 units</u>
CGH 312	Data Analysis (SAS)	4
CGH 313	Research Methods	4
CGH 314	Emerging Chronic & Infectious Diseases Worldwide	4
CGH 315	Health Geoinformatics	4
<i>One additional graduate level course</i>		<i>4 units</i>
<i>Concentration 3: Leadership & Management</i>		
<u>Course Number</u>	<u>Course Title</u>	<u>16 units</u>
CGH 316	Public Health Leadership for the 21 st Century	4
CGH 317	Ethics, Human Rights & Cultural Diversity	4
CGH 318	Management of Global Health Programs & Organizations	4
CGH 319	Current Issues in Global Public Health Practice	4
<i>One additional graduate level course</i>		<i>4</i>

Table 2.1.b.(2). DrPH Curriculum

<i>Core Requirements for the DrPH Degree</i>		
<u>Course Number</u>	<u>Course Title</u>	<u>56 units</u>
CGH 308	Foundations of Program Planning	4
CGH 309	Monitoring & Evaluation of Global Public Health Programs	4
CGH 310	Foundations of Global Health: An Interdisciplinary Approach	4
CGH 313	Research Methods	4
CGH 316	Public Health Leadership in the 21 st Century	4
CGH 317	Ethics, Human Rights & Cultural Diversity	4
CGH 318	Management of Global Health Programs & Organizations	4
MGT 345	Organizational Behavior & Theory	4
PP 330	Public Policy Process	4
PP 331	Policy Evaluation	4
CGH 400	Advanced Theoretical Foundations of Health Promotion	4
CGH 401	Advanced Statistical Analysis	4
CGH 402	Advanced Research Methods	4
<i>Minor Requirements for the DrPH Degree</i>		<u>12 units</u>
Students select a complementary set of courses outside CGH which comprise a minor. Options include courses in Management, Evaluation, Applied Women's Studies, Information Systems & Technology, Economics or Public Policy.		
<i>Transdisciplinary Course Requirement for the DrPH Degree</i>		<u>4 units</u>
Every doctoral student at CGU is required to complete the transdisciplinary (a.k.a. T-Course) during the first 48 units of coursework at CGU. This course is an advanced intensive experience that prepares doctoral students for high-level discourse, research, and inquiry and provides practical experience working with colleagues in different fields. The course will count as 4 of the regular 72 units towards the degree.		
<i>Culminating Course Requirement for the DrPH Degree</i>		<u>4 units</u>
Students register for these courses upon completion of core and minor requirements.		
CGH 305	Seminar in Grant Writing & Proposal Development	4
CGH 406	Advanced Practicum in Public Health	0
CGH 499	Doctoral Study	0

2.1.c. . Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Assessment of Criterion

This criterion is met.

Strengths

- The program curriculum offers a wide range of courses and features training in the fundamental principles of global health along with traditional areas of specialty in public health.
- The addition of an elective requirement allows students to tailor their course of study to meet their individual needs.

Weaknesses

- The MPH concentration in health informatics developed with the Center of Information Systems and Technology has witnessed historically low student enrollment and faculty complement. The concentration is currently suspended.

Plans

- The combination of an MPH with another professional degree results in public health professionals who can work effectively across disciplines and improve population health. Discussions are underway to expand our dual degree options to the PharmD offered through Keck Graduate Institute, the 7th college of the Claremont Consortium and the MD program offered through Western College of Health Sciences in the neighboring city of Pomona.

CRITERION 2.2. PROGRAM LENGTH

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

2.2.a. Definition of a credit with regard to classroom/contact hours.

Definition of Credit

Credit hours refer to the units or credits earned by a student for the successful completion of a course at CGU. These are the units recorded on the student's official transcript and the same units that are counted toward degree requirements or qualifications for certificates.

The standard for credit hours is set by federal regulations governing eligibility for and the disbursement of financial aid. 34 CFR Section 668.2 refers to 12 semester hours for institutions that measure progress in credit hours and use a standard semester term. Standards are essentially the same for graduate and undergraduate education since the two are differentiated by the level of study and not the number of hours devoted to study.

For CGU courses, a single unit or credit is determined by 10.5 hours of direct instructor contact in a classroom activity per unit. When creating and scheduling courses, programs ensure that scheduled class meeting times meet or exceed the following requirements based upon the 10.5 hours per unit rule. A standard semester at CGU is 16 weeks in the fall and spring.

Table 2.2.a. Summary of Credit and Contact Hours

Units Earned by the Course	Hours of Class Meetings	Minutes of Class Meetings
1.0	10.5	630
2.0	21.0	1260
3.0	31.5	1890
4.0	42.0	2520

MPH and DrPH courses are 4 units except for the MPH Capstone (CGH 307) and DrPH Advanced Practicum (CGH 406) which are zero units. Doctoral students completing their dissertation enroll in CGH 499, doctoral study, a non-unit course. MPH students completing courses with an incomplete enroll in CGH 400m to maintain their student status.

2.2.b. Information about the minimum degree requirements for all professional degree curricula shown in the instructional matrix. If the program or university uses a unit of academic credit or an academic term different than the standard semester or quarter, this should be explained and an equivalency presented in a table or narrative.

Minimum Degree Requirements

The MPH program requirements are listed in section 2.1.b(1). Students must complete a minimum of 48 semester units, including an internship and capstone course. From the time of a student's first enrollment at CGU, they are permitted five years to complete a master's degree. The MPH program is designed to be completed in two years of full-time study. Both full and part-time study is permitted.

The DrPH program requirements are listed in section 2.1.b(2). Students must complete a minimum of 72 semester units, which includes a mandatory 4-unit transdisciplinary course, 0-unit advanced practicum, one research tool requirement (completion of CGH 402, Advanced Research Methods), a qualifying exam and dissertation. Maximum time to degree is seven years. The DrPH program may span four to five years, depending the amount of transfer units taken from previous graduate degree(s) and whether the students pursue full (8 units) or part-time (<8 units) study.

2.2.c. Information about the number of professional public health master's degrees awarded for fewer than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

No degrees are awarded for less than 42 semester credits that are part of a dual degree/credit sharing degree.

2.2.d. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Assessment of Criterion

This criterion is met.

Strengths

- At 48 units, the stand-alone MPH program exceeds the minimum number of semester units required by 6 credits.
- The DrPH program requires more than 36 units post master's degree and non-unit earning advanced integrative experiences (advanced practicum and dissertation).
- Any modifications to the MPH program requirements (i.e., course substitutions or transfers) are recorded and justified based upon alignment with MPH competencies.

Weaknesses

- None

Plans

- Our plan is to maintain careful oversight of the sharing of credit hours between programs in the dual degree options to assure that students attain adequate depth in public health while achieving efficiency in the completion of the two degrees.

CRITERION 2.3. PUBLIC HEALTH CORE KNOWLEDGE

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

2.3.a. Identification of the means by which the program assures that all graduate professional public health degree students have fundamental competence in the areas of knowledge basic to public health. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each. See CEPH Data Template 2.3.1.

Assurance of Core Knowledge

All MPH students are required to take the same five core courses in addition to courses of their selected concentration. The core MPH courses comprise 20 of the 48 units required for the program. Identification of the means by which the program ensures that all students have fundamental competence in the areas of knowledge basic to public health is illustrated in table 2.3.a below.

Table 2.3.a. Required Courses Addressing Public Health Core Knowledge Areas for the MPH Degree

Core Knowledge Areas	Course Number	Course Title	Course Description	Units
Biostatistics ¹	CGH 301	Biostatistics <i>Offered: Fall</i>	Students are trained in the most commonly used statistical methods in clinical and experimental research. Students learn to select the most appropriate data analytic methods; how to apply these methods to actual data; and how to read and interpret computer output from commonly used statistical packages. In addition, the students learn to read, critique and interpret statistical concepts in the health science literature.	4
Epidemiology	CGH 302	Epidemiology <i>Offered: Fall</i>	This course provides an overview of the causes, distribution, and control of disease in populations. Students are provided with the skills and knowledge to investigate the epidemiology of a specific disease or other health-related phenomenon and to critically evaluate population-based research studies designed to test health-related hypotheses.	4
Environmental Health Sciences	CGH 304	Environmental & Occupational Health <i>Offered: Spring</i>	This course provides a broad overview of the field of environmental and occupational health, developing a public health approach to understanding and preventing disease and disability. Students apply the principles of the biological impact pathway and environmental epidemiology to environmental and occupational health issues. Students analyze the exposure-disease continuums and disease prevention. Emphasis is placed on learning and using concepts related to the sources and behavioral determinants of exposure, the social behavioral, Physiological and genetic basis of sensitivity, and dose-response relationships.	4

Table 2.3.a. Required Courses Addressing Public Health Core Knowledge Areas for the MPH Degree

Core Knowledge Areas	Course Number	Course Title	Course Description	Units
Social & Behavioral Sciences	CGH 300	Theoretical Foundations of Health Education & Promotion <i>Offered: Fall/Spring</i>	This course provides an opportunity for students to explore the theoretical issues and current methodologies related to understanding and influencing health behavior change in diverse populations. The course will focus on the social and behavioral determinants of health on the individual, interpersonal, community, institutional and policy levels. The course features guest appearances by representatives from community-based organizations who relate course material to current challenges in public health practice.	4
Health Services Administration	CGH 303	Health Services in the U.S. and Abroad <i>Offered: Spring</i>	This course examines the health care delivery system to understand contemporary issues affecting the health of the American and International public and the institutions that provide health services and protect health. The course includes the historical development of various health care systems, determinants of health and health care utilization, the role of health care providers, health policy and politics, health care financing, public health, and the interactions of various components of the systems. The class emphasizes how institutions within the health care delivery system affect public health including planning, organization, administration, evaluation and policy analysis.	4

¹ Students may opt to complete a higher-level Biostatistics class, CGH 401: Advanced Statistical Methods

In addition to acquiring knowledge basic to public health, all students are required to take a grant writing seminar (CGH 305-4 units), supervised field training experience (CGH 306-4 units), and a public health capstone course (CGH 307-0 units) for a total of eight additional units.

MPH faculty use a multitude of educational methods to ensure that students master the MPH core competencies emphasized in these areas: lecture, class discussion, small-group discussion, case studies, guest speakers, written individual and group projects, analysis, presentations, final exams, research papers, and community field work. These diverse methods of assessment allow MPH program faculty to train students in the many methods of communication and work required in a public health career. It also allows students who may struggle with one form of assessment to excel in another. Importantly, it provides a range of methods to evaluate the performance of its students. Naturally, different courses lend themselves to different assessment methods, with some courses preferring one type to another.

In addition to completing required and elective coursework, many MPH students elect to participate in faculty research projects, either as a paid research assistant or by enrolling in a directed research section (CGH 390) supervised by a faculty member. These opportunities provide for close personal mentoring between faculty and students, establishing trusting and educational experiences for students where they further explore and appreciate public health theory and methods. A directed research course is typically used as an elective. To enroll in a section of directed research, students must complete the University's enrollment form and a learning contract, approved by the instructor and MPH program director.

DrPH students generally enter the doctoral program with an MPH and have therefore previously taken coursework in the core knowledge areas. If a student enters with a master's degree in related area, the student's previous coursework is reviewed to determine what core areas must be addressed as co-requisites (i.e., early during their career in the DrPH program, the student takes the necessary MPH core courses if any Public Health Core Knowledge areas not explicitly covered at the graduate level in their prior training). Units from core MPH courses do not count towards the requirements of the DrPH program. Currently, there is one DrPH student who was admitted with a master in women studies. She is currently completing the core MPH courses prior to the DrPH courses.

2.3.b. Assessment of the extent to which this criterion is met.

Assessment of Criterion

This criterion is met.

Strengths

- Coursework in the general public health areas are included within the curriculum, and are required of all MPH students, regardless of area of specialization.
- Multiple learning experiences are employed and the opportunity for students to engage in faculty research projects allows for substantial integration of theory and practice.
- All substitutions to MPH coursework are logged and justified by alignment of MPH student competencies.
- There is a policy in place for DrPH students to ensure they acquire the core public health knowledge.

Weaknesses

- None

Plans

- None

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CRITERION 2.4. PRACTICAL SKILLS

All graduate professional public health 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.

2.4.a. Description of the program's policies and procedures regarding practice placements, including the following: a) selection of sites; b) methods for approving preceptors; c) opportunities for orientation and support for preceptors; d) approaches for faculty supervision of students; e) means of evaluating student performance; f) means of evaluating practice placement and preceptor qualifications; g) criteria for waiving, altering or reducing the experience, if applicable.

An integral part of the MPH and DrPH programs is a structured and supervised field training experience with an approved agency for which students receive academic credit. As a working partnership between students and public health agencies, the field training experience offers students a rotation through an area of public health practice in a county, state, federal or community-based agency. The overall goal of the field training is to further students' practical experience while enhancing the work of public health. Through field training hours and associated course requirements, students demonstrate an integration of coursework into a real-world setting, preparing them for professional careers in public health.

All MPH and DrPH students are required to complete a supervised field experience in a setting involving public health practice (e.g., community-based organizations; clinical and school based settings; federal, state, local public health agencies). Learning opportunities available through participating agencies include health assessment, program design, intervention, evaluation, policy and advocacy, data management and analysis, and community organization.

MPH SUPERVISED FIELD TRAINING EXPERIENCE

The internship requirement can be completed in any semester, but students must have a strong preparation in core public health knowledge as well as that characteristic of their area of specialization. That is, to be eligible to enroll in Supervised Field Training in Public Health (CGH 306), students must have completed all coursework (exclusively of the general elective requirement) or be in their final semester of degree completion. This ensures that students are adequately prepared to assume the duties required of their placement. In doing so, both the student and the agency receive the maximum benefit from this experience. Students must also attend an orientation session and gain approval from the faculty supervisor (MPH program director and CGH 306 course instructor) and the staff coordinator (program manager).

No complete waivers of these requirements are given. In some instances, due to documented prior public health experience which addresses public health competencies, the hours may be reduced from 400 to 200. More elaboration regarding the waiver criteria and procedures is featured in section 2.4.c.

Once students have met the eligibility criteria, they complete a ***Student Interest*** form and schedule an appointment with the staff coordinator to discuss strategies for securing a placement. This form assists the coordinator in guiding students to appropriate placements and determines a schedule for registration. Upon selection of an internship site, the preceptor (if new to the internship program) receives a welcoming letter and packet which includes the internship handbook, preceptor manual,

affiliation forms and copy of the field training syllabus. Prior to placement, the student attends an orientation session where the faculty supervisor and staff coordinator reviews the forms to be completed. Students sign a **Legal Form** and provide a copy of their health insurance card. A second form, the **Release for International/ Domestic Travel** may also be applicable for students completing the internship outside the state or country. Students also receive instructions from the program coordinator concerning the completion of **Learning Contract**. The faculty supervisor and program coordinator must approve the host site and learning contract. The contract, which is signed by the student, preceptor and faculty supervisor, includes a scope of work and selected competencies to be addressed by student's individual experience.

The supervised field training course is a 4-credit requirement. The objectives of the course are designed to provide students with the following opportunities:

- Introduce the role of community health and social service agencies in the community setting
- Expand the understanding of organizational and policies issues, administration, research, funding mechanisms, program activities, and challenges faced by organizations addressing community health issues
- Apply and test public health concepts and theories in a practice setting
- Improve communication and professional skills through on-the-job training
- Contribute to the identification and analysis of community health problems
- Assume leadership roles and responsibilities for the design, implementation and/or evaluation of public health programs

At a minimum, the experience consists of 400 hours of field experience at a pre-approved host site. Prior to logging hours, the faculty supervisor meets with students individually to review the following requirements:

- Biweekly logbook (i.e., time card) documenting hours
- Reflective journals
- Mid-point review discussion questions
- Poster presentation to faculty, staff, students and preceptors that chronicles their experience
- Self-evaluation of the internship

Once all documents have been submitted, the faculty supervisor provides a mark of "S", which includes satisfactory completion of these requirements. Students must receive a grade of a "B" or better to receive a satisfactory mark. All students must present their poster.

DrPH ADVANCED PRACTICUM

All DrPH students must engage in a minimum of 240 hours of field training and enroll in the accompanying course, CGH 406, Advanced Practicum in Public Health. The field work experience emphasizes leadership skills and the core DrPH competencies. Students are advised to begin their practicum after all coursework. The DrPH program director serves as the faculty supervisor and instructor for the course. Both the faculty advisor and community preceptor support the student in the development of the **Learning Contract**, implementation of the experience and completion of the scope of work. Similar to the MPH internship, students develop project goals and objectives that are

appropriate for each individual student's academic and career goals, highlighting the advanced skills and knowledge and providing evidence of achieving the competencies associated with their DrPH degree.

The advanced practicum course is a 0-credit requirement. The objectives of the course are designed to provide students with the following opportunities:

- Demonstrate mastery of evidence-based public health decision-making
- Expand the breadth of abilities to translate empirical knowledge into effective public health practice
- Advance leadership, independence, and originality in a project with significant public health impact
- Reinforce the role of community health and social service agencies in the community setting
- Expand the depth of understanding of organizational and policies issues, administration, research, funding mechanisms, program activities, and challenges faced by organizations addressing community health issues
- Further the application and testing of public health concepts and theories in a practice setting
- Strengthen communication and professional skills through on-the-job training
- Spearhead the identification and analysis of community health problems
- Assume lead roles and responsibilities for the design, implementation and/or evaluation of public health programs

Prior to logging hours, the faculty supervisor meets with students individually to review the following requirements:

- Mid-point check-in discussion questions
- Written report which may take one of three formats: (1) Empirical or review paper; (2) designated work product developed at the host site or (3) detailed description and evaluation of practicum experience and project
- Oral presentation
- Self-evaluation of experience

2.4.a.1. Selection of Sites

Sites available for field training are chosen with the goal of integrating the student's academic coursework into real world experiences to prepare students for a promising public health career. Students hone professional skills in a public health setting while also contributing to the mission of the organization. Site assignments are made in collaboration with the facility, the faculty supervisors and staff coordinator, and are based on the student's specific field of study. Host sites may be considered by CGU faculty/staff who invite them to apply for participation, or the site may contact CGU directly. The staff coordinator conducts regular outreach to identify qualified sites. Local, national and international sites are considered. Students may identify their own sites or select one from the approved list. The program also encourages applications from current and former employers of MPH students. A list of field placement organizations and preceptors can be found in Resource file 2.4.2.

It is the policy of the program to allow students to conduct their internship at their current place of employment only if two conditions are met: (1) the assignment (scope of work) is above and beyond the

student's regular work commitment and (2) the tasks relate to the attainment of MPH/DrPH competencies.

All sites go through the same approval process to ensure they meet the standard for field training. To qualify as an approved site, the agency must possess sufficient interest and resources to accommodate a student, which includes a commitment to the following conditions:

- Offer a comprehensive range of public health experiences with exposure to diverse populations and systems (if appropriate) that relate to core public health activities as well as specialty areas supported by the program;
- Provide a setting where the student and field supervisor can work collaboratively to create a positive learning experience, and adequate resources for students to complete the required work; and
- Assign a qualified employee to serve as the student's field supervisor
- Provide an evaluation of the student's experience

2.4.a.2. Methods for Approving Preceptors

The selection of preceptors within sites is based upon their academic credentials, area of expertise and a willingness to provide the student with adequate supervision and mentorship. Preceptors who possesses any of the following academic credentials: MPH, PhD (Public Health) or DrPH are eligible. Individuals who have previous work experience in public health and have related graduate degrees (MD, DO, RN, NP, MSW, MEd), or the equivalent professional preparation as deemed by the faculty supervisor are also considered.

In addition to outside agencies, a faculty member may also serve as a preceptor if an appropriate project is identified. A community-based project in which the faculty member directs may involve activities focused on intervention design, implementation, or evaluation, study coordination, data management/analysis, and community outreach. The faculty supervisor works with the proposed faculty member preceptor to ensure that each student's work/research is focused within the student's concentration and competencies.

Interested agencies must submit *an **Agency Application***, and a contractual agreement known as the ***Internship Affiliation Agreement***, along with a resume of the proposed supervisor to verify his/her qualifications. Internship placements within the Claremont University Consortium must meet the same standards as outside agencies, but are not required to submit the contractual legal agreement. Once the agency paperwork is received and approved by the Provost office, the site is included among those available for student placement.

2.4.a.3. Preceptor Orientation and Support

All preceptors are provided with an information packet. (Resource file 2.4.a.1). The hardcopy or e-mail documents include a welcome letter, MPH/DrPH field training handbook, syllabi for the accompanying course, (CGH 306 or CGH 406), field supervisor evaluation form, and a preceptor handbook. At times, the field coordinator or faculty supervisor will schedule a one-on-one meeting with new preceptors to discuss the host site affiliation agreement/agency application, student learning contract, expectations and requirements. All preceptors have access to the team via phone or e-mail for support during the affiliation or placement process.

2.4.a.4. Faculty Supervision and Students Evaluation

The respective program director is responsible for the general oversight of the internship/advanced practicum requirements and accompanying courses, which includes the supervision of students and site preceptors.

For MPH students, faculty supervision and evaluation of students is accomplished through the student's biweekly logbook (time cards) documenting the hours worked as well as the submission of reflective journals and responses to mid-point check-in questions. Journal assignments include the following content:

1. Description of activities conducted during the 100 and 300 hour intervals
2. Discussion of progress toward project objectives outlined in the learning contract
3. Reflective observations of the experience. Each journal must include at least three of the following topics:
 - *Challenging previous thinking and/or knowledge:*
Reflect on what you previously thought about a situation, issue, and/or problem and compare what you are learning versus doing in your internship.
 - *Evidence of actual learning/skill development*
Discuss the learning that is occurring in the internship. Provide detail on what you are acquiring and/or sharpening in terms of skills and competencies.
 - *Theory vs. Practice*
What experiences are related to or different from the concepts you have learned in the classroom? Discuss to what extent theory is utilized or could be.
 - *Professional Development*
Describe scenarios which require the consideration of ethics and the use of judgment.
 - *Relationship with the preceptor and other staff*
Describe the role of your field supervisor and the way in which you interact with him/her as well as other staff. Comment on the management/leadership styles you see exhibited.
 - *Your place in the organization*
Provide insight into how the organization sees the intern and the internship process.

The instructors of the MPH internship and DrPH practicum evaluate the journals to be certain the required topics and included, provide comments, ask for further clarification. If inadequate, instructors will request that journals be resubmitted if the format is not followed or if there are vague/missing responses. Journals are graded as "pass" or "re-submit. Instructors count hours listed in the time log books (time cards) to be certain the required number has been completed.

MPH students are also required to formally check-in with the instructor half-way through their internship experience. Students respond to the following questions for a midpoint check-in (at 200 hours for a 400 hour internship and at 100 hours for a 200 hour internship). Mid-point check-in questions include the following:

1. What are your perceptions of the internship experience so far?
2. What are some of your strengths and weaknesses that relate specifically to your experience?

3. What have you enjoyed most about your internship experience so far?
4. Do you have any problems, concerns or frustrations you would like to discuss?
5. Is there anything that you need assistance or help with?

Students are encouraged to schedule meetings with the course instructors at any time during the internship/practicum requirement. The MPH internship and DrPH practicum courses are graded satisfactory/unsatisfactory. The student guidelines are provided in Resource file 2.4.a.1.

2.4.a.5. Means for Evaluating Practice Placement & Preceptor Qualifications

In addition to receiving an overall evaluation with regards to the course requirements, each student's performance is assessed by their preceptor through the submission of an evaluative report after the placement. The purpose of this evaluation is to: (1) assess completion of their project objectives identified in the scope of work which is part of the ***Student Learning Contract***; and (2) assess attainment of MPH competencies identified in the competency inventory, which is a second component of the learning contract and (3) provide recommendations concerning any further professional development activities designed to strengthen mastery of MPH competencies and/or suggest avenues for personal growth. Each student is assessed on various criteria relating to professionalism and receives an overall rating of job performance. This rating is recorded for evidence of meeting an objective relating to the program's instructional goals. It is expected that 80% of students will receive a performance rating of at least 4.0 from their internship supervisors (1=below expectation, 3=satisfactory, 5=beyond expectation). Evaluation of participating agencies is performed through individual student interviews with the program director and/or manager and a written evaluation required as part of the course. One section of the evaluation asks students' impression of the overall quality of their experience. Students respond to the following prompts:

1. On a scale of 1 (poor) to 5 (excellent), how would you rate your internship as an educational experience and why?
2. Were there particular skills, knowledge or lessons you acquired unexpectedly?
3. Did the experience provide you with a better sense of the skills needed for employment in the profession?
4. What aspect did you like best/least about the experience?
5. Do you have any recommendations for improving the internship experience for future students, both for the agency and the MPH program?

Both preceptor and student evaluations are provided in Resource file 2.4.a.3.

2.4.a.6. Criteria for Waiving, Altering or Reducing the Experience

The MPH internship requires 400 hours of supervised field training in a public health "agency" and completion of other assignments as required in the accompanying seminar course (CGH 306). There are no complete waivers of this requirement; however, the total number of supervised field training hours may be reduced to 200. Partial waivers are granted rarely and only at the discretion of a faculty review committee. Students must demonstrate that the prior work experience was closely related to the competencies of the student's degree program, and sufficient time of exposure to them. In addition, students who wish to apply for a waiver should be able to document prior experience that is comparable to the professional experience obtained through a public health internship. All students, regardless of

prior experience, are encouraged to fulfill the entire MPH internship requirement, as additional training will benefit them.

Waiver applications are only considered if a student can verify three years of continuous, paid, public health employment prior to enrollment in the MPH program. Waivers are granted for relevant public health experience as evidenced by involvement in activities such as:

- Assessing, monitoring, or conducting surveillance of health conditions or delivery of services in a population;
- Establishing public health objectives and priorities;
- Conducting basic or applied research on population-based health problems including the behavioral, biological or environmental risk factors; or
- Designing, implementing and/or evaluating policies and/or intervention strategies/programs.

Previous clinical work experience involving individual patient care or health facility administration is not considered relevant public health experience.

Requests for a partial waiver of hours are considered and approved on an individual basis. Once eligibility has been established, the procedures for requesting a waiver involve the submission of an Internship Waiver form and 2-3 page (single-spaced) narrative describing relevant public health work experience. Students must address the each of the following sections:

- Description of specific duties performed;
- Discussion of the impact or relevance of the experience to public health, highlighting knowledge, theories and concepts covered in MPH coursework;
- Identification and explanation of competencies gained in the previous work experience (must reference core MPH and concentration specific competencies); and
- List a reference/contact person (preferably a supervisor) who can verify employment with the agency.

Waivers are submitted to the MPH program manager at least one month prior to registration in CGH 306. Incomplete narratives are not reviewed. Once received, a committee comprised of two MPH faculty members reviews the form and renders a decision. Committee members record their decision (i.e., approval or deny) along with a rationale. The form is retained in the student's file. A letter detailing the committee's decision is sent to the student – usually within three weeks of submission. Decisions of the panel are final. During this accreditation cycle, three partial waivers were granted for MPH students. Waivers are not considered for the DrPH practicum requirement. Copies of the waiver applications are available in the Resource file 2.4.c.

2.4.b. Identification of agencies and preceptors used for formal practice placement experiences for students, by specialty area over the last two years.

Practice Placement Experiences

The School currently has 74 approved host sites from which students can choose an internship or practicum experience. Student field placement sites from 2013 – 2017 are listed in Resource file 2.4.b. Los Angeles County provides a natural laboratory for learning given its size and population diversity. Students have enjoyed many opportunities in various divisions of local health departments, including

San Bernardino, Riverside, Los Angeles and Orange Counties. International collaborations secured by MPH program faculty provide outstanding internship opportunities in global health. The listing of field sites reflects this diversity, providing opportunities to work with government public health agencies, community based agencies, community clinics and university settings.

Program faculty and staff continuously search for additional placement sites, and frequently these emerge as students begin their own search. If a student locates a site that is not currently affiliated with the programs, every effort is made to secure such an arrangement whether the site is local or international.

2.4.c. Data on the number of students receiving a waiver of the practice experience for each of the last two years.

Approved Student Waivers

No complete waivers of the practice experience are granted for MPH or DrPH students. The following students were approved for a partial waiver of the MPH internship requirement during this accreditation cycle, demonstrating sufficient prior experience in public health:

- Mercy Ajuonu, LM, Summer 2014
- Hillary Tanenbaum, ABE, Spring 2014
- Cevande Lee, HPEE, Fall 2015

2.4.d. Data on the number of preventive medicine, occupational medicine, aerospace medicine, and public health and general preventive medicine residents completing the academic program for each of the last three years, along with information on their practicum rotations.

Not applicable.

2.4.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Assessment of Criterion

This criterion is met.

Strengths

- The program supports a well-planned, supervised and evaluated practice experience for MPH and DrPH students.
- The program has well defined learning objectives, procedures and criteria for evaluation of the practice experience.
- Site qualifications are carefully assessed and student preceptors are well matched to reflect activities appropriate to their concentration.
- Individual waivers are based on a well-defined criterion.
- The program is sensitive to the constraints of students, thereby allowing placements at the student's regular place of employment, under certain conditions.

Weaknesses

- The program continues to recruit additional student placements. The variety of placements should be increased, securing sites at the state, national and international levels.
- The program manager also coordinates the placement of MPH and DrPH students. Additional staff support may be required as the student population grows.

Plans

- Faculty are currently involved in developing an immersive advanced DrPH practicum. The experience will involve rotations with multiple agencies from their first semester and will integrate and synthesize lessons from coursework. Student expectations will be graduated across the practicum as students take on increasingly complex activities throughout their first three years, preparing them for their final integrated experience of the qualifying exam and dissertation. Both Riverside and San Bernardino County health departments are involved in the initial planning process.

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CRITERION 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.

- 2.5.a. Identification of the culminating experience required for each professional public health degree program. If this is common across the program's professional degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

MASTER OF PUBLIC HEALTH CAPSTONE

Overview

A capstone seminar serves as the culminating experience for the MPH degree. Students enroll in Public Health Capstone (CGH 307-0 units) in their last semester prior to graduation. The course draws on students' prior training in the five core areas of public health (i.e., Social and Behavioral Science, Biostatistics, Epidemiology, Health Services and Environmental and Occupational Health), their additional required course work in Health Promotion, Education & Evaluation, Applied Biostatistics & Epidemiology, and Leadership and Management) and their "real world" experience gained through their internship. More than just providing a review of the MPH curriculum; however, the capstone seminar is designed to challenge students to reflect and integrate their training and experience with the goal of developing their own individual point of view regarding the role of public health in contributing to the improvement of the health and well-being of populations in the United States, as well as abroad.

Objectives

Because the capstone seminar integrates training students have received in prior coursework and the field experience, it provides the opportunity to round out the development of the full set of competencies viewed as essential for masters-prepared graduates in public health. The course is structured to accomplish four objectives:

1. Provide students with a means of self-assessment, indicating how core and concentration-specific competencies were achieved, through master's courses and fieldwork, community service, and paid work experience
2. Demonstrate to the graduate faculty that students have attained a basic knowledge base and skill set within the core public health areas
3. To assess the curriculum's effectiveness in providing students with the opportunities necessary to become competent in the core public health areas and in specialized areas
4. Offer a means whereby students can market themselves to potential employers, showcasing their professional development, accomplishments and abilities.

Requirements

The practice experience is linked closely with the requirements of culminating experience. Students complete two major assignments within the capstone seminar. The first is a **portfolio**, which is a compendium of documents that demonstrate accomplishments and mastery of student competencies during the program. It contains a collection of work that exhibits students' efforts, progress, achievements, reflections and self-assessment in one or more areas. The portfolio tracks and collects in one location many of the materials produced during the master's coursework, including academic, professional and service accomplishments (i.e., course projects, reports, presentations, publications and

other samples of work) that demonstrate mastery of the MPH core and concentration specific competencies. Thus, the portfolio ties together courses, fieldwork, volunteer, and paid work experience with specific core competencies of the MPH program.

The second assignment requires an ***analytic paper*** based upon one substantive project undertaken as part of the supervised field training experience. The final paper provides another opportunity for the student to identify the manner in which core and concentration specific competencies were mastered. Specifically, students are asked to produce a 20-page double spaced paper that describes the following:

1. Background of the Public Health Issue Addressed
 - a. Summary of critical literature (at least 5 sources must be cited)
 - b. Rationale/need for the project
 - c. Relationship to theories/concepts presented in MPH coursework
 - d. Objectives of the project or specific aims
2. Description of Methods Used to Address the Public Health Issue
 - a. Hypotheses
 - b. Identification of methods used (e.g., needs assessment, policy analysis, epidemiological analysis, financial management, program planning, evaluation, curriculum development, etc)
 - c. Justification of methods used
 - d. Stakeholder involvement
3. Results of the Project(s)
 - a. Specify relationship to objectives, specific aims of hypotheses
 - b. Appropriate use of tables, charts and other graphics
 - c. Interpretation of results
4. Discussion of the Results
 - a. Explanation of results
 - b. Relationship of this project to the overall internship experience
 - c. Implications of results to the practice and research in the larger field of public health
 - d. Lessons learned from this project and recommendations for future projects
 - e. Core and concentration competencies strengthen by this project

Assessment

The portfolio and paper are weighted equally. Students are given a grade of Satisfactory (S) or Unsatisfactory (U) for the course. Quality of work must reflect a “B” or better (80% out of 100%) to receive a satisfactory mark. Both the portfolio and final paper are graded with a standard rubric. Samples of completed rubrics are available in the resource file. Grading rubrics for the portfolio and final paper are described below.

Portfolio

Faculty score the portfolio according to the provided standards, by placing a score for each criterion in the “Score” column (3=effective, 2=acceptable, 1=unsatisfactory). Space in the “Comments” column denotes specific items for praise or improvement. There are four criterion dimensions with three levels of performance as illustrated in figure 2.5a (1). To pass the final paper portion, students must receive a minimum score of “acceptable” on each of the four criterion for a minimum score of 8.

Final Paper

Like the portfolio, faculty score the final paper using the provided standards, by placing a score for each criterion in the “Score” column (3=effective, 2=acceptable, 1=unsatisfactory). Space in the “Comments” column denotes specific items for praise or improvement. There are four criterion dimensions with a range of three to five aspects to each and three levels of performance as illustrated in figure 2.5a (2). To pass the final paper portion, students must receive a minimum score of “acceptable” on each of the four criterions for a minimum score of 8.

Should the instructor find that a student does not demonstrate satisfactory mastery of the competencies, the student will be given an incomplete grade until a remedial plan has been completed. The assumption is that once a student successfully passes both parts of the capstone requirement that the learning objectives of the course are met. Samples of student capstone projects are available in the electronic resource file, 2.5.

DOCTOR OF PUBLIC HEALTH DISSERTATION

Overview

DrPH students complete a dissertation as their culminating experience which is a field-based product consistent with advanced practice, designed to influence programs, policies or systems addressing public health. The dissertation serves as the high-quality written product which demonstrates the DrPH candidate’s synthesis of foundational and concentration-specific competencies, and mastery of the skills and knowledge required to lead an important health-related program, to create a substantial change in policy for the public’s health, or to develop a new approach to address a public health-related problem. The objective of the DrPH dissertation is to combine practice-based research with an understanding of the role of leadership and management in creating a plan to improve the public’s health.

Through independent work under the guidance of a Dissertation Committee (described below), each DrPH candidate will prepare a dissertation demonstrating his or her ability to analyze and address a complex problem in public health. The dissertation is expected to make a substantial contribution to the existing public health practice knowledge base. It should reflect the range of perspectives needed to examine and improve on major public health problems, present relevant applicable theories providing a basis for the work, and include a discussion of policy and practice implications. The dissertation should be of publishable quality in either the scholarly literature or applied literature in public health or health care.

Students have flexibility in designing a dissertation project, but are expected to consult with their Dissertation Committee early on and throughout the design process. Because of the range of applications of practice-based products, it is expected that DrPH dissertations could conform to variety of different content formats. Appropriate dissertation projects may include:

- applied public health research
- translational research to public health practice
- development and analysis of new practice interventions
- design and implementation of public health programs
- design and implementation of project in leadership or management in healthcare or public health
- case-studies in public health practice, health leadership, management or policy

- program or policy evaluations
- current or historical program or policy analyses

Unlike the PhD dissertation in Health Promotion Sciences, which features three publishable papers plus and introduction and conclusion chapters, the DrPH dissertation follows the unified traditional format. The traditional dissertation document includes the following sections: 1) Abstract, 2) Introduction/Background, 3) Literature review, 4) Methods/Approach, 5) Results of project, 6) Conclusions/Discussion and Implications, 7) Bibliography, and 8) Appendices. The dissertation begins with (1) an abstract, and then incorporates the dissertation proposal (i.e., as the first three chapters of the dissertation: (2) introduction/background, (3) literature review, (4) methods/approach) with revisions required by the dissertation committee resulting from the proposal defense, and then continues with the following chapters:

- (5) Results of project: The results chapter includes detailed findings of the dissertation project and often includes numerous graphs, tables, or other visual displays describing the findings. Traditional dissertations generally include all results in one chapter; in some cases, however, it may be preferred to provide results in separate chapters.
- (6) Conclusions/Discussion and Implications: The dissertation must include a thorough and well-developed chapter with a discussion/summary of the findings/results of the project, conclusions reached, the context in which the results may be interpreted, and value to/implications for the field of public health. This chapter also addresses limitations of the project and next steps for further work.
- (7) Bibliography: Works cited in the dissertation.
- (8) Appendices. Any questionnaires, pamphlets, data and other materials, as appropriate, from the project should be included as appendices to the dissertation.

Dissertation Defense

After completion of the dissertation document and approval of the students' dissertation Chair, the student may schedule and hold the dissertation defense. According to CGU policy, the dissertation defense cannot occur less than six months after advancement to candidacy unless approval is obtained from the Provost. The CGU community is notified about the date and time of the planned dissertation defense.

Dissertation Committee

The review committee should consist of at least three faculty members drawn from the core faculty of CGU or from the extended faculty of The Claremont Colleges. At least one committee member must be drawn from the core faculty of the student's CGU School or program. The Chair of the review committee must be from the core faculty of SCGH. CGU encourages, but does not require, the inclusion of an expert in the student's field who is also from outside The Claremont Colleges. Outside examiners may be included on a four-person committee, but not on a three-person committee. If a committee member is included from outside The Claremont Colleges, the external examiner may be drawn from the faculty of other institutions or may be a qualified practitioner in the student's field of study. The outside expert has a vote in committee proceedings only upon the approval of the Dean. DrPH students are encouraged to secure a 4th member of the committee such as their practicum preceptor. All members must be approved by the Dean and an outside member requires approval by the Provost.

Qualifying Examination

The purpose of the qualifying examination is twofold: (1) to test students' mastery of essential competencies and (2) to evaluate their comprehensive understanding of the field as well as their insight and clarity of expression. The qualifying examination process involves the creation of a dossier and the completion of written and oral examinations. Advancement to candidacy is attained when the student has completed a dissertation proposal and this proposal is accepted by the students' review committee. Although the qualifying examination and advancement to candidacy are two distinct steps toward completion of the doctoral program, the SCGH combines these steps by including the review of the dissertation proposal concurrent with the qualifying examination. The qualifying examination has both written and oral components.

Written Portion of the Examination

Each member of the qualifying examination committee formulates no more than three questions based on the student's coursework, papers, or dissertation proposal and submits these to the chair of the qualifying examination committee. Committee members may also ask questions related to any area of public health including those not based on the students' papers and dissertation, but relevant to the student's area of study. Questions often pertain to conceptual or methodological issues and are offered in the spirit of constructive engagement with the student. The questions are compiled by the Chair of the qualifying examination committee and given to the student. The work may be performed at home or elsewhere. Students are encouraged to use resource materials, cite references when appropriate, and include a reference bibliography. The student must work independently; they may not confer with anyone. Violation of this rule is grounds for immediate failure of the exam. By the end of the five-day period, written responses to the questions must be submitted to the Chair of the qualifying examination committee who distributes these responses to the members of the committee for review.

Oral Portion of the Examination

The oral portion of the examination should take place within one month of the student completing the written portion of the examination. All members of the qualifying examination committee must participate in the oral examination, which generally lasts about two hours. A major purpose of the oral examination is to allow the student, in response to faculty, to answer questions that arise as a result of the written portion of the examination. The second purpose is to respond to issues and concerns raised about the dissertation proposal. The student makes a presentation (about 30 minutes) of the proposed dissertation study, using PowerPoint slides or other materials deemed appropriate in consultation with the Chair of the qualifying examination committee. During and after the presentation, committee members are free to ask questions about the conceptual, methodological, and statistical issues related to the proposed study. Students will be asked to leave the room while the committee members discuss the overall performance and vote on whether a passing grade will be granted.

As the DrPH program welcomed its first class in fall 2015, there are no students who have completed qualifying exams or submitted dissertations. There is one student who completed her advanced practicum in spring 2017. A copy of her final paper is included in the resource file, 2.4.

2.5.b. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Assessment of Criterion

This criterion is met.

Strengths

- The program has developed a capstone seminar that serves as the culminating experience for all MPH students.
- The portfolio and analytic paper required within the capstone seminar are appropriate in that they require a student to synthesize and integrate knowledge of public health theory and practice gained in coursework, field work, and community service.
- The requirements of the capstone course are sufficient to demonstrate to students' mastery of the competencies.
- There are remedial plans in place for the MPH students not satisfying the capstone requirements.

Weaknesses

- The DrPH program is in its second year of operation so we can fully speak to the success of the qualifying exam or DrPH dissertation process.

Plans

- We plan to revisit the MPH capstone requirement to see what improvements/innovations are possible.

CRITERION 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 with the degree programs at all levels (bachelors, master's and doctoral).

- 2.6.a. Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain. There should be set for each graduate professional public health degree and baccalaureate public health degree offered by the program (e.g., one set each for BSPH, MPH and DrPH).

Core MPH Competencies

Core competencies to be mastered by all MPH students are listed in table 2.6.a.1.

Table 2.6.a.1. MPH Core Competencies, adopted from Council of Linkages Between Academia and Public Health Practice, 2009

By graduation, all students should be able to:		
ID #	Domain(Skills)	Learning Outcome
MPH 1	Analytic /Assessment	Assess the health status of populations and their related determinants of health and illness (e.g., factors contributing to health promotion and disease prevention, availability and use of health services).
MPH 2	Policy Development/Program Planning	Develop a plan to implement policy and programs.
MPH 3	Communication	Communicate in writing and orally, in person, and through electronic means with linguistic and cultural proficiency.
MPH 4	Cultural Competency	Consider the role of cultural, social and behavioral factors in the accessibility, availability, acceptability and delivery of public health services.
MPH 5	Community Dimensions of Practice	Describe the role of governmental and non-governmental organizations in the delivery of community health services
MPH 6	Basic Public Health Sciences	Apply the basic public health sciences (including, but not limited to biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to public health policies and programs.
MPH 7		Conduct a comprehensive review of scientific evidence related to a public health issue, concern or intervention.
MPH 8	Financial Planning/Management	Interpret the organizational structures, functions, and authorities of local, state, and federal public health agencies for public health program management
MPH 9		Prepare proposals for funding from external sources.
MPH 10	Leadership & Systems Thinking	Incorporate ethical standards of practice as the basis of all interactions with organizations, communities and individuals

Core DrPH Competencies

The skills and content defined in these criteria are derived from several sources, including the Framing the Future MPH Panel Report and DrPH Panel Report offered through the *Association of Schools and Programs in Public Health (November 2014)*, the competencies defined by the *Council on Linkages between Academia and Public Health Practice (June 2014)*, initial feedback from the public health job

task analysis, currently in draft format, from the *National Board of Public Health Examiners (in press)*, and proposed accreditation criteria revisions provided by the Council on Education for Public Health (October 2016). Core competencies to be mastered by all DrPH students are organized within five domains as listed in table 2.6.a.2.

Table 2.6.a.2. DrPH Core Competencies, adopted from CEPH Recommendations, 2016

By graduation, all students should be able to:		
ID #	Domain(Skills)	Learning Outcome
DRPH 1	Data & Analysis	Apply qualitative and quantitative, mixed methods and policy analysis research approaches and evaluation methods to address health issues at the multiple (individual, group, organization, community and population) levels
DRPH 2		Explain the use and limitations of surveillance systems and national surveys in providing data to assess population health needs, monitor the implementation of interventions to address them and evaluate outcomes and impact of programs and policies
DRPH 3	Leadership, Management & Governance	Build capacity and strategies for health improvement and elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders and partners
DRPH 4		Influence behavior and policies by communicating public health science to diverse stakeholders, including individuals at all levels of health literacy
DRPH 5		Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems
DRPH 6		Create and implement strategic plans
DRPH 7		Facilitate shared decision making through negotiation and consensus-building methods
DRPH 8		Create and sustain organizational change strategies
DRPH 9		Promote equity within public health programs, policies and systems
DRPH 10		Assess one's own strengths and weaknesses in leadership capacities including cultural proficiency
DRPH 11		Acquire and align human, fiscal and other resources to achieve strategic goals
DRPH 12		Cultivate new resources and revenue streams to achieve strategic goals
DRPH 13	Programs	Design system-level interventions that influence population health outcomes in transdisciplinary team approaches that promote health equity and disease prevention
DRPH 14		Integrate knowledge of cultural values and practices in the design or implementation of public health programs
DRPH 15	Policy	Integrate scientific information, legal and regulatory approaches, ethical frameworks and varied stakeholder interests in policy development and analysis
DRPH 16	Education & Workforce Development	Assess a population's knowledge and learning needs
DRPH 17		Deliver training or educational experiences that promote learning in academic, organizational and community settings
DRPH 18		Use best practice modalities in pedagogical practices

- 2.6.b. Identification of a set of competencies for each concentration, major or specialization (depending upon the terminology used by the program) identified in the instructional matrix, including professional and academic graduate degree curricula and baccalaureate public health degree curricula.

MPH & DrPH Competencies by Specialty Areas

The set of competencies for each concentration are listed below. The DrPH Program has an emphasis in Leadership & Management. As such, it adopts the same competencies in the MPH specialty.

Table 2.6.b. Competencies by Specialty Area, adopted from NCHEC & ASPH

By graduation, students should be able to:		
Specialty Area	ID #	Learning Outcomes
Health Promotion, Education & Evaluation (MPH)	HPEE 1	Assess individual and community needs for health education.
	HPEE 2	Plan health education strategies, interventions and programs.
	HPEE 3	Implement health education strategies, interventions and programs.
	HPEE 4	Conduct evaluation and research related to health education.
	HPEE 5	Administer health education strategies, interventions and programs.
	HPEE 6	Serve as a health education research person.
	HPEE 7	Communicate and advocate for health and health education.
Applied Biostatistics & Epidemiology (MPH)	ABE 1	Describe the roles that epidemiology and biostatistics serve in the discipline of public health, and be able to describe a public health problem in terms of magnitude, people, time, and place.
	ABE 2	Apply proper terminology and definitions used in biostatistics and epidemiology
	ABE 3	Identify key sources of data for biostatistical and epidemiologic studies.
	ABE 4	Apply appropriate measurement scales, concepts of probability, random variation, and commonly used statistical probability distributions.
	ABE 5	Apply descriptive techniques and commonly used inferential statistical methods to summarize public health data.
	ABE 6	Describe preferred methodological alternatives to commonly used statistical methods when assumptions are not met.
	ABE 7	Explain the importance of biostatistics and epidemiology for informing scientific, ethical, economic and political discussion of health issues.
	ABE 8	Comprehend ethical and legal principles pertaining to the collection, maintenance, use and dissemination of data and other epidemiological information.
	ABE 9	Interpret, articulate, and critique results of statistical and epidemiological analyses found in public health studies.
	ABE 10	Develop written and oral presentation based on epidemiological students and statistical analyses for both public health professionals and educated lay audiences, and prepare manuscripts for the peer-reviewed literature.
Leadership & Management (MPH)	LM 1	Describe the attributes of leadership in public health.
	LM 2	Describe alternative strategies for collaboration and partnership among organizations, focused on public health goals.
	LM 3	Demonstrate team building, negotiation, and conflict management skills.
	LM 4	Articulate an achievable mission, set of core values, and vision.
	LM 5	Engage in dialogue and learning from others to advance public health goals.
	LM 6	Demonstrate transparency, integrity, and honesty in all actions.
	LM 7	Use collaborative methods for achieving organizational and community health goals.
	LM 8	Apply social justice and human rights principles when addressing community needs.
	LM 9	Develop strategies to motivate others for collaborative problem solving, decision-making, and evaluation.

Table 2.6.b. Competencies by Specialty Area, adopted from NCHEC & ASPH

By graduation, students should be able to:		
Specialty Area	ID #	Learning Outcomes
	LM 10	Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.
	LM 11	Apply quality and performance improvement concepts to address organizational performance issue.
	LM 12	Apply "systems thinking" for resolving organizational problems.
	LM 13	Demonstrate leadership skills for building partnerships.
Leadership & Management (DrPH)	DRLM 1	Critically analyze an issue in health leadership, management or policy and provide recommendations
	DRLM 2	Utilize knowledge of elements of a comprehensive population health system including ancillary organizations that fill in gaps of care in order to advance practice
	DRLM 3	Apply organizational, research, evaluation or translational methods to adapt, originate, evaluate or sustain evidence-based health programs or research, strategic planning or policy to local community, environmental, social or economic circumstances
	DRLM 4	Design and execute a project involving an innovative approach to leadership or management in healthcare or public health
	DRLM 5	Provide strategic and operational direction, and guide group-level decision-making
	DRLM 6	Cultivate a shared vision and articulate this vision to diverse groups, stakeholders and professional collaborators to achieve high standards of performance and accountability
	DRLM 7	Develop and work with multidisciplinary collaborative teams and partnerships and build capacity and sustainability of individuals, organizations and communities
	DRLM 8	Develop an understanding of a minor concentration area such as business, applied psychology, applied women's studies, information systems and technology, economics or public policy for application to leadership and management

2.6.c. A matrix that identifies the learning experience (e.g., specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6a and 2.6b are met. If these are common across the program, a single matrix will suffice. If they vary, sufficient information must be provided to assess compliance by each degree or specialty area. See *CEPH Data Template 2.6.1*.

Description of Learning Experiences

A diverse set of learning experiences are employed to assist students in meeting core public health competencies and those specified within each specialty area. These include readings, oral presentations, written papers, critical discussions (in class or online), field experiences, case studies, portfolios, examinations, and journals/blogging. Core competencies of the MPH and DrPH are mapped to learning experiences in the following tables, Tables 2.6.c1. and 2.6.c.2.

2.6.c.1. Courses and other learning experiences by which the MPH competencies are met

		Courses****																			
		CGH 300	CGH 301	CGH 302	CGH 303	CGH 304	CGH 308	CGH 309	CGH 310	CGH 311	CGH 312	CGH 313	CGH 314	CGH 315	CGH 316	CGH 317	CGH 318	CGH 319	CGH 305	CGH 306*	CGH 307
MPH Core Learning Outcomes **																					
MPH #1		R	R	R	R	R	R	R	R	R	P	R	R	R	R	R	R	P	P	R	R
MPH #2		P	P	P	P	P	R	P	P	R	P	P	P	P	R	P	R	R	P	R	R
MPH #3		R	P	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
MPH #4		R	P	P	R	P	R	R	R	R	P	R	P	P	R	R	R	R	R	R	R
MPH #5		P	P	P	R	P	P	P	R	P	P	P	P	P	R	R	R	P	P	R	R
MPH #6		P	R	R	P	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
MPH #7		R	P	R	R	R	R	R	R	R	P	R	R	R	R	R	P	R	R	R	R
MPH #8		P	P	P	R	P	R	P	R	R	P	P	P	P	R	R	R	R	P	R	R
MPH #9		P	P	P	R	R	R	P	R	R	P	P	P	P	R	R	R	P	R	R	R
MPH #10		R	P	P	P	P	R	P	R	R	P	P	P	P	R	R	R	R	P	R	R
Student Learning Outcomes by Specialty Area 1 – Health Promotion, Education & Evaluation **																					
HPEE #1		P	P	P	P	P	R	R	P	R	P	R	P	P	R	P	P	P	R	R	R
HPEE #2		R	P	P	P	P	R	R	P	R	P	P	P	P	R	R	R	P	R	R	R
HPEE #3		R	P	P	P	P	R	R	P	R	P	P	P	P	R	R	P	P	R	R	R
HPEE #4		P	P	R	P	R	R	R	P	R	R	R	R	R	R	P	P	P	R	R	R
HPEE #5		R	P	P	P	P	R	R	P	R	P	P	P	P	R	P	R	R	R	R	R
HPEE #6		R	P	P	P	P	R	R	P	R	P	P	P	P	P	P	P	P	R	R	R
HPEE #7		R	P	P	P	P	R	R	P	R	P	P	P	P	R	R	R	P	R	R	R
Student Learning Outcomes by Specialty Area 2 – Applied Biostatistics & Epidemiology **																					

2.6.c.1. Courses and other learning experiences by which the MPH competencies are met

		Courses****																			
		CGH 300	CGH 301	CGH 302	CGH 303	CGH 304	CGH 308	CGH 309	CGH 310	CGH 311	CGH 312	CGH 313	CGH 314	CGH 315	CGH 316	CGH 317	CGH 318	CGH 319	CGH 305	CGH 306*	CGH 307
	ABE #1	P	R	R	P	R	P	P	P	P	R	R	R	R	R	P	P	P	P	P	R
	ABE #2	P	R	R	P	R	P	P	P	P	R	P	R	R	P	P	P	P	P	P	R
	ABE #3	P	R	R	P	R	P	P	P	P	R	P	R	R	P	P	P	P	P	P	R
	ABE #4	P	R	R	P	P	P	R	P	P	R	P	R	R	P	P	P	P	P	P	R
	ABE #5	P	R	R	P	P	P	R	P	P	R	R	R	R	P	P	P	P	P	P	R
	ABE #6	P	R	R	P	P	P	P	P	P	R	R	R	R	P	P	P	P	P	P	R
	ABE #7	P	R	R	P	R	R	R	P	P	R	R	R	R	P	P	P	P	P	P	R
	ABE #8	P	R	P	P	R	P	P	P	P	P	P	R	P	P	P	P	P	P	P	R
	ABE #9	P	R	R	P	R	P	R	P	P	R	R	R	R	P	P	P	R	R	R	R
	ABE #10	P	P	R	P	R	R	R	P	P	R	R	R	R	P	P	P	P	R	R	R
Competencies by Specialty Area 3 – Leadership & Management **																					
	LM #1	P	P	P	P	P	P	P	R	R	P	P	P	P	R	R	R	P	P	R	R
	LM #2	P	P	P	P	P	P	P	P	R	P	P	P	P	R	R	R	R	P	P	R
	LM #3	P	P	P	P	P	P	P	P	P	P	P	P	P	R	R	P	R	P	P	R
	LM #4	P	P	P	P	P	R	P	R	R	P	P	P	P	R	R	R	R	P	P	R
	LM #5	P	P	P	P	P	P	P	R	P	P	P	P	P	R	R	R	P	P	P	R
	LM #6	P	P	P	P	P	R	R	R	R	P	P	P	P	R	R	R	R	R	R	R
	LM #7	P	P	P	P	P	P	P	P	P	P	P	P	P	R	R	R	P	P	P	R
	LM #8	P	P	P	P	P	P	P	P	P	P	P	P	P	R	R	R	P	P	R	R
	LM #9	P	P	P	P	P	P	P	R	P	P	P	P	P	R	R	R	P	P	P	R
	LM #10	P	P	P	P	P	P	P	R	R	P	P	P	P	R	R	R	P	P	P	R

2.6.c.1. Courses and other learning experiences by which the MPH competencies are met

	Courses*****																			
	CGH 300	CGH 301	CGH 302	CGH 303	CGH 304	CGH 308	CGH 309	CGH 310	CGH 311	CGH 312	CGH 313	CGH 314	CGH 315	CGH 316	CGH 317	CGH 318	CGH 319	CGH 305	CGH 306*	CGH 307
LM #11	P	P	P	P	P	P	P	P	R	P	P	P	P	R	R	R	R	P	R	R
LM #12	P	P	P	P	P	P	P	P	P	P	P	P	P	R	R	P	R	P	R	R
LM #13	P	P	P	P	P	R	P	R	R	P	P	P	P	R	R	R	R	P	R	R

* Varies based on the internship location but at a minimum it would incorporate the MPH core and concentration competencies at the “proficient” level.

P=Primary, R=Reinforcing

** Descriptions of Learning Outcomes

MPH Core Competencies	
MPH #1:	Assess the health status of populations and their related determinants of health and illness (e.g., factors contributing to health promotion and disease prevention, availability and use of health services).
MPH #2:	Develop a plan to implement policy and programs.
MPH #3:	Communicate in writing and orally, in person, and through electronic means with linguistic and cultural proficiency.
MPH #4:	Consider the role of cultural, social and behavioral factors in the accessibility, availability, acceptability and delivery of public health services.
MPH #5:	Describe the role of governmental and non-governmental organizations in the delivery of community health services.
MPH #6:	Apply the basic public health sciences (including, but not limited to biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to public health policies and programs.
MPH #7:	Conduct a comprehensive review of scientific evidence related to a public health issue, concern or intervention.
MPH #8:	Interpret the organizational structures, functions, and authorities of local, state, and federal public health agencies for public health program management.
MPH #9:	Prepare proposals for funding from external sources.
MPH #10:	Incorporate ethical standards of practice as the basis of all interactions with organizations, communities and individuals
MPH Competencies by Specialty Area 1 – Health Promotion, Education & Evaluation	
HPEE #1:	Assess individual and community needs for health education
HPEE #2:	Plan health education strategies, interventions and programs.
HPEE #3:	Implement health education strategies, interventions and programs.
HPEE #4:	Conduct evaluation and research related to health education.
HPEE #5:	Administer health education strategies, interventions and programs.
HPEE #6:	Serve as a health education research person
HPEE #7:	Communicate and advocate for health and health education
MPH Competencies by Specialty Area 2 – Applied Biostatistics & Epidemiology	
ABE #1:	Describe the roles that epidemiology and biostatistics serve in the discipline of public health, and be able to describe a public health problem in terms of

<p>magnitude, people, time, and place.</p> <p>ABE #2: Apply proper terminology and definitions used in biostatistics and epidemiology.</p> <p>ABE #3: Identify key sources of data for biostatistical and epidemiologic studies.</p> <p>ABE #4: Apply appropriate measurement scales, concepts of probability, random variation, and commonly used statistical probability distributions.</p> <p>ABE #5: Apply descriptive techniques and commonly used inferential statistical methods to summarize public health data.</p> <p>ABE #6: Describe preferred methodological alternatives to commonly used statistical methods when assumptions are not met.</p> <p>ABE #7: Explain the importance of biostatistics and epidemiology for informing scientific, ethical, economic and political discussion of health issues.</p> <p>ABE #8: Comprehend ethical and legal principles pertaining to the collection, maintenance, use and dissemination of data and other epidemiological information.</p> <p>ABE #9: Interpret, articulate, and critique results of statistical and epidemiological students and statistical analyses found in public health studies.</p> <p>ABE #10: Develop written and oral presentation based on epidemiological students and statistical analyses for both public health professionals and educated lay audiences, and prepare manuscripts for the peer-reviewed literature.</p>	
MPH Competencies by Specialty Area 3 – Leadership & Management	
<p>LM #1: Describe the attributes of leadership in public health</p> <p>LM #2: Describe alternative strategies for collaboration and partnership among organizations, focused on public health goals.</p> <p>LM #3: Demonstrate team building, negotiation, and conflict management skills.</p> <p>LM #4: Articulate an achievable mission, set of core values, and vision.</p> <p>LM #5: Engage in dialogue and learning from others to advance public health goals.</p> <p>LM #6: Demonstrate transparency, integrity, and honesty in all actions.</p> <p>LM #7: Use collaborative methods for achieving organizational and community health goals.</p> <p>LM #8: Apply social justice and human rights principles when addressing community needs.</p> <p>LM #9: Develop strategies to motivate others for collaborative problem solving, decision-making, and evaluation.</p> <p>LM #10: Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.</p> <p>LM #11: Apply quality and performance improvement concepts to address organizational performance issue.</p> <p>LM #12: Apply "systems thinking" for resolving organizational problems.</p> <p>LM #13: Demonstrate leadership skills for building partnerships.</p>	

2.6.c.2. Courses and other learning experiences by which the DrPH competencies are met

		Courses ****																			
		CGH 308	CGH 309	CGH 310	CGH 313	CGH 316	CGH 317	CGH 318	CGH 345	PP 330	PP 331	CGH 400	CGH 401a	CGH 402	TNDY XXX	Minor Courses	CGH 305	CGH 406	CGH 499		
DrPH Core Competencies****																					
DrPH #1	P	P	P	-	P	-	-	-	-	P	R	R	R	R	Var	Var	P	R	R		
DrPH #2	P	P	P	-	P	-	-	-	-	-	-	R	R	R	Var	Var	-	R	R		
DrPH #3	-	-	-	P	-	P	P	P	P	-	-	-	-	-	Var	Var	-	R	R		
DrPH #4	-	P	P	P	-	P	P	P	P	P	R	R	-	-	Var	Var	-	R	R		
DrPH #5	P	P	P	P	-	P	P	P	P	-	-	R	-	R	Var	Var	-	R	R		
DrPH #6	P	P	P	P	-	P	P	P	P	-	-	R	-	-	Var	Var	-	R	R		
DrPH #7	-	P	P	P	-	P	P	P	P	-	-	-	-	-	Var	Var	-	R	R		
DrPH #8	-	-	-	P	-	P	P	P	P	-	-	-	-	-	Var	Var	-	R	R		
DrPH #9	P	P	P	P	-	P	P	P	P	P	R	R	-	R	Var	Var	-	R	R		
DrPH #10	-	-	P	P	-	P	P	P	P	P	R	-	-	-	Var	Var	-	R	R		
DrPH #11	P	-	P	P	-	P	P	P	P	-	-	R	-	R	Var	Var	P	R	R		
DrPH #12	P	-	P	P	-	P	P	P	P	-	-	R	-	R	Var	Var	-	R	R		
DrPH #13	P	P	-	-	-	-	-	-	-	-	-	R	-	R	Var	Var	P	R	R		
DrPH #14	P	P	-	-	-	-	-	-	-	-	-	R	-	R	Var	Var	-	R	R		
DrPH #15	P	-	-	-	-	-	P	-	-	P	R	R	-	-	Var	Var	-	R	R		
DrPH #16	P	P	-	-	-	-	-	-	-	-	-	R	-	R	Var	Var	P	R	R		
DrPH #17	P	-	-	-	-	-	-	-	-	-	-	R	-	R	Var	Var	-	R	R		
DrPH #18	P	-	-	-	-	-	-	-	-	-	-	R	-	R	Var	Var	P	R	R		
DrPH Competencies by Specialty Area – Leadership & Management																					
DRLM #1	-	P	-	-	P	P	-	P	P	P	R	-	R	R	Var	Var	-	R	R		
DRLM #2	-	-	P	-	-	-	-	P	P	-	-	-	-	-	Var	Var	-	R	R		
DRLM #3	P	P	-	-	P	P	P	P	P	P	R	R	R	R	Var	Var	P	R	R		

DRLM #4	-	-	-	-	P	P	P	-	-	R	-	Var	Var	P	R	R
DRLM #5	-	-	-	-	P	P	P	-	R	-	-	Var	Var	-	R	R
DRLM #6	-	-	-	-	P	P	P	-	R	-	-	Var	Var	-	R	R
DRLM #7	-	-	P	-	P	P	P	-	R	-	-	Var	Var	P	R	R
DRLM #8	-	-	-	-	-	-	-	-	-	-	-	Var	Var	-	R	R

P=Primary, R=Reinforcing, Var=Varies depending on the course(s) taken

*** Description of Student Learning Outcomes

DrPH Core Competencies																
DrPH #1:	Apply qualitative and quantitative, mixed methods and policy analysis research approaches and evaluation methods to address health issues at the multiple (individual, group, organization, community and population) levels															
DrPH #2:	Explain the use and limitations of surveillance systems and national surveys in providing data to assess population health needs, monitor the implementation of interventions to address them and evaluate outcomes and impact of programs and policies															
DrPH #3:	Build capacity and strategies for health improvement and elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders and partners															
DrPH #4:	Influence behavior and policies by communicating public health science to diverse stakeholders, including individuals at all levels of health literacy.															
DrPH #5:	Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems															
DrPH #6:	Create and implement strategic plans															
DrPH #7:	Facilitate shared decision making through negotiation and consensus-building methods															
DrPH #8:	Create and sustain organizational change strategies															
DrPH #9:	Promote equity within public health programs, policies and systems															
DrPH #10:	Assess one's own strengths and weaknesses in leadership capacities including cultural proficiency															
DrPH #11:	Acquire and align human, fiscal and other resources to achieve strategic goals															
DrPH #12:	Cultivate new resources and revenue streams to achieve strategic goals															
DrPH #13:	Design system-level interventions that influence population health outcomes in transdisciplinary team approaches that promote health equity and disease prevention															
DrPH #14:	Integrate knowledge of cultural values and practices in the design or implementation of public health programs															
DrPH #15:	Integrate scientific information, legal and regulatory approaches, ethical frameworks and varied stakeholder interests in policy development and analysis															
DrPH #16:	Assess a population's knowledge and learning needs															
DrPH #17:	Deliver training or educational experiences that promote learning in academic, organizational and community settings															
DrPH #18:	Use best practice modalities in pedagogical practices															

DrPH Competencies by Specialty Area: Leadership & Management	
DRLM #1:	Critically analyze an issue in health leadership, management or policy and provide recommendations
DRLM #2:	Utilize knowledge of elements of a comprehensive population health system including ancillary organizations that fill in gaps of care in order to advance practice
DRLM #3:	Apply organizational, research, evaluation or translational methods to adapt, originate, evaluate or sustain evidence-based health programs or research, strategic planning or policy to local community, environmental, social or economic circumstances
DRLM #4:	Design and execute a project involving an innovative approach to leadership or management in healthcare or public health
DRLM #5:	Provide strategic and operational direction, and guide group-level decision-making
DRLM #6:	Cultivate a shared vision and articulate this vision to diverse groups, stakeholders and professional collaborators to achieve high standards of performance and accountability
DRLM #7:	Develop and work with multidisciplinary collaborative teams and partnerships and build capacity and sustainability of individuals, organizations and communities
DRLM #8:	Develop an understanding of a minor area such as business, applied psychology (evaluation), applied women's studies, information systems and technology, economics or public policy for application to leadership and management

****Course Titles

CGH 300:	Theoretical Foundations in Health Promotion & Education	CGH 318:	Management of International Health Programs & Organizations
CGH 301:	Biostatistics	CGH 319:	Current Issues in Global Public Health
CGH 302:	Epidemiology	CGH 305:	Seminar in Grant Writing and Proposal Development
CGH 303:	Health Services in the US and Abroad	CGH 306:	Supervised Field Training in Public Health
CGH 304:	Environmental and Occupational Health	CGH 307:	Public Health Capstone
CGH 308:	Foundations of Program Planning	CGH 400:	Advanced Theoretical Foundations in Health Education & Promotion
CGH 309:	Monitoring and Evaluation in Global Public Health Programs	CGH 401a:	Advanced Statistical Methods I
CGH 310:	Global Health: An Interdisciplinary Approach	CGH 402:	Advanced Research Methods
CGH 311:	Curriculum and Materials Development	CGH 406:	Advanced Practicum in Public Health
CGH 312:	Data Analysis	CGH 499:	Doctoral Study (Dissertation)
CGH 313:	Research Methods in Public Health		
CGH 314:	Emerging Chronic & Infectious Diseases Worldwide	MGT 345:	Organizational Behavior & Theory
CGH 315:	Health Geoinformatics		
CGH 316:	Public Health Leadership for the 21 st Century	PP 330:	Public Policy Process
CGH 317:	Ethics, Human Rights and Cultural Diversity	PP 331:	Policy Evaluation

2.6.d. Analysis of the completed matrix included in Criteria 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

The matrices show that all competencies are being addressed in courses that are required of students in the various programs. For the MPH, the specialty competencies are addressed in multiple courses, as well as in the internship and capstone experiences. MPH core competencies in the five core areas are being fully addressed in the five core courses, assuring exposure to all students. Reinforcement occurs in our internship and capstone courses. There are a few instances in which courses address only one or two of the DrPH competencies. In the process of reviewing these competencies, we will recommend faculty modify the content in their courses to address additional competencies. As the DrPH program is fairly new, this mapping exercise will undoubtedly serve to strengthen the curriculum. The faculty have plans to conduct a comprehensive assessment of the MPH and DrPH curriculum in to adhere to the new 2016 CEPH accreditation criteria.

2.6.e. A description of the manner in which competencies are developed, used and made available to students.

Competency Development

The manner by which the competencies were developed is illustrated in the following steps. The program director consulted with various stakeholders to develop the overall program mission, goals and objectives. Relevant stakeholders included students and graduates and employers/preceptors of graduates from the former MPH program under her administration, CGU faculty/administration and information contained in relevant reports were also consulted. For example, the Annual Report of the Association of Schools of Public Health (ASPPH) compiles aggregate data on applications, new enrollments, students and graduates in each school of public health. The overall program focus and selection of concentrations was based in part on this analysis of trends in public health education. The program director, with approval from the faculty, developed both the core and concentration competencies from a list provided by recognized public health organizations. Core public health competencies to be mastered by students upon graduation from the MPH program were taken from *“Core Competencies for Public Health Officials”* (Council of Linkages Between Academia and Public Health Practice, 2009). The competencies are divided into eight domains. The competencies selected in the relevant theme areas are reflective of the specific mission, goals and objectives of the MPH program. While the core competencies represent basic public health knowledge, they may not contain many skills that are necessary for the performance of certain jobs within various practice settings. Thus, concentration competencies were taken from sources that specify discipline specific outcomes. Health Promotion, Education & Evaluation concentration competencies were taken from *“Areas of Responsibilities for Health Educators”* (National Commission on Health Education Credentialing, 2010). Competencies for the other three concentrations were taken from *“Master’s Degree in Public Health Core Competency Development Project”* (Association of Schools of Public Health, 2007). DrPH competencies were taken directly from the recent CEPH accreditation criteria revisions for public health programs. The DrPH concentration competencies were developed by examining those of similar DrPH programs. A list was developed and then circulated to the employers of DrPH graduates and the DrPH curriculum committee for relevance and further refinement. The list was modified per their recommendations and voted upon by the curriculum committee.

Competency Use

Competencies provide the foundation for program development and assessment. Once established, the program offerings are selected based upon content areas and necessary skills. Within each course, the

competencies drive the development of specific learning objectives and their defined assessments. In addition to course offerings, other practice-based experiential learning opportunities, such as the internship and capstone seminar, were developed.

Availability of Competencies

Competencies are made available to current and prospective students via many vehicles. They are featured on the program websites, in the MPH/DrPH student handbooks, and on course syllabi. A portion of the new MPH & DrPH student orientation is devoted to a discussion of competencies including: (1) definition of competencies; (2) explanation of core versus concentration competencies; (3) origins of competency development in general (i.e., underlying values) and to the MPH/DrPH program specifically (i.e., consideration of the program's mission); (4) how they are referenced throughout the program; and (5) methods of assessment.

2.6.f. A description of the manner in which the program periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.

Modification of Competencies

The program has a process for review and modification of competencies which includes the following activities:

- *Meetings of the faculty and program committees.* The program directors conduct an annual syllabi audit to ensure competencies for each course are listed, measurable objectives are specified, and appropriate assessment procedures are used. Gaps are discussed and a plan to improve in challenge areas is presented in the meeting of the curriculum committee.
- *Performance by students in the internship/practicum and capstone seminars.* Evaluations by students and internship preceptors provide insight on the level of preparedness. Similarly, mastery of student competencies during the capstone course may expose deficiencies in the program curriculum. Modifications of the competencies and related learning objectives may be warranted.
- *Feedback provided from surveys, focus groups and advisement sessions.* Students routinely provide opinions concerning the relevance of course content and the values of selected assessment methods. These opinions are summarized and discussed at faculty and program committee meetings. An employer survey has been drafted and will be distributed once a sufficient mass of alumni are reached.
- *Regular monitoring of competency sets developed by organizations.* Being mindful of current practices in the field will identify what new competencies or variations of thereof have been added. One way in which this is accomplished is through the participation in continuing education activities. The program director regularly attends continuing education events to maintain the MCHES certification. At these seminars/workshops, she is exposed to current trends in public health research and practice. Attendance at these events encourages a periodic assessment of the curriculum to be certain it is keeping up with growing trends in the field. Dr. Peterson participates in various ASPPH committees to learn from and contribute to the discussions regarding the future of public health education. She is a member of the ASPPH Accreditation and Credentialing Committee, MPH & DrPH Councils, DrPH Framing Group and the

Academic Affairs Section. She also serves on the Academic Standards Committee of the University.

While there had been updates to course learning objectives and course content to address gaps, there have been no official modifications of the competencies. The plan is to modify the MPH and DrPH curriculum to adhere to the 2016 CEPH criteria for foundational public health knowledge and foundational competencies. Course offerings and course assessment activities will be modified to align with the criterion requirements.

2.6.g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Assessment of Criterion

This criterion is met.

Strengths

- The competencies are based upon widely recognized standards of practice and are reflective of the program mission, goals and objectives.
- The competencies are linked with student learning objectives and specific learning opportunities.
- The competencies are widely available and referenced through the program.
- Many methods are available that allow for input on the competencies from program constituents, including faculty, students (current and former) and internship supervisors.

Weaknesses

- The competencies have not been altered since the last accreditation period in anticipation of the new CEPH criteria.

Plans

- There is a plan in place to monitor the relevance and timeliness of the MPH/DrPH competencies to ensure that they are reflective of trends in the field and follow CEPH's 2016 criteria.

CRITERION 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 in his or her degree program and area of concentration.

2.7.a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice and culminating experience.

Assessment Methodology

The Programs utilizes both direct and indirect methods for monitoring and evaluating student progress in achieving the expected competencies. Direct assessors of learning specifically evaluate the competence of students in the program while indirect assessors are concerned with student's experiences, opinions or perceptions, rather than specific knowledge or skill attainment. Both methods provide insight concerning overall student progress. Specific tools used to systematically monitor the student performance in the program, along with a schedule for data collection, are presented below. Some DrPH data tools do not currently have outcomes (i.e., exit survey, alumni survey, employment survey, qualifying exam, dissertation, reflective journals).

Table 2.7.a. Program Data Streams

Assessment Method	Data Tool	Collected	Responsible Party
Direct Assessment Methods			
Performance Based	MPH Capstone Course with portfolio and written paper	Every semester	Capstone Instructor
	Performance appraisal of MPH poster presentation/DrPH oral presentation	Every semester	Program Directors
	Skill assessment by MPH internship/DrPH practicum preceptors	End of every semester	Internship preceptor
	Cumulative GPA	Semester	Course Instructors
	DrPH Qualifying Exam	Every semester	Student Committee
	DrPH Dissertation		
Examinations & Tests	National certification exams in public health* and health education	Bi-annually	National Board for Public Health Examiners & National Commission for Health Education Credentialing
Indirect Assessment Methods			
Surveys	MPH/DrPH Student Exit Surveys	Every semester	Program Manager
	MPH/DrPH Alumni Surveys	Annually	Program Manager
	MPH/DrPH Employer Surveys	Annually	Program Manager
Institutional Data	MPH/DrPH Graduation rates/time to graduation, grades	Every semester	Institutional Research Officer
	MPH/DrPH Job Placement rates	Annually	Program Manager
Student's self-reflection of their learning	Reflective journals (MPH internship/PHD advanced practicum course)	Every semester	Program Directors/Course Instructor

Assessment Procedures

Student's progress in achieving the learning outcomes is monitored through several means, including cumulative grade point average (GPA), the internship experience, the capstone seminar, course evaluations, student focus group, interviews, national certification exams, and surveys (i.e., exit, alumni, preceptor, employee, and faculty). Details regarding the processes used to gather the program's performance data are described below. Performance indicators/criteria for success ("targets") by which the faculty will evaluate the students' performance on each measure is specified.

Course Performance: Cumulative GPA

To successfully progress through the program, all students are expected to maintain a minimum grade point average of 3.000 in all coursework with no more than two incomplete courses at any time. Failure to maintain the applicable minimum standard will result in the student being placed on academic probation for the following semester. Students are placed on probation who does not meet the minimum standard. Any student on probation for more than two semesters may be subject to dismissal.

Target: 90% of students will achieve a cumulative GPA of 3.0 every semester.

Capstone Seminar

Students register for CGH 307: Public Health Capstone in their final semester of the program. The capstone seminar pulls together the training students have received in all their prior coursework and field experience and it provides the opportunity to round out the development of the full set of competencies viewed as essential for masters-prepared graduates in public health. The requirements, which include a portfolio and final paper, provide students with a means of self-assessment, indicating how core and concentration-specific competencies were achieved, through master's courses and fieldwork, community service, and paid work experience. The assignments are graded by a faculty committee using a standard rubric.

Target: 95% of students pass the Capstone seminar on the first attempt

MPH Internship and DrPH Practicum

These experiences, in which students are placed in public health settings where they address real-world public health problems, provide opportunities to develop competencies. All students identify competencies in their learning contracts that they will address during their field training experience. Assessments used are in the resource file 2.4.

Target: All MPH students address 3 core and 2 concentration specific competencies; all DrPH students address 5 foundational/concentration specific competencies.

Oral Presentations

Students demonstrate attainment of student learning objectives through presentations in MPH/DrPH courses. Students have the unique opportunity to participate in a poster presentation session while enrolled in CGH 306: Supervised Field Training in Public Health and an oral presentation of their final project while enrolled in CGH 406: Advanced Practicum. Like a scientific session, students devise a poster describing various aspects of their internship experience, present the material, and field questions from attendees. Faculty, staff and other students grade the presentation using a standard rubric. The evaluation uses a three-point Likert-scale (3=effective, 2=acceptable; 1=unsatisfactory).

Target: 90% of students will receive a grade of "acceptable" from the Program Director/Course Instructor on the oral poster presentations as evidenced by a standardized rubric.

DrPH Qualifying Exam

Doctoral students take a qualifying exam testing their knowledge and ability to apply knowledge in their respective fields. These include a combination of written and oral exams components. These requirements are described more thoroughly in Criterion 2.5.

Target: 99% of students pass the qualifying exam on the first try.

DrPH Dissertation

Students in this program follow a traditional academic approach to assessing competencies, which includes a major written document and oral exams testing their understanding and achievement of competencies. Committee members also assess competencies on an ongoing basis at committee meetings throughout the dissertation process. Students are assessed for their understanding of their specific project, as well as how that projects fits into and contributes to their field of interest.

Target: 99% of students pass the qualifying exam on the first try.

Internship Skill Assessment (Preceptor Survey)

The preceptor survey is included in the internship/practicum handbook which is distributed to all internship supervisors. The survey requests feedback on the student's job performance and competencies. Students receive ratings on several criteria: interpersonal skills, supervisory skills, personal attributes and skills. Preceptors are asked to give an overall rating for the student's performance. The evaluation uses a five-point Likert-scale (5=beyond expectation, 1=below expectation). Preceptors are also asked to rate the student's preparedness to undertake the activities asked of them during the course of their internship.

Target: 100% of students will receive a performance rating of at least 4.0 from their preceptors. Ninety percent of students will receive a preparedness rating of "very prepared" from their internship supervisors.

Examinations and Tests

Upon graduation, students may sit for two types of certifications exams. The National Commission for Health Education Credentialing (NCHEC) offers the Certified Health Education Specialist (CHES) exam, a competency-based test that measures the possession, application and interpretation of knowledge related to the Seven Areas of Responsibilities: a comprehensive set of Competencies and Sub-competencies defining the role of an entry-level health educator. Only students in the health promotion, education and evaluation concentration are eligible to sit for the exam. As of 2008, The National Board of Public Health Examiners (NBPHE) offers a certification in public health (CIP). The purpose of the exam is to ensure that students and graduates from schools and programs of public health accredited by the Council on Education for Public Health (CEPH) have mastered the knowledge and skills relevant to contemporary public health. The exam is rooted in the five basic core competencies of public health to reflect the nature of the field.

Target: 80% of students will pass the certifications exams on the first attempt.

Student Exit Survey

The exit interview is required of all students upon graduation. The survey is available online using Qualtrics. This survey assesses students' confidence regarding mastery of MPH core and concentration competencies; overall satisfaction with the program and curriculum; and strengths/weakness of the program; and skills still needed.

Target: 90% of graduates will report mastery of MPH competencies.

Alumni Survey

This survey is sent annually via e-mail to all MPH graduates from the preceding 12 months, with all responses collected using Qualtrics. The survey is comprised of four sections: demographics, prior degrees, employment, and recommendations (i.e., curriculum, program operations, etc).

Target: 80% of graduates will report job placement rates within 12 months.

Employer Survey

This survey is sent to employers of MPH graduates approximately three year's post-graduation. The survey asks that the employers provide an overall rating of the employee's preparedness, and provide general strengths and weakness of the program.

Target: 80% percent of employers will provide a preparedness rating of "very prepared" for their employees.

Institutional Data

The Office of Institutional Research at CGU provides data on various student outcomes. To assess student learning outcomes, the program specifically tracks student grades, time to graduation and graduation rates. The program director uses a degree counseling sheet to monitor student progress.

Targets: 90% of students will graduate within the five-year time limit for master's degrees at CGU and 7 years for DrPH students

Student's Self Reflection of their Learning

Documenting the field training experience through journaling provides an opportunity for reflection in action. Students complete four journals, one for every 100 hours worked. Students comment on the specific activities they conduct and provide reflective observations on obstacles encountered, successes and overall performance. Upon conclusion of the field training hours, students will compose a reflective evaluation to assess their experience and achievement of project objectives and MPH student competencies.

Target: 80% of students will report achievement of selected competencies through the field training experience.

Ongoing Evaluation of Student Progress

After submission of grades for each semester, students are assessed for adequate progress in their programs and those who are faltering are identified and interventions are implemented by the respective program director.

Academic Probation

Students are required to maintain a GPA of at least 3.0 on a 4.0 scale. Each semester, a report is generated to identify students falling below 3.0. For these students, the student's program director/academic advisor is notified. It is required that the director and/or advisor meet with the student to develop a plan to bring the student back on track. Reasons for inadequate achievement in classes are identified and specific measures are determined. For example, a problem that we have seen is that dual degree students often take too heavy of a course load. Additionally, many of our students work a significant number of hours per week. A typical response to this issue is to coach the student in taking a more manageable course load in upcoming semesters and/or decrease the hours they devote to their job, and to only embark on a heavier course load when they have firmly established their ability to be successful.

Maximum Time to Graduate

Each program has an established maximum time for completion (generally five years for a master's degree and seven years for a doctoral degree). Each semester, a report is generated to identify students who are one year prior to their maximum time. The academic advisors are notified so that they can discuss planning of remaining milestones with students. In special cases, extensions are granted for program completion.

Data Review & Program Adjustments

The evaluation processes used by the programs enable program faculty, staff, students and community partners to enhance program operations and student learning. Results are funneled to the faculty at large and specific MPH Program Committees. Faculty meetings held bi-monthly, maintain regular discussions of program functioning. Program leadership routinely adopts recommendations expressed in these meetings. Program committees met annually to evaluate areas that pertain to their charge; targets that are not met are accompanied by an action plan.

Continual curriculum improvement is a result of the following procedures:

- Syllabi audits each semester to ensure the student learning outcomes (competencies) for each course are listed
- Faculty review of assessments each semester to ensure they are effectively measuring learning at the course level
- Review of all measures of all student learning outcomes that are related to the curriculum
- Determination of areas of successes and challenges
- Development of a plan to improve in challenge areas

The results of these evaluative measures are regularly used to initiate program adjustments. For example, the results of ***course evaluations***, completed by the students are compiled and reviewed by the MPH program director and the Dean. These evaluations can impact subsequent teaching assignments, sequencing of course offerings, or specific teaching strategies. In the event of lower than average scores, MPH teaching faculty are counseled. Course content or evaluative criteria may also be revised in the light of student comments. These evaluations become a part of the material presented by the faculty candidate for promotion and tenure. ***Student surveys***, particularly the exit and alumni provide important information concerning student satisfaction with program curriculum, attainment of competencies, and overall operations. This data is used by the program directors to identify new content areas and methods to improve student services. Both students and preceptors complete an ***internship/practicum evaluation***. Preceptors rate the level of student preparation and performance at conclusion of the 400-hour field training requirement. The survey is forwarded to the program director, who also teaches the Internship course. Information concerning areas of strength and improvement can inform student competencies. Similarly, students rate their experience and identify specific courses that were instrumental in preparing them for the types of tasks they undertook in their field training experience. In addition, students comment on courses or content areas that would have been helpful had they been offered in the curriculum. New course offerings can be instituted based upon student assessment. The individual ***Curriculum Committees*** meet to assess and evaluate course offerings, both in terms of areas of dual degree options, specializations, teaching schedules, and specific courses and study-practice options. Recommendations from these committees can result in modifications to all areas mentioned above. For example, a change in marketing strategies may result when a particular area of emphasis or course continues to experience low enrollment.

2.7.b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each degree program, and presentation of data assessing the programs performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditation for each of the last three years. See *CEPH Data Template 2.7.1 and 2.7.2*. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language, an explanation must be provided. If job placement (including pursuit of additional education) within 12 months following award of the degree, includes fewer than 80% of graduates at any level who can be located, an explanation must be provided. See *CEPH Outcome Measures Table*.

Student Achievement Outcomes

Specific outcome measures referenced in criterion 2.7.b. are listed in table 2.7.b.1, along with performance data for the last three academic years.

Table 2.7.b.1. Identification of Outcomes Used to Evaluate Student Achievement

Outcome Measure	Target	2013-2014	2014-2015	2015-2016
1. Student achievement of cumulative GPA of 3.00	90%	93% Met	97% Met	MPH-92% Met
				DrPH-100% Met
2. Pass rate for the MPH capstone course on the first attempt	95%	100%	100%	100%
		Met	Met	Met
3. Receive a rating of "acceptable" for the MPH poster presentation (internship course)	95%	100%	100%	100%
		Met	Met	Met
4. Overall performance rating from MPH internship skill assessment (preceptor evaluation survey)	90%	70%	100%	100%
		Not Met	Met	Met
5. Preparedness rating from MPH internship skill assessment (preceptor evaluation survey)	90%	70%	100%	92%
		Not Met	Met	Met
6. Number of students sitting for the Certified Health Education Specialist (CHES/MCHES) exam	2	2	1	3
		Met	Not Met	Met
7. Number of students sitting for the Certified in Public Health (CPH) exam	2	0	1	2
		Not Met	Not Met	Met
8. Self-reported level of mastery of competencies (MPH student exit survey)	90%	Missing	100%	100%
		Missing	Met	Met
9. Job Placement or enrollment in advanced degree within 12 months (MPH alumni survey)	90%	94%	100%	100%
		Met	Met	Met
11. Employer preparedness rating of graduates (MPH employer survey)	90%	100%	100%	100%
		Met	Met	Met
12. Degree completion (graduation) rates for MPH Students	90%	100%	100%	82%
		Met	Met	Not Met

Table 2.7.b.1. Identification of Outcomes Used to Evaluate Student Achievement

Outcome Measure	Target	2013-2014	2014-2015	2015-2016
13. Achievement of selected competencies through field experience (MPH Student Self Evaluation)	80%	100%	88%	81%
		Met	Met	Met

Degree completion rates for the programs are presented for MPH and DrPH students respectively.

Table 2.7.b.2. Degree Completion for MPH Program

	Cohort of Students	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
2011-2012	# Entering	13				
	# students withdrew, dropped, etc.	0				
	# students graduated	0				
	Cumulative graduation rate (%)	0%				
2012-2013	# students continuing at the beginning	13	34			
	# students withdrew, dropped, etc.	0	0			
	# students graduated	6	4			
	Cumulative graduation rate (%)	46%	12%			
2013-2014	# students continuing at the beginning	7	30	23		
	# students withdrew, dropped, etc.	1	1	0		
	# students graduated	4	14	2		
	Cumulative graduation rate (%)	77%	53%	1.00%		
2014-2015	# students continuing at the beginning	2	16	21	35	
	# students withdrew, dropped, etc.	0	0	2	0	
	# students graduated	1	5	12	0	
	Cumulative graduation rate (%)	85%	68%	61%	0%	

Table 2.7.b.2. Degree Completion for MPH Program

	Cohort of Students	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
2015-2016	# students continuing at the beginning	1	11	7	35	27
	# students withdrew, dropped, etc.	0	2	1	2	3
	# students graduated	0	6	4	18	0
	Cumulative graduation rate (%)	85%	85%	78%	51%	0%

Table 2.7.b.2. Degree Completion for DrPH Program

	Cohort of Students	2015-2016	2016-2017
2015-2016	# Entering	8	
	# students withdrew, dropped, etc.	1	
	# students graduated	0	
	Cumulative graduation rate (%)	0%	
2016-2017	# students continuing at the beginning	7	12
	# students withdrew, dropped, etc.	0	0
	# students graduated	0	0
	Cumulative graduation rate (%)	0%	0%

Note: This program welcomed its first cohort in 2015; at the time of this report, no student has graduated or reached the seven-year graduation term.

2.7.b.3. Destination of MPH Graduates by Year of Graduation

	2013-2014 (n)	2014-2015 (n)	2015-2016 (n)
Employed	15	14	17
Continuing education/training (not employed)	2	4	2
Actively seeking employment	1	0	0
Not seeking employment (not employed and not continuing education/training, by choice)	0	0	0
Unknown	4	3	8
Totals	22	21	27

The MPH program has been in existence for eight years. The DrPH program welcomed its first cohort in 2015 so it has not been in place long enough to assess graduation and employment rates. Maximum time to complete the MPH and DrPH degrees is five and seven years respectively. Eighty-five percent of MPH students complete the program within five years. This outcome was met (except for 2015-2016

year; note the CEPH target is 80 percent graduation rate). Attrition rates continue to remain low except for 2013-2014. This number appears to be a one-time aberration and not a trend. The program administration monitors students' degree progress very closely and interacts with students many times throughout the semester to minimize attrition. Generally, common reasons for attrition include conflicts with work, finances and illness.

Job placement among our graduates remains high. For example, only one student was still seeking employment in 2013-2014 one year post graduation. In 2015, CGU contracted the Employment Development department to pull the salary for students at one year out who remained in California. The median wage for MPH students was \$37,534 with a standard deviation of \$27,443.

2.7.c. An explanation of the methods used to collect job placement data and of graduates' response rates to these data collection efforts. The program must list the number of graduates from each degree program and the number of respondents to the graduate survey of other means of collecting employment data.

Job placement data are collected through several sources. The primary sources are the student exit and the alumni surveys. The data are then supplemented by information gained in student communications directly with faculty and staff, as well as with our Career Center. For example, students occasionally email their faculty advisor when they secure a new position. A master database of graduates' employment is maintained by the School. Response rates to the exit survey and alumni survey over the past three years are shown in Table 2.7.c below.

Table 2.7.c MPH Exit and Alumni Survey Response Rates

	2013-2014		2014-2015		2015-2016		Fall 2016	
	# in sample	# (%) of respondents	# in sample	# (%) of respondents	# in sample	# (%) of respondents	# in sample	# (%) of respondents
Exit Survey	22	8 (36%)	21	10 (47%)	26	12(46%)	7	2 (28%)
Alumni Survey	22	0 (0%)	23	0 (0%)	24	2 (.08%)	5	1 (20%)

No alumni survey was conducted in 2013-2014 and 2014-2015 due to lack of staffing. In 2015-2016, two graduates responded. Students also submit an exit survey as part of their university graduation paperwork requirement, but not all completed the survey part of the "Intent to Graduate Form."

We acknowledge that our response rates for both exit and alumni surveys are low. We are making efforts to improve the feedback by enhancing alumni engagement, streamlining surveys and community engagement. We are currently working with the University's alumni engagement office to develop communication and engagement strategies that help us build sustainable relationships with our alumni. This included hosting alumni networking events, social activities and personally contacting alumni to request they complete the surveys. We believe that continued, strategic engagement with our alumni will make improve our survey response rates. We are reviewing all survey tools (both university and SCGH) to streamline them, assuring that they are as efficient as possible. In addition to engaging more with our alumni, we are working on strategies to engage the employers of our alumni in our community advisory committee. A small number of employers are on the committee, but we hope offer seats to some of the new employers as well.

- 2.7.d. In fields for which there is a certification of professional competence and data are available from the certifying agency, data on the performance of the program's graduates on these national examinations for each of the last three years.**

Certification of Professional Competencies

The CGU program does not require students to sit for certification examinations to be eligible for graduation. CGU students/graduates were first able to take the Certified in Public Health exam as of July 2012, the year of initial CEPH accreditation. As indicated in table 2.7.b.1. A total of six students have taken and passed the CHES exam (one of these students passed the MCHES exam in October 2016). Three students have taken the CPH exam, but only one passed in 2014-2015.

We believe that these exams, especially the CPH exam, help us evaluate proficiency in our MPH graduates. While we cover the importance of these exams during new student orientation and advisement sessions, we are developing a plan to better inform students about the opportunity to take the exam, which includes a student information session, announcement of testing dates, and making sure that our students are informed about their eligibility for these exams. A significant barrier to taking these exams is cost. In addition to offering a travel award to attend conferences, we could consider offering a small stipend to those students taking the exam.

- 2.7.e. Data and analysis regarding the ability of the program's graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers and other relevant stakeholders. Methods for such assessment may include key informant interviews, surveys, focus groups and documented discussions.**

Alumni Survey

In addition to the university wide alumni survey that is distributed each year, the program distributes a survey to our program alumni. Our alumni survey aims to understand the impact of the training they received in our program after graduation. The survey asks questions about employment, the effectiveness of their educations at preparing them for their career and asked them to reflect of the strengths and weakness of the program. Surveys are distributed electronically to all alumni that have a valid email on file. We send surveys to our alumni at multiple points following their graduation (1, 7 and 10 years post-graduation) in order to get an understanding of the longitudinal effects.

In 2016 the alumni survey was distributed to graduates from the previous year. The response was 8% (n=2). The respondents had both found employment following graduation, although only one of the respondents was working in the public health field. Both respondents reported that they felt that the program helped prepare for their current employment. The alumni reported that the most valuable skills that they learned in the program included: Communication (written/verbal); needs assessment; evaluation; data analysis; and networking. The response rate for these surveys has been low and we are working with alumni, students and the university staff to improve the current process.

Another alumni survey was distributed through the Office of Institutional Effectiveness in 2015-2016. There were two alumni from spring 2014 who completed the survey. The summary below gives a lot of space to data from only two people, but illustrates the scope of questions asked and can point to issues with student responses, not necessarily the survey itself. Therefore, plans include setting up a calling plan from the staff and faculty to reach out to alumni personally to encourage response rates. The incentives provided perhaps should be reevaluated, as well as the survey length. Finally, staff and faculty can share with current students what has been learned as a result of previous surveys, encouraging the

students to understand the value of providing feedback and paying it forward to their future colleagues who may benefit once they have graduated.

Summary of the two responses include the following: Alumni rated the return on the investment for the degree and preparation for the next phase of the career differently. One respondent rated both with a 4 on a 5-point scale, and the other gave the lower ratings of 2 and 3 on the 5-point scale. Both rated the overall program quality as excellent (5 on a 5-point scale). A list of student learning outcomes was presented and students were asked how strongly these skills were enhanced by the program. One student agreed that all knowledge, skills, and abilities were enhanced while the other rated some as enhanced and others as not enhanced (see below).

The knowledge, skills, and abilities that **were enhanced** by the experience at CGU include: writing effectively, applying research practices, applying soft skills, understanding how one's own values affect others, and how to address problems from multiple perspectives. The rating was 5 or 6 on a 6-point scale. The knowledge, skills, and abilities that were **not highly rated** as being enhanced by CGU include: communicating well to a range of audiences, acquiring and synthesizing new knowledge; writing skills: thinking analytically, implementing solutions based on scholarly research: finding one's own scholarly voice: working well with others: manage projects effectively: leading effectively: and resolving conflicts with others. These were each rated 1 on a 6-point scale. The most useful things that the program taught included the skills, the training, and building a professional network. The program should provide to students more opportunities for field experience and training to build a professional network. Alumni also reported that the work they are doing is interesting, challenging, satisfying, and making a difference in the lives of others.

Employer Survey

The program created an employer survey to collect feedback from organizations in our community who employ CGU MPH graduates. Evaluations from our community employers are crucial in helping to improve our degree program and the public health workforce. The 15-item survey is distributed electronically to individuals that have employed alumni in our program in the past five years. The survey asks questions about the quality of work produced by our alumni, their preparedness and additional areas of training that would be beneficial for our graduates.

In 2016, the alumni survey was distributed to 14 individuals that had been identified as supervisors of one of our alumni. Our response rate was 14% (n=2), both respondents had served as supervisors for one of our alumni. All respondents reported that the overall quality of work produced by the CGU MPH graduate was *good* and that they were *adequately prepared* for their position. Areas that were identified for additional training include: policy analysis, budgeting and financial planning and community organizing. We recognize the importance of this feedback and are working with our community advisory committee on strategies to improve response rate for this survey so we can get additional feedback from the employer's perspective.

Key Informant Interviews

SCGH faculty/staff recently met with the MPH Community Advisory Committee to discuss the results of key informant interviews to assess specific knowledge/skills/experience that would be ideal for an entry-level MPH intern and employee to possess. Meeting minutes are available in Resource File 2.7.e(2). Additional emphasis concerning content areas in the areas of leadership and management were recommended. Practical skills such as budgeting, strategic planning, financial management and developing health policy were suggested, either by creating additional courses or a modification of current courses in this track. A new course offered by the CEO of Riverside Health Department in the

summer of 2016 provided students with a realistic view of the day-to-day operations of public health practitioners. Students voiced that they appreciated the practical nature of this course and could network and cultivate internship possibilities as a result. Further, written and oral communication skills among students and graduates was an area that could be strengthened. It was suggested that the MPH program might consider offering students training on the following topics: job interview preparedness; how to focus on long-term goals as well as those required of the MPH internship; cultivating professional development activities; a review of soft skills students can hone; maintaining humility, including cultural competency. It was noted that many of these topics are currently addressed through the CGU student success center (e.g., career center), but it is uncertain with what frequency students take part in these workshops. The student MPH internship orientation for this semester now features a panel with a representative from the career center as well as internship preceptors and alumni to provide students with expectations concerning their internship experience. It was suggested that such topics could be also embedded into courses or the mentorship program spearheaded by the SCGH student association.

2.7.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Assessment of Criterion

This criterion is met with commentary.

Strengths

- Graduation rates are generally high, as are our employment rates.
- The program has developed a broad-based, integrated plan for monitoring and evaluating student progress in achieving the expected competencies.
- Data collection methods and tools featured in the assessment plan are diverse and a schedule for dissemination has been established.

Weaknesses

- The assessment of competencies can be a challenge at times and we continue to work towards improving our measurements of competency development.
- Our competency assessment of alumni has included one general item regarding preparedness of core coursework in performing their job functions.
- Our assessment of competencies from the perspective of employers, while useful, lacks regularity.
- Our response rates for exit and alumni surveys are extremely low, despite follow-up by administration.
- Other than GPA, no other information exists for DrPH students.

Plans

- Given the current constraints of staffing, we would like to develop a systematic approach to employer feedback, rather than relying on sporadic efforts, anecdotal feedback and perceptions of faculty based upon interactions with the practice community.
- We plan to consider conducting focus groups or alumni on a regular schedule, in conjunction with plans to develop more of a community among our alumni.
- We plan to add more extensive competency measures to our alumni survey and implement methods for increasing the response rate to the alumni survey.
- We have additional plans in place to increase the response rates as described above.

CRITERION 2.8. BACHELOR 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: student 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 course 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 (e.g., 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, and research paper or honors thesis.

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

2.8.a. Identification of all bachelor's-level majors offered by the program. The instructional matrix in Criterion 2.1a. may be referenced for this purpose.

Not applicable

2.8.b. Description of specific support and resources available in the program for the bachelor's degree programs.

Not applicable

2.8.c. Identification of required and elective public health courses for the bachelor's degree(s).

Not applicable

2.8.d. A description of program policies and procedures regarding the capstone experience.

Not applicable

2.8.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Not applicable

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CRITERION 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.

2.9.a. Identification of all academic degree programs, by degree and area of specialization. The instructional matrix in Criteria 2.1a. may be referenced for this purpose.

Not applicable.

2.9.b. Identification of the means by which the program assures that students in academic curricula acquire a public health orientation. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

Not applicable.

2.9.c. Identification of the culmination experience required for each academic degree program. If this is common across the program's academic degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

Not applicable.

2.9.d. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Not applicable.

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CRITERION 2.10. DOCTORAL DEGREES

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

2.10.a. Identification of all doctoral programs offered by the program, by degree and area of specialization. The instructional matrix in Criteria 2.1a may be referenced for this purpose.

The SCGH offers the DrPH in one area (Leadership & Management) as shown in the Instructional Matrix.

2.10.b. Description of specific support and resources available to doctoral students including traineeships, mentorship opportunities, etc.

Mentorship

SCGH has 10 core faculty, plus the Dean, qualified to serve as doctoral committee chairs or mentors. Students may work with faculty from other Schools at CGU as well as faculty from the Claremont Colleges. DrPH students are encouraged to include outside practitioners as part of their dissertation committee, particularly those who serve as advanced practicum preceptors.

Financial Support

SCGH offers departmental fellowships to DrPH students based upon qualifications. All students are eligible for a departmental fellowship except students who receive funding from a sponsoring agent or those enrolled in doctoral studies (CGH 499-0 units), which simply maintains student status. SCGH provided funds for merit-based doctoral scholarships as illustrated below. DrPH students received an average of 28.4% discount from their tuition, an equivalent of \$4721 for a doctoral student taking 9 units.

2.10.b. Financial Support for DrPH Students

	Fall 2015	Spring 2016	Summer 2016	Fall 2016	Spring 2017
% received aid	100%	100%	100%	100%	100%
Total aid given	\$26,500	\$29,000	\$15,000	\$87,500	\$84,000
Discount Rate	31%	30%	27%	26%	28%

2.10.c. Data on student progression through each of the program's doctoral programs, to include the total number of students enrolled, number of students completing coursework and number of students in candidacy for each doctoral program. See *CEPH Template 2.10.1*

2.10.c. Doctoral Student Data for 2017

	Doctoral Degree 1: DrPH in Leadership & Management
# newly admitted in 2017	2
# currently enrolled (total) in 2017	20
# completed coursework during 2016	17
# advanced to candidacy (cumulative) during 2016	0
# graduated in 2016	0

2.10.d. Identification of specific coursework, for each degree, that is aimed at doctoral-level education.

The course numbering system at CGU includes the following numbering sequences:

300 - 394: Graduate seminars primarily for Master's level students which may be open to doctoral students.

401 - 494: Doctoral level courses

500 +: Doctoral level courses

The DrPH program is offered in one focus area: leadership & management. This degree requires a prior master's degree and a minimum of 72 semester units for completion of the DrPH. There are 60 semester hours of core coursework in leadership, management, proposal writing and a transdisciplinary course. Students complete 12 units in a minor area, chosen in conjunction with the faculty advisor, that builds their specific area of expertise in preparation for their practicum/dissertation project. The minor includes a mixture of specialized masters and doctoral-level courses. A zero unit, 240-hour minimum advanced practicum, provides an experience to develop doctoral-level competencies. Finally, a zero-credit dissertation serves as the culminating experience. Specific information about the DrPH curriculum can be found in criterion 2.1b.

Doctoral level course required in the DrPH program include the following:

CGH 400: Advanced Theoretical Foundations in Health Promotion & Education

CGH 401: Advanced Statistical Methods 1

CGH 402: Advanced Research Methods

More specific information can be found in the DrPH Student Handbook available in the resource file section 4.4.a(1).

2.10.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met with commentary.

Strengths

- DrPH students have access to faculty mentors who are leaders in their fields.
- The doctoral program has three courses specifically designed at the doctoral level, covering advanced topics in theory, methods and statistics. Courses from other Schools enroll both masters and doctoral students.
- SCGH offers departmental fellowships for all DrPH students who are eligible.
- There is additional mentorship to DrPH students through the advanced practicum requirement.
- University policy allows students to have an outside fourth member on dissertation committees, which provides for contributions from the practice community.

Weakness

- A limited number of research and teaching assistantships are primarily held by doctoral students in Health Promotion Sciences so DrPH students rely on a departmental fellowship and loans to finance their degree

Plans

- Additional doctoral level courses will be considered as the SCGH faculty grows.
- Apply for and obtain training grants to provide increased support for doctoral students.

CRITERION 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.

2.11.a. Identification of joint degree programs offered by the program. The instructional matrix in Criterion 2.1.a. may be referenced for this purpose.

Identification of Degrees

SCGH currently offers three dual degree programs that involve the MPH (shown in the instructional matrix, Table 2.1.a): Accelerated Bachelors (BS)/MPH; Master of Business Administration (MBA)/MPH; and Applied Psychology (MA)/MPH. Our university refers to these as “dual” (rather than “joint”) because students are awarded two separate degrees rather than a single joint degree. The MPH is awarded at the time credit hours are to be applied to the MPH are completed. Before implementing a dual degree program, Schools submit a proposal to the University’s Academic Standards Committee (ASC). Once approved by the ASC, the Faculty Executive Committee (FEC), and the faculty at large it is then ratified by the CGU Board of Trustees Committee of Academic Affairs. Student advising and tuition is then shared between the two Schools.

2.11.b. A list and description of how each joint degree program differs from the standard degree program. The program must explain the rationale for any credit-sharing or substitution as well as the process for validating that the joint degree curriculum is equivalent.

Total Credits

The MPH program requires 48 units. Efficiency is achieved in the dual degree programs through applying some credits (usually 12 credits, but as low as 4 from the other degree to the MPH). In most cases, credits

from the other degree are applied to MPH elective credits and the biostatistics course. A list of acceptable courses that relate to public health and can be applied to the MPH degree is approved for each dual degree program. The initial selection of elective course to be shared in dual degree programs is developed by the Associate Dean for Academic Affairs, who oversees and advises for all dual degree programs, and then approved by the Curriculum Committee. The lists of acceptable courses to be applied to elective credits are presented below in the descriptions for each dual degree program. Course syllabi for accepted courses are in Resource File 2.1.b(5).

MPH Core Courses: For all dual degree programs, students complete all core MPH courses in the same manner as non-dual degree students, with the possible exception of CGH 301, Biostatistics. There are equivalent statistic courses identified within the MBA (MGT 306: Quantitative Methods) and Psychology (PSYCH 308a: Intermediate Statistics and PSYCH 308b: ANOVA) curriculum that may be used as substitutions.

MPH Concentration Courses: All dual degree students complete a concentration, selecting from the concentrations available to all other MPH students. Completing a dual degree may present challenges in course scheduling and sequencing, making it difficult for a dual degree student to complete all required courses for a particular concentration. A total of four courses comprise all MPH concentrations. Students may be allowed to substitute up to two course from the other degrees, providing they provide comparable content and competencies. Thus, a dual degree student could create a custom concentration that approximates the MPH concentrations but perhaps substitutes one or two

concentration courses with similar courses. To be approved for a custom concentration, the student must create a concentration plan with the courses they intend to take to address those competencies. The custom plan must be approved by the Associate Dean for Academic Affairs and the academic advisors of both Schools. The custom concentration approval documents (i.e., dual degree course plans) are provided in Resource File 4.4.a(1).

Internship: All dual degree students complete a supervised field training experience to meet the competencies expected for the MPH; they follow the same procedures as all other MPH students. Students in the dual MBA/MPH program (leadership and management concentration) are encouraged to apply to the Randall Lewis Health Policy Fellowship Program where most sites are located within city government offices. We have found these placements to offer activities that address both business and public health competencies.

Capstone: All dual degree students must complete a project that fulfills the objectives of the MPH capstone course. Competencies from non-MPH courses are considered to be part of the competency inventory requirement in the portfolio.

Electives: It is through electives that dual degree students achieve efficiency and synergy between their two programs. Dual degree students may utilize courses, totaling 4 units, from their other degree to fulfill these credit hours.

Accelerated Bachelor's/MPH (4+1)

This program offers qualified students from the undergraduate Claremont Colleges the special opportunity to work simultaneously toward completion of their undergraduate degree requirements and a Master of Public Health (MPH) degree. Students usually apply to the MPH program in their junior year and can take graduate units in their senior year towards the requirements for the MPH degree. Applicants must obtain approval of their undergraduate advisor and the MPH program director and are admitted under provisional status until the undergraduate degree is earned. Depending upon the undergraduate major, a maximum of 16 units may be applied to both undergraduate and graduate degrees. The units accepted for both degrees must be equivalent to a B or better. No undergraduate units are accepted into the MPH program. Graduate units, typically the core MPH courses, are applied to undergraduate credits.

MBA (Masters of Business Administration)/MPH

The Peter L. Drucker and Masatoshi Ito Graduate School of Management (Drucker) along with the School of Community and Global Health (SCGH) of Claremont Graduate University admitted students in spring 2010 to a dual degree program in business administration and public health aimed to provide leadership development and management training for public health systems, organizations and individuals. Students complete a 6 semester (full-time), 80-credit hour program, requiring 56 units of core courses, 16 units of concentration courses, and 8 units of elective coursework. Specific program components include:

- Fifteen core courses which cover the core student competencies and provide a foundation for further coursework in a chosen concentration
- Choice of five concentrations in the MBA program, with at least 12 units of coursework required or the choice of one concentration in the MPH program (Leadership and Management), with at least 16 units of required coursework
- Choice of elective courses within both programs

Courses approved to be applied to the MPH program include:

MGT 306: Quantitative Methods (4 units)

Applied to CGH 301: Biostatistics, MPH Core Course (4 units)

MGT 345: Organizational Behavior (4 units)

Applied to CGH 318: Management of International Health Programs & Organizations, MPH Concentration Course (4 units)

MGT 367/TNDY403s: Leadership in the 21st Century: A Paradigm Shift for a Global Environment (4 units)

Applied to CGH 316: Public Health Leadership in the 21st Century, MPH Concentration Course (4 units)

MA (Applied Psychology)/MPH

The School of Social Science, Policy & Evaluation, Division of Behavioral and Organizational Science (SBOS) along with the School of Community and Global Health (SCGH) formally admitted students in fall 2011 to a dual degree program in psychology (health behavior & evaluation) and public health (health promotion, education & evaluation and applied biostatistics & epidemiology) that combines theoretical and applied population-based research about behavioral risk factors and the efficacy of behavioral interventions to improve health outcomes among diverse populations. Graduates of the MA/MPH dual degree program acquire a broad perspective of health-relevant behaviors, as well as program development, evaluation and research skills that are applicable in a wide range of settings. Students complete a 5 semester (full-time, 16 units or less per semester), 64-unit program. Specific program components include:

- Twenty-one courses in applied psychology and public health that satisfy the core requirements
- Choice of one concentration in the MA program, (Health Behavior Research) and two concentrations in the MPH program (Health Promotion, Education & Evaluation; Applied Biostatistics & Epidemiology)
- Choice of elective courses within both programs

Courses approved to be applied to the MPH program include:

PSYCH 308a: Intermediate Statistics (2 units) and PSYCH 308b: ANOVA (2 units)

Applied to CGH 301: Biostatistics, MPH Core Course (4 units)

PSYCH 302a: Research Methods (4 units)

Applied to CGH 313: Research Methods, MPH Concentration Course (4 units)

**Both courses are taught by the same instructor, in different semesters*

PSYCH 315EE: Evaluation Procedures (4)

Applied to CGH 309: Monitoring & Evaluation of Global Health Programs, MPH Concentration Course (4 units)

PSYCH 350v: Health Behavior Program Development (4 units) or PSYCH 350ff: Health Promotion (4 units)

Applied to CGH 308: Foundations of Program Planning, MPH Concentration Course (4 units)

Individual Dual Masters Degrees

There are two types of dual-degree programs, formal and individual. **Formal programs** are programs whose requirements are explicitly agreed upon and formalized between two departments, such as the MBA/MPH described above. **Individual programs** are programs initiated by individual students according to their special needs. Students interested in individualized dual-degree programs must, with the recommendation of their respective advisors, submit their proposals specifying their purpose, minimum unit requirements, and units in each area to their respective departments for approval. The student will submit a signed change of degree form and dual degree plan approval form to the Registrar. Students have completed dual degrees in Economics, Policy, Applied Women's Studies, and Geographic Information Systems (Informational Systems & Technology). Only a handful of students have pursued this opportunity. If there appears to be a steady increase in students initiating a particular dual degree, we may consider submitting a formal proposal to be approved by the University. Dual students utilize these courses to serve an MPH elective.

Courses approved to be applied to the MPH program include:

IST 370: GIS: Essential Concepts (4 units)

Applied to CGH 315: Health Geoinformatics, MPH Concentration Course (4 units)

In summary, SCGH maintains two professional dual degree programs: MBA/MPH and MA (Applied Psychology)/MPH during the last three years. In addition, the MPH program has admitted a limited number of CGU undergraduate students to pursue the MPH degree while completing a bachelor's degree. Accelerated degree students must fulfill all the requirements for both the bachelor's degree and the master's degree; however, a maximum of 16 units of the course units for the master's degree may overlap with course units for the bachelor's degree. Undergraduates enroll in MPH courses to satisfy their elective requirements.

The number of MPH units may be reduced anywhere from 4 to 16 units (44 to 36 total MPH units) depending upon the availability of appropriate courses in the management or psychology degree. Substitutions to MPH coursework are made when MPH competencies are addressed in the substituted courses. Any substitutions/transfer of coursework that replace MPH requirements is logged for every student. Syllabi for such courses are available in the resource file 2.1.b(5). A list of approved course substitutions is available in criterion 2.11.

2.11.c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Assessment of Criterion

This criterion is met.

Strengths

- CGU offers opportunities for students to complete a public health degree along with a second separate degree program, providing a mechanism for providing cross-trained professionals who can address real-world problems from a board perspective.
- Course sharing that allows courses from the non-public health degree are identified and supported by a competency based analysis.

Weaknesses

- Few students have been accepted to the Bachelor's/MPH accelerated degree program in recent years. Reasons for this trend are unknown.
- Advising between the two programs is challenging as Schools have different schedules and policies regarding enrollment.

Plans

- Efforts are underway to establish mechanisms for faculty of dual degree programs to connect with each other across programs and with dual degree students in a seminar or social setting, with the goal to enhance the connections between areas represented in the dual degrees. We feel this would benefit both faculty and students, and in addition to strengthening the student experience, may lead to joint research initiatives.

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CRITERION 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 programs must be a) be consistent with the mission of the program and with the program's established area 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 program 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 or degree and receives academic credit.

2.12.a. Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard terms, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both. The instructional matrix in Criterion 2.1a may be referenced for this purpose.

Not applicable.

2.12.b. Description of the distance education or executive degree programs, including an explanation of the model or methods used, the program's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the program, and the manner in which it evaluates the educational outcomes, as well as the format and methodologies.

Not applicable.

2.12.c. Description of the processes that the program uses to verify 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 or degree and receives academic credit.

Not applicable.

2.12d. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Not applicable

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3.0



Our diverse student body learns in highly collaborative environments from qualified faculty and experienced professionals. The knowledge and skills they gain in the classroom transcends into practice when students make real-life applications in the public health field. Our programs offer many opportunities for students to have applied experiences in public health, whether it is through internships, assisting on research projects or engaging in service at the community level.

Creation, Application and Advancement of Knowledge

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CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

CRITERION 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.

3.1.a. A description of the program's research activities, including policies, procedures and practices that support research and scholarly activities.

University Research Activities

Research and scholarly activity at CGU is high, with the University generating a prodigious intellectual footprint relative to its size. Members of the CGU faculty produce and apply knowledge across all of the scholarly disciplines represented in its schools and departments, collaborate with colleagues around the globe, and actively mentor students on research projects. External funding such as federal research grants, foundation grants, and public and private contracts supports much of this work. During Fiscal Year 2016, CGU faculty submitted \$34 million in grant proposals, including \$13 million by SCGH faculty; during this period, one quarter of CGU faculty received new awards for sponsored projects valued at \$5 million, including 4 awards to SCGH faculty valued at \$250,000. From Fiscal Year 2013 to Fiscal Year 2016, CGU faculty submitted \$158 million in proposals and received \$30 million in awards. During this period, SCGH faculty submitted \$66 million in proposals and received \$9 million in awards.

University Policies and Procedures

The Office of Research and Sponsored Programs (ORSP) provides faculty with the following guidelines:

- Policy Statement on Conflict of Interest and Conflict of Commitment (<https://cgu.policystat.com/policy/1059612/latest/>)
- Grants Post Awards Policy and Procedures (<https://cgu.policystat.com/policy/2216369/latest/>)
- Policy Statement on Intellectual Property (<http://copyright.claremont.edu/>)
- Policy Statement on Scientific Misconduct (<https://cgu.policystat.com/policy/1429523/latest/>)
- Institutional Review Board Procedures (<http://mycampus.cgu.edu/web/sponsored-research-and-programs/institutional-review-board-irb/training>)
- Policy Statement on Inventions, Patents & Copyrights (<http://copyright.claremont.edu/>)

University Practices

"Research That Matters" describes a second major institutional commitment at CGU, a commitment to the creation by students and faculty of applied research knowledge that has a significant impact not only within the academy but in the societies beyond campus gates—research that is directly applicable to practical issues and problems such as the peaceful resolution of religious and political conflict, building more effective democratic governance institutions, evaluating and improving health and human services

programs and infrastructure, improving individual satisfaction with work and family, and numerous other subjects.

The Faculty Executive Committee hosted a faculty retreat in fall 2015 centered around research. Each School and unit presented the research agendas of each member in brief. This presentation was followed by a detailed presentation of a few select faculty members to provide the faculty community to learn more the research conducted by their colleagues. The retreat enabled faculty to identify colleagues with similar interests as well as build comradery. This type of presentation was the first of its kind, well received and planned as a staple for the future.

CGU is well-positioned in the promotion of faculty research. The Office of Research and Sponsored Programs (ORSP) has two principal functions: (1) to support CGU faculty in preparing and submitting grants and contracts for extramural funding and (2) to support the CGU Institutional Review Board, which has oversight responsibility for protection of participants in faculty and student research projects. The Office of Research gives a high priority to faculty development in the research area by providing workshops on research conduct and promoting research across disciplines. The ORSP also works collaboratively with two additional offices across campus to provide a full cadre of services to faculty. The Office of Sponsored Research Accounting and the Office of Corporate and Foundation Relations also provide support to faculty through post grant award processing and facilitation of foundation supported research.

CGU also provides seed funding for faculty research through three distinct internal sources, managed by the ORSP, and funded by restricted donations. (1) Research initiative fund to help external grant seekers for specific proposal development activities, (2) BLAIS Challenge award to promote intercollegiate academic program development and research collaboration, and, (3) Fletcher Jones Foundation award to fund projects that may lead to external grant seeking. The total support across the three programs totals \$140,000 annually.

In 2016, the National Council of University Research Administrators (NCURA) conducted an evaluation of CGU under their standards and delivered a detailed report on the strengths and opportunities for the research enterprise. Several faculty members from SCGH took part in multiple stages in the self-study and review process. The review team report's program review was tied to budget and planning efforts in the 2016-2017 cycle.

Research Activities of the Program

The focus of research conducted by program faculty includes the health and wellbeing of native peoples in targeted regions as well as people in transition within and across national boundaries. Faculty strive to:

- Develop and implement evidence-based, practical solutions to public health problems;
- Make important and innovative contributions to the scientific literature in health promotion and prevention neuroscience from cutting-edge, transdisciplinary research on chronic (non-communicable) diseases;
- Develop research programs focusing on neurocognitive, genetic, social, and environmental determinants of health behavior and promotion of healthful individual lifestyles and communities;
- Develop and implement evidence-based, practical solutions to public health problems;
- Maintain a sufficient level of extramural support for research; and

- Disseminate the results of research in peer-reviewed, scholarly publications and at regional, national, and international conferences.

There are also longer term goals that are evolving into policies and practices for encouraging various integrative research activities. Examples of these goals involve:

- Creating a partnership of leading academic, private sector business, non-governmental organizations, and government agencies in the U.S. and abroad for translating evidence-based prevention science to the benefit of populations in targeted regions;
- Promoting synergistic, inter-institutional, transdisciplinary science that brings about improved health outcomes; and
- Developing prevention program and policy initiatives for widespread and targeted dissemination
- Providing student funding and study opportunities in the private and public sector as well as collaborating academic intuitions in the U.S. and abroad.

Policies and Procedures

Program policies, procedures, and practices follow University, School and NIH guidelines. These procedures focus on investigators' roles and responsibilities as described below.

Principal investigator (PI). All faculty members, except adjunct faculty, are eligible to serve as principal investigators on projects to be funded by the National Institutes of Health or any other governmental agency or foundation. The PI is responsible for all aspects of funded projects including scientific, budgetary, administrative, ethical, and regulatory oversight of the project. The School and University monitors and assists the PI in this function, especially with respect to budgetary, regulatory, ethical, and administrative (e.g., human resources) issues. PIs are encouraged to actively mentor junior faculty in Co-I roles in grant writing and research activities.

Co-Investigator (Co-I). All faculty members, with no exclusions, are eligible to serve as Co-PI on projects. Faculty in the Co-I role are under the direct supervision of the PI. Junior faculty in Co-I roles are encouraged to assist PIs in writing grant proposals so that they can obtain valuable grant writing experience. We have found that such experience often leads junior Co-I investigators to transition to independent research and PI roles.

Joint PI. Investigators have the option of a joint PI arrangement, in which two or more faculty members share ultimate responsibilities for a research proposal and project. One individual is assigned primary budgetary responsibilities, in accord with university requirements. It is expected that such arrangements will have a strong substantive and logistical basis, as revealed in the investigators joint PI plan usually required in submissions of proposals for funding.

All research proposals are reviewed by the University's Institutional Review Board (IRB). The school and University encourage investigators to be proactive with the IRB and receive consultation in advance of submitting applications for research. The school strictly adheres to NIH policies regarding the protection of human subjects and IRB approval and notification.

Program Practices

Collaborative research activities are encouraged within School, across the University boundaries and extend beyond. In order to develop new integrations across diverse fields relevant to public health, investigators are encouraged to seek out collaborators with complementary areas of expertise in order to broaden the range of research issues addressed and breadth of the School. Such collaborative

activities may involve joint PI arrangements within School, across Schools, or across institutions. Collaborative arrangements are not normally limited by region or national origin. However, in some instances, governmental regulations restrict certain funding to a small number of other countries designated by the Department of State. The School complies with governmental restrictions.

The involvement of students is encouraged at all levels of research. Whenever possible, PIs are encouraged to hire SCGH students (MPH, DrPH, PhD) as research assistants and to engage them in activities that will help them pursue their educational goals and eventual careers. PIs are also encouraged to write in student salary and at least partial tuition support into research grant proposals.

3.1.b. Description of current research activities undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

Community-Based Research Activities

SCGH faculty engage in community-based research activities as evidenced in table 3.1.b. The faculty maintain formal research agreements with these research partners. These agencies provide research opportunities for public health students.

Table 3.1.b. Community-Based Research Activities

Community Based Research Project/Agency	SCGH Faculty Investigators	Participating Agencies
Action Plans & Memory Consolidation: Reducing HIV Risk in Drug Users	Alan Stacy, Susan Ames	California Diversion Intervention Foundation Arrowhead Regional Medical Center
AAPEAL Research and Data Subcommittee on tobacco research for Asian-Pacific Islanders	Paula Palmer	Guam Communications Network Pacific Islander Health Partnership Samoan National Nurses Association Tongan Community Service Center Union of Pan Asian Communities
Community Translational Research Institute (CTRI)	Andy Johnson, Bin Xie	Riverside County Department of Public Health Riverside University Health System, Care Centers & Medical Center (RUHS) Inland Empire Health Plan (IEHP) Claremont Graduate University School of Community & Global Health (CGU-SCGH) City of Jurupa Valley
Community-led Policies and Leadership to Eliminate Disparities for Asian Americans and Pacific Islanders on Tobacco (ComPLEAT)	Paula Palmer	Asian Pacific Partners for Empowerment Advocacy and Leadership (APPEAL) Families in Good Health (FIGH) Empowering Pacific Islander Communities (EPIC)
Determinants of Cigarette Smoking and Smokeless Tobacco Use Among Young Adult South Asians	Andy Johnson, Paula Palmer, Bin Xie	SAATH*
Enhancing Homeless Youths' Engagement and Retention in Vocational Training	Bin Xie	University of Southern California My Friend's Place
Weaving an Islander Network for Cancer Awareness, Research and Training (WINCART)	Andy Johnson, Paula Palmer, Bin Xie	Guam Communications Network Pacific Islander Health Partnership Samoan National Nurses Association Tongan Community Service Center Union of Pan Asian Communities

*SAATH, a Los Angeles-based non-profit organization that uses research and outreach to assist South Asians

Dr. Palmer works with the **Asian Pacific Partners for Empowerment, Advocacy, and Leadership (AAPEAL)**, a national organization working towards social justice and a tobacco-free Asian American, Native Hawaiian and Pacific Islander (AA and NHPI community). Specifically, she participates on the *Research and Data Subcommittee on tobacco research for Asian-Pacific Islanders*, with the purpose of building capacity and developing leadership roles for tobacco control efforts in Asian-Pacific Islander communities, APPEAL works in the areas of cessation, legislative policy and secondhand smoke reduction, social justice, and research. Participation on this subcommittee involves the discussion of critical issues related to their respective topics, monitor recent advances, trends, threats or policy opportunities, and identify key materials (including in-language) and resources (e.g. journal articles) to help address their subcommittee focus. She provides APPEAL with input and direction for developing promising practices in a variety of tobacco control areas.

Drs. Palmer & Xie collaborate with *SAATH*, a Los Angeles-based non-profit organization that uses research and outreach to assist South Asians (Indians, Sri Lankans, Bangladeshis, Nepalis, and Pakistanis afflicted with cancer. **“Determinants of Cigarette Smoking and Smokeless Tobacco Use among Young Adult Southeast Asians”** involves community-academic collaboration studies of smoked and smokeless tobacco use among immigrant Bangladeshi, Indian, Nepali, and Pakistani young adults. Utilizing in-depth interviews, focus groups, surveys, and real time data collection using cell phones, they identify the cultural, social, environmental, and intrapersonal factors that impact smoking and quitting behaviors among our SA participants. Findings are disseminated to Southeast Asian communities through community meetings, webinars and other web-based distribution methods and to external audiences through scientific meetings and publications.

Action Plans & Memory Consolidation: Reducing HIV Risk in Drug Users, an ongoing study conducted by Drs. Ames and Stacy experimentally evaluates short-term prospective effects of new interventions on preventive behaviors (condom use and HIV/Hepatitis testing) and underlying basic processes in a large sample of drug offenders. It is hypothesized that new interventions derived from basic research in cognitive neuroscience will show superior effects on preventive behavior over more traditional interventions. The study is conducted with drug diversion participants in existing drug education facilities. Thus, the intervention components can later be readily disseminated, since they are already tailored to the population and field setting. The investigators have repeatedly shown that carefully tailored basic research protocols are acceptable, feasible, and effective in this context. Community programs, such as drug diversion, are in urgent need of evidence-based, powerful interventions on HIV/HBV/HCV risk prevention. This project experimentally evaluates theoretically sound, practical interventions with strong potential for improving public health.

Dr. Xie collaborates with the University of Southern California’s School of Social Work and My Friend’s Place, the largest and most frequently visited drop-in resource center for homeless youth in Southern California. in a research project geared towards **Enhancing Homeless Youth’s Engagement and Retention in Vocational Training** This project is to enhance the engagement and retention of homeless youth with mental illness in Social Enterprise Intervention (SEI), a vocational intervention integrated with clinical services, specifically designed for street youth with mental illness, high-risk behaviors and limited service engagement. The SEI seeks to improve homeless youths’ engagement and retention in vocational and mental health services, and increase their social support and life satisfaction through peer mentoring, job training, clinical services and harm-reduction strategies. Ultimately, the SEI seeks to enhance their mental health, functional status and service utilization as well as decrease their street-survival behaviors and substance abuse.

Weaving an Islander Network for Cancer Awareness, Research and Training (WINCART) is a community-academic partnership in Southern California. Participants include *Guam Communications Network, Pacific Islander Health Partnership, Samoan National Nurses Association, Tongan Community Service Center, Union of Pan Asian Communities*. Drs. Palmer & Xie lead two research programs that address cancer health disparities among Pacific Islander populations as described below.

Technology & Smoking Cessation for Late Adolescent/Young Adult Pacific Islanders

Utilizing a community-based participatory research (CBPR) model, community members and academic researchers use their collective expertise to investigate how culture, social and environmental cues, intrapersonal and neurocognitive characteristics impact smoking and quitting behaviors among late adolescent and early adult PIs to inform the development of a theory-based, culturally-attuned, multi-component smoking cessation intervention.

Knowledge, Attitudes and Beliefs on Biospecimen Research among Pacific Islanders

Utilizing a community-based participatory research (CBPR) model, this study initiates a dialogue among PI community members regarding their decision-making processes around participation in biomedical research, in particular, the collection, use, and storage of bio specimens. Findings from this qualitative study provide a pan Pacific Islander perspective from Marshallese, Native Hawaiian, Samoan, Chamorro, and Tongan communities in Southern California that will inform health care providers, researchers, and policy makers on the conduct of future research and intervention practices with Pacific Islander populations.

Funded by the National Institute on Minority Health and Health Disparities, **Community-led Policies and Leadership to Eliminate Disparities for Asian Americans and Pacific Islanders on Tobacco (ComPLEAT)** is a CBPR pilot project that investigates the process by which Cambodian and Pacific Islander communities in Southern California gain skills and capacity to effect tobacco control policy change in their communities. Specifically, ComPLEAT aims to: (1) implement and evaluate the efficacy of a 4-prong policy change framework to mobilize tobacco control efforts in two underserved communities and (2) describe multiple pathways to effective policy change in those communities after a leadership training intervention. Dr. Palmer's role has been to guide research methodology, contribute to the development of measurement scales, and assist with manuscript preparation.

The mission of the **Community Translation Research Institute** is 1) to bring together key institutions and individuals from the public and private sectors, including academic, public health and community medicine institutions, and neighborhood schools and community-based organizations for prevention of chronic disease, and 2) to transform population health practice through translation of prevention science into community-based programs and sustained practice and policy. With endorsement from the Riverside County Board of Supervisors, the Community Translational Research Institute (CTRI) was established in early 2014 and formally incorporated as a California Not-for-Profit Corporation in May 2014. The founding CTRI partners included Dr. Andy Johnson, professor and founding Dean of the Claremont Graduate University School of Community and Global Health, the County of Riverside, the Inland Empire Health Plan, and the University of California Riverside-School of Medicine. An expanding list of affiliates includes the Riverside County Health Coalition, the Healthy Jurupa Valley Coalition, the Riverside Community Health Foundation, the Riverside County Medical Association, Kaiser Permanente Riverside, the University of La Verne Department of Hospital and Health Management, the Keck Graduate Institute School of Pharmacy, the Loma Linda University School of Public Health, and the California Baptist University School of Nursing and Programs in Public Health. The combined resources

of these institutions engage the participation of public health, medical, pharmacy, nursing, and health management students and their faculty, trained and experienced promotoras, county and city government leaders, and engaged citizens from the communities served.

Formal research agreements with each of these agencies exist.

3.1.c. A list of current research activity of all primary and secondary faculty identified in Criteria 4.1.a and 4.1.b, including amount and source of funds, for each of the three years. This data must be presented in table format and include at least the following: a) principal investigator and faculty member's role (if not PI); b) project name; c) period of funding; d) source of funding; e) amount of total award; f) amount of current year's award; g) whether research is community based, and h) whether research provides for student involvement. Distinguish projects attributed to primary faculty from those attributed to other faculty by using bold text, color or shading. Only research funding should be reported here; extramural funding for service or training grants should be reported in Template 3.2.2. (funded service) and Template 3.3.1 (funded training/workforce development). See *CEPH Template 3.1.1*.

Core Faculty Research Activities

There is considerable additional research conducted within the School of Community and Global Health which contributes substantially to the MPH program. Table 3.1.c. illustrates the volume and variety of research activities that present a rich intellectual environment for the programs. Further, most if not all of these projects seek to discover new information that will benefit the health of individuals locally and nationally.

Table 3.1.c. Research Activity of Faculty For the Last Three Years

Project Name	Principal Investigator & Concentration	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2014-2015	Amount 2015-2016	Amount Fall 2016	Community-Based Y/N	Student Participation Y/N
Core Faculty									
Teenage Stimulant Use: Neurally plausible spontaneous and protective processes	Alan Stacy – SCGH/HPEE	NIH/National Institute on Drug Abuse	9/15/09 – 7/31/15*	2,372,670	0	0	0	N	Y
Habitual & Neurocognitive Processes in Adolescent obesity prevention	Kim Reynolds – SCGH/HPEE	NIH/National Heart, Lung & Blood Institute	9/30/09 – 11/30/15*	5,371,624	0	0	0	N	Y
Habitual & Neurocognitive Processes in Adolescent Obesity Prevention – Diversity Supplement	Kim Reynolds – SCGH/HPEE	NIH/National Heart, Lung & Blood Institute	8/1/13 – 11/30/15*	45,555	0	0	0	N	Y
WINCART2 – Research Intervention Core	Paula Palmer – SCGH/LM	CSU Fullerton/NIH/National Cancer Institute	9/2/10 – 8/31/16*	1,344,759	281,405	40,000	0	Y	Y
WINCART Supplement – Naysa Tan	Paula Palmer – SCGH/LM	CSU Fullerton/NIH/National Cancer Institute	9/1/13 – 8/31/16*	129,667	63,846	0	0	Y	Y

Table 3.1.c. Research Activity of Faculty For the Last Three Years

Project Name	Principal Investigator & Concentration	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2014-2015	Amount 2015-2016	Amount Fall 2016	Community-Based Y/N	Student Participation Y/N
Neurocognitive Mechanisms of Decisions and Impulse Control in Nutrition Behavior	Susan Ames – SCGH/HPEE	University of Southern CA/NIH/National Cancer Institute	4/1/11 – 3/30/17	638,344	124,012	127,237	0	Y	Y
Development of Evidence based Programs: Translational Interventions (Fellowship for Melanie Sabado, PhD Student)	Paula Palmer – SCGH/LM	NIH/National Cancer Institute	9/30/12 – 9/30/15	86,484	29,124	0	0	Y	Y
Family Functioning, Parenting Characteristics and Obesity in Chinese Adolescents	Bin Xie – SCGH/ABE	NIH/National Cancer Institute	1/1/13 – 12/31/15	130,316	64,166	0	0	N	Y
Translation of District Sun Safe Policies to Schools	Kim Reynolds – SCGH/HPEE	NIH/National Institute of Child Health & Human Development	4/1/13 – 3/31/18	2,945,074	549,107	576,632	592,133	Y	Y
Action Plans and Memory Consolidation: Reducing HIV risk in drug users	Alan Stacy – SCGH/HPEE	NIH/National Institute on Drug Abuse	5/15/13 – 3/31/17	1,488,767	537,448	397,018	0	Y	Y
Marketing & Explanatory processes in Tobacco progression in vulnerable youth	Alan Stacy – SCGH/HPEE	NIH/National Institute of Child Health & Human Development	9/17/13 – 8/31/18	3,189,147	654,529	655,859	657,766	Y	Y

Table 3.1.c. Research Activity of Faculty For the Last Three Years

Project Name	Principal Investigator & Concentration	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2014-2015	Amount 2015-2016	Amount Fall 2016	Community-Based Y/N	Student Participation Y/N
Community based participatory research & evaluation services to address chronic disease in Jurupa Valley	Andy Johnson – SCGH/LM	County of Riverside – Dept of Public Health	11/26/13 – 12/31/16	299,978	99,992	99,993	52,251	Y	Y
City of Perris supplement	Andy Johnson – SCGH/LM	County of Riverside – Dept of Public Health	11/26/13 – 12/31/15	30,000	30,000	0	0	Y	Y
Tobacco use disparities in California's priority population	Dennis Trinidad – SCGH/ABE	University of CA – Tobacco Related Disease Research Program	12/1/14 – 11/30/17 PI left CGU and award was transferred to UCSD on 7/15/15.	489,546	163,640	0	0	N	Y
Coastal Trails Mapping Platform	Brian Hilton – ABE	California Coastal Trail Association (CCTA) – Coastwalk California	1/30/15 – 8/31/16	15,000	10,000	0	5,000	Y	Y
Childhood Family Stress Exposure	Bin Xie – ABE	American Heart Association	7/1/15 – 6/30/17	140,000	0	70,000	70,000	N	Y
Tobacco Use Disparities in California's Priority Population	Bin Xie – SCGH/ABE	University of CA San Diego/TRDRP	12/1/15 – 11/30/17	112,476	0	112,476	0	N	Y

Table 3.1.c. Research Activity of Faculty For the Last Three Years

Project Name	Principal Investigator & Concentration	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2014-2015	Amount 2015-2016	Amount Fall 2016	Community-Based Y/N	Student Participation Y/N
Culturally appropriate strategies for Chinese Americans with Diabetes (CASCADE)	Bin Xie – SCGH/ABE	AHMC Health Foundation	7/1/16 – 12/31/16	25,000	0	0	25,000	Y	Y
Social and Behavioral Interventions to Increase Solid Organ and Tissue donation	Jason Siegel – ABE	HRSA: Health Resources and Services Administration	9/1/14 – 8/31/17	1,301,007	436,554	481,776	402,677	Y	Y
Social and Behavioral Interventions to Increase Solid Organ and Tissue Donation	Jason Siegel – ABE	HRSA: Health Resources and Services Administration	9/1/16 – 8/31/19	1,331,244	0	0	464,225	Y	Y
Other Faculty									
A Plan to Stop Diabetes in Its Tracks	Leslie Fierro - HPEE	Pomona Valley Hospital Medical Center	1/1/16 – 9/30/16	27,874	0	27,874	0	Y	Y
Pacific Islander Biospecimen Education and Collection (PIBEC) Project	Patty Kwan - HPEE	NIH/National Cancer Institute; Administrative Supplement	9/1/14 – 8/31/15	25,708	25,708	0	0	Y	Y

Table 3.1.c. Research Activity of Faculty For the Last Three Years

Project Name	Principal Investigator & Concentration	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2014-2015	Amount 2015-2016	Amount Fall 2016	Community-Based Y/N	Student Participation Y/N
Course Development and Training for Geographic Information Systems (GIS) for the New Jersey State Cancer Registry, Cancer Surveillance Research Program	Recinda Sherman -- ABE	Rutgers School of Public Health	1/1/2016-6/30/16	30,000	0	30,000	0	N	Y
The HASE Study	Recinda Sherman (contract work)-- ABE	Transonic Systems, Inc	1/1/2014-12/31/2015	6,000	6,000	0	0	N	N

3.1.d. Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program's performance against those measures for each of the last three years. For example, programs may track dollar amounts of research funding, significance of findings (e.g., citation references), extent of research translation (e.g., adoption policy or statute), dissemination (e.g., publications in peer-reviewed publications, presentations at professional meetings), and other indicators. See *CEPH Outcome Measures Template*.

Determining of Success of Research Activities

Table 3.1.d.(1). Measures of Program Performance: Research

Outcome Measures	Target Level	Performance		
		2013-2014	2014-2015	2015-2016
1. Percent of core faculty with funded public health research	75%	59% Not Met	90% Met	89% Met
2. Annual dollar amount of grants	2,000,000	3,482,719 Met	3,427,754 Met	1,766,245 Not Met
3. Number of NIH funded grants	3	9 Met	7 Met	5 Met
4. Percentage of peer-reviewed publications for core faculty	75%	91% Met	80% Met	77% Met
5. Percentage of core faculty presentations at scientific meetings	50%	75% Met	80% Met	66% Met
6. Number of students who work with faculty on research projects	5 (MPH) 2 (DrPH)	10 Met	6 Met	MPH-5 Met
				DrPH-1 Not Met
7. Number of student presentations at scientific meetings	2	2 Met	3 Met	MPH-6 Met
				DrPH-1 Not Met

Our main measures of research success are the number of and dollar amount of grants, including NIH grants, number of faculty peer reviewed research publications and presentations at scientific meetings. Student participation in research also serves as an important outcome. A lack of DrPH student collaboration with faculty research was evident in the first year of the program. Students are taking a heavy course load in their first few years and will gradually be assuming research activities with faculty in the final years of the degree.

An enumeration of MPH peer-reviewed publications is presented in table 3.1.d.(2). The faculty produced a total of 104 peer-reviewed publications over the last three years. Core faculty peer reviewed publications amount to 39 (2013-2014), 34 (2014-2015) and 31 (2015-2016). A total of 19 of these publications are within public health journals.

Table 3.1.d.(2). Core Faculty Peer Reviewed Publications

	2013-2014	2014-2015	2015-2016	Total Number of Publications	Total Number of Publications in Public Health Journals
Susan Ames	4	7	2	13	1
Jerry Grenard ¹	3	<i>retired</i>		3	0
Brian Hilton	1	1	1	3	0
Paula Palmer	9	4	7	20	5
Darleen Peterson	1	0	0	1	1
Kim Reynolds	2	2	3	7	1
Kari-Lyn Sakuma ²	2	<i>resigned</i>		2	1
Jason Siegel	7	9	11	27	6
Alan Stacy	6	7	2	15	0
Paul Torrens	0	0	0	0	0
Dennis Trinidad ³	1	2	<i>resigned</i>	3	1
Bin Xie	3	2	5	10	3
TOTAL FACULTY PUBLICATIONS	39	34	31	104	19

¹*retired in January 2014*

²*resigned in July 2014*

³*resigned in July 2015*

Faculty also maintain high levels of presentations at scientific meetings to disseminate research findings and participate in scholarly debate. A total of 86 presentations were made by program faculty over the last three years. Primary faculty presentations amount to 43 (2013-2014), 24 (2014-2015) and 19 (2015-2016). Faculty regularly attend the annual APHA meeting but also those specific to their areas of specialization such as the Society for Prevention Research, the Society for Behavioral Medicine, or the American Academy for Health Behavior.

Table 3.1.d.(3). Core Faculty Presentations

	2013-2014	2014-2015	2015-2016	Total Number of Presentations
Ames, Susan	7	4	1	12
Grenard, Jerry*	6	<i>retired</i>		6
Hilton, Brian	1	1	1	3
Johnson, Andy	0	2	0	2
Palmer, Paula	6	3	3	12
Peterson, Darleen	0	0	0	0
Reynolds, Kim	8	1	5	14
Sakuma, Kari-lyn**	2	<i>resigned</i>		2
Siegel, Jason	4	2	4	10
Stacy, Alan	0	0	0	0
Torrens, Paul	0	0	0	0
Trinidad, Dennis***	2	1	<i>resigned</i>	3
Xie, Bin	7	10	5	22
TOTAL FACULTY PRESENTATIONS	43	24	19	86

**retired in January 2014*

***resigned in July 2014*

****resigned in July 2015*

3.1.e. A description of student involvement in research.

Student Involvement in Research

CGU is committed to promoting graduate student research. A current priority for every faculty proposal for sponsored research is the inclusion of graduate research assistant stipends, including tuition remission to the extent allowable and feasible within budget constraints. There are several programs of direct internal support for graduate student research that are undergoing major expansion: annual competitive doctoral dissertation awards, including awards specifically for transdisciplinary theses, and research assistantships for working specifically with intercollegiate adjunct faculty. The Minority Mentor Program at CGU sponsors an annual student research conference and the university provides administrative and intellectual support to graduate students applying for a variety of external awards. *CGU's Student Research Conference and Art Exhibition* is hosted by the Office of Student Life & Diversity. The aim of the coordinators of this conference is to provide students the opportunity to practice presenting for professional conferences as well as provide a forum in which to share their research among peers and faculty for constructive feedback. The conference schedule typically includes an art exhibition from CGU artists, approximately five sessions, a keynote speaker, discussion panels, and a lunch. SCGH students presented in past conferences.

Student involvement in research is highly valued; thus, there are multiple opportunities for students to become involved in research activities as they progress through the program. They can participate through their internships, directed research sections, or become student workers or research assistants on faculty sponsored projects. All students may approach faculty to work on publications underway or planned. Several large public health datasets exist for students interested in conducting secondary data analysis with faculty guidance.

SCGH promotes research through its seminar series. The Global Health Seminar series, offered approximately monthly, features a 1.5 hour presentation by CGU faculty, practitioners and researchers from around the world. Students are heavily involved in this series, whether it be planning, attending or presenting their own research.

To increase student involvement in research, those who are presenting a poster may apply for a travel award to help defray the cost of attending professional conferences. Since the travel award was introduced in 2014, MPH students have received funds to assist with their attendance.

Two MPH students were accepted into the ***Minority Training Program in Cancer Control Research***, a joint program of the University of California, San Francisco Helen Diller Family Comprehensive Cancer Center and the UCLA School of Public Health. The goal of the program is to encourage minority students to pursue doctoral programs that focus on cancer research. The program was designed to enhance students (1) understanding of the power of research to affect change; (2) awareness of the strengths and limitations of research methods, theory and interventions in eliminating health disparities; (3) interest in cancer control research, from surveillance to epidemiology, individual behavior change, health services, and policy research; and (4) research, networking, information seeking skills, motivation, and ability to successfully apply to a doctoral program. Students participate in three components:

“Careers in Cancer Control Research” Summer Institute

A five-day Summer Institute designed to showcase the opportunities and need for minority researchers in cancer control. Through the institute, 20-25 students will acquire the motivation, skills, and resources needed to apply to a doctoral program. Attending faculty include role models and leaders in research from around the country.

Student Internships

Students and graduates who participate in the Summer Institute can apply for paid internships. Qualified interns will be matched to a program and mentor according to their academic focus and personal interests.

Doctoral Application Support Awards

Summer Institute participants who wish to pursue a doctorate are eligible to apply for awards up to \$2,000 to cover the cost of doctoral program applications, testing, and campus visits.

Table 3.1.e provides a description of the types of research projects and activities students have participated in for the past three years. There were 10 incidences of student research activities for 2013-2014, 6 for 2014-2015 and 46 for 2015-2016 for total for 23. Students have assisted in data entry and analysis, manuscript development through literature reviews, and grant writing.

Table 3.1.e. Summary of Student Involvement in Research

Student	Type of Involvement	Project Name	Faculty Supervisor	Activities	2013-2014	2014-2015	2015-2016
Gar-Wei Lee	Directed Research	Emerging Chronic & Infectious Diseases	Bin Xie	Statistical analysis	X	--	--
Yunas Yu	Directed Research	Obesity & Family Functioning Characteristics in Chinese Adolescents	Bin Xie	Statistical analysis	X	--	--
Mercy Ajuonu	Directed Research	Teen Mothers: Prevention of Mother-to-Child Transmission of HIV Factors that Influence Intervention in Sub Saharan Africa	Paula Palmer	Literature search; manuscript preparation	X	--	--
	Directed Research	Strategies for Minimizing Loss to Follow-up in PMTCT	Paula Palmer	Manuscript development	--	--	X
Lizette Brenes	Directed Research	Assessment of Global Surgical Care	Paula Palmer	Literature search; manuscript writing	X	--	--
Ali Holakoui	Directed Research	Overview of the Obesity Epidemic	Paul Torrens	Literature review	--	X	--
Marsha Guillaume	Directed Research	Nutrition Transition in the Developing World	Paula Palmer	Literature review; manuscript development	--	X	--
Xiaomeng Lei	Directed Research	Diabetes Prevention Program	Bin Xie	Program development	X	--	--

Table 3.1.e. Summary of Student Involvement in Research

Student	Type of Involvement	Project Name	Faculty Supervisor	Activities	2013-2014	2014-2015	2015-2016
Jonathan Aragon	Directed Research	Meta-Analysis of Dual Cognitive Processes in Health Behaviors	Bin Xie	Literature review; manuscript development	X	--	--
	Directed Research	Structuring Modeling Factors of Juvenile Weight Status	Susan Ames	Literature review; manuscript development	--	X	--
Shabana Masood	Directed Research	Cigarette Smoking is Associated with Unhealthy Patterns of Food Consumption, Physical Activity & Alcohol Drinking in Chinese Male Adults: China Seven Cities Study	Bin Xie	Statistical analysis	X	--	--
	Directed Research	Writing Introduction for Research Paper Dealing with Food-IAT	Susan Ames	Manuscript preparation	X	--	--
	Research Assistant	Interactions of DEDY-ALM Polymorphism with Negative Stressor on Energy-Balance Behaviors in Chinese Adolescents	Bin Xie	Statistical analysis	X	--	--
	Directed Research	Stress-DRD4 Interactions on Weight Behaviors	Bin Xie	Manuscript preparation	--	X	X
Alexandra Auslander	Directed Research	Diabetes Prevention Among Hispanic Latinos	Andy Johnson	Statistical analysis	--	--	X
Emily Kiresich	Research Assistant	Community Translational Research Institute	Andy Johnson	Community partnership, intervention team lead; Grant writing,	--	X	X
Lyzette Blanco	Research Assistant	OPT II Tailored obesity prevention study	Kim Reynolds	Data entry, Data tracking, grant writing	X	X	--
Bing Turner	Directed Research	Health Outcomes in San Bernardino County	Darleen Peterson	Literature Review	--	--	X
Lila-Ann Mikhail	Directed Research	Components Of International Research And Human Subjects Proposals	Paula Palmer	Grant Writing	--	--	X
TOTAL STUDENT RESEARCH ACTIVITIES					10	6	6

3.1.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Assessment of Criterion

This criterion is met.

Strengths

- SCGH has a well-established, highly recognized, and vigorous research program. Funding levels are very high for a school of this size and age.

- There are supportive policies and resources within the University, and by student opportunities to be involved in research.
- Through their involvement in the many research projects at the SCGH, students are exposed to various research methodology, thereby developing an appreciation for transdisciplinary research.
- Faculty direct a large portfolio of research projects, have high numbers of publications in high-quality peer-reviewed journals, and participate in national and international scientific societies.
- Both the University and the School sponsor events to highlight student research. Students are also encouraged to apply for research opportunities outside of CGU.
- There is a mechanism for students to receive funding to present their research at local and national conferences.

Weaknesses

- Not all faculty has current funded projects available for student research opportunities or provide tuition remission for research assistants.
- Though already fairly substantial, further expansion of community-based participatory research is desirable and warranted, but introduces added demands in terms of the research process.
- NIH funding has declined in recent years putting a strain on the budget and less funding for students.

Plans

- Particularly with the advent of the DrPH program, we need to increase research training grants – long term institutional grants (e.g., Diversity Supplements; T32s) as well as short-term, intensive grants (e.g., R-25 research education programs) – especially those that capitalize on our historic strengths and that anticipate future expansion along new lines of inquiry. However, this must be pursued in a deliberate manner that simultaneously secures appropriate levels of faculty support, and that does not further increase uncompensated expectations of already substantial research and instructional workloads.

CRITERION 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.

3.2.a. Description of the program's service activities, including policies, procedures and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.

Faculty Service Activities: Policies, Procedures and Practices

The CGU MPH program was created in part to address community needs to enable graduates to create, implement and evaluate community-based health promotion programs. The mission of the CGU MPH program embodies a commitment to community service to achieve public health goals.

As stated under section 1.5.a, faculty are required to participate in University and community service. The policy is to maintain this obligatory requirement while being flexible about the domain of service as long as both University and community service is clearly demonstrated. The following domains of service receive focus at the School, as also outlined in section 1.5.a.

- Develop and implement innovative, evidence-based public health policies and programs in partnership with communities both locally and globally.
- Serve scholarly and professional organizations, for example, as members of journal editorial boards or grant peer review panels, and in leadership roles in professional associations.
- Serve the university, for example, as members or leaders of key academic committees or as external members on graduate student thesis or dissertation committees in other CGU Schools.
- Serve local or global communities, for example, as volunteers on advisory boards or public speakers, or as organizers of *pro bono* or inexpensive health education activities.

University service can include but is not limited to active membership on one or more of the following standing committees:

- Faculty Executive Committee
- Strategic Planning Committee
- Institutional Review Board
- Faculty Research Committee
- Affirmative Action & Diversity Committee
- Appointment, Promotion and Tenure Committee
- Grievance Committee
- Commencement Committee
- Academic Standards Committee

The School actively maintains a list of community agencies, clinics, and other health care organizations that are of known need or suitability for service activities. In many instances, faculty find additional needs for community service related to their own area of expertise. The program has formal contracts with numerous agencies, including local health departments, school districts and City of Hope, which is a comprehensive cancer center, and community-based organizations serving racial/ethnic communities.

Currently, formal agreements are on file with 72 agencies that support internship/practicum experiences for students.

Student Service Activities: Policies, Procedures and Practices

All students are encouraged to participate in community service individually and/or within the Student Associations. Other service opportunities are available through course assignments or faculty service activities. The Student Association regularly participates in service-related activities as part of their mission. A description of service activities conducted by the Student Association is provided in Table 3.2.d.(1).

Service also occurs as part of course assignments and requirements. In this type of service, students are required to visit organizations and learn about their mission and activities. Students are then required to contribute to the mission of the organization. For example, in CGH 300: Theoretical Foundations of Health Education and Promotion. Students are required to identify an organization, contact the organization or agency staff, and interview the director or other appropriate agency personnel. Students then provide an assessment of the agency's activities and goals and provide feedback to the organization about how they might improve their performance. These assessments are compiled with extensive involvement and participation of agency staff and are designed to be helpful, never critical. Typically, the assessments help the organization formalize their theoretical frameworks and models for their activities, a process many organizations appreciate but do not have the time for. Other classes, such as CGH 306: Supervised Field Training in Public Health has service components such that students learn public health by being actively engaged in service delivery projects. Some field assignments may involve direct contact with clients such providing dietary counseling to those infected with HIV. Other projects may be removed from direct client contact but still consist of public health actions that benefit those residing in local communities as well as other countries. Evidence of participation in and reflection of two service related activities is part of the portfolio assignment required in CGH 307: Public Health Capstone.

3.2.b. Description of the emphasis given to community and professional service activities in the promotion and tenure process.

Value of Community Service Activities

Demonstration of significant service to the university and the community is required for promotion and tenure at both the School and University levels. Further, evidence of service must be provided every year in the annual faculty report. Service is an important component of the annual consultation provided by the School, as well as the University review. For promotion, tenure, renewal of term positions, and 5-year review of full professors, service must be well demonstrated, in accord with the requirements in Criterion 1.3c and University requirements in the APT Rules. Faculty can be denied renewal of appointments, promotions, or tenure if the level of service is not sufficient.

Requirements of service are obligatory but are in accord with federal compliance and human resource regulations. Thus, although faculty members are required to conduct service, they cannot spend any time paid for by governmental grants on service that is not grant related. In addition, legal requirements regarding human resources impose restrictions on the amount of service that can be required. Required service must be in accordance with the amount of paid compensation (e.g., percent time) provided to employees. However, faculty may choose, at their own will, to conduct additional service beyond these requirements. Some donated service is typical but cannot be legally required by Schools.

- 3.2.c. A list of the program's current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity over the last three years. See CEPH Data Template 3.2.1. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table. See CEPH Template 3.2.2. Extramural funding for research or training/continuing education grants should be reported in Template 3.1.1 (research) or Template 3.3.1 (funded workforce development), respectively.**

Listing of Current Service Activities

Table 3.2.c.1. was created to represent the current community service commitments in place through the activities of all MPH faculty. These activities provide opportunities for both enhancing community health, as well as for students to gain practice in community settings. Both primary and secondary faculty engaged in a total of 153 service activities in 2013-2014, 143 in 2014-2015 and 155 in 2015-2016 for a total of 451 total incidences of service. Many of these activities involved consultation, members of associations, and reviewers of grants and manuscripts. Faculty involved students in consultation, committee work and coordination of health education activities.

Table 3.2.c.1. Service Activity of Faculty for the Last Three Years

Faculty Member	Role	Organization	Location	Activity/Project	2014-2015	2015-2016	2016-2017
Core Faculty							
Susan Ames	Member	National Institute on Drug Abuse	National	Neuroscience Imaging Grant Review Committee Member	X	X	X
		American Psychological Association			X	X	X
		Society for Prevention Research			X	X	X
		American Psychological Society			X	X	X
		Research Society on Alcoholism			X	X	X
	Ad Hoc Reviewer	Journal of Consulting and Clinical Psychology	National	Manuscript review	X	X	X
		Nicotine & Tobacco Research			X	X	X
		California Journal of Health Promotion			X	X	X
		Prevention Science			X	X	X
		Psychological Bulletin					
Nicole Gatto	Ad-hoc Reviewer	Environmental Health Perspective	National, International	Manuscript review	---	---	X
		International Journal of Cancer			---	---	X
		Diabetes Care			---	---	X
		STOTEN			---	---	X
		Nutrition and Metabolism			---	---	X
		Journal of Alzheimer's Disease			---	---	X
		Journal of Nutrition Education & Behavior			---	---	X
		BMJ			---	---	X
		Childhood Obesity			---	---	X
		Journal of Ecology and the Natural Environment			---	---	X
		Environmental Health			---	---	X
		Public Health Nutrition			---	---	X
		JAND			---	---	X
		Gene			---	---	X
		Hypertension			---	---	X
	Consultant Member	Los Angeles Conservation Corps	Local	Program evaluation Member	---	---	X
		APHA	National		---	---	X
	Reviewer	International Society of Environmental Epidemiology (ISEE)	International	Symposia reviewer Grant review			
		APHA	National		---	---	X
		Alzheimer's Association	International		---	---	X
		Health Canada, Clean Air Regulatory	International		---	---	X

Table 3.2.c.1. Service Activity of Faculty for the Last Three Years

Faculty Member	Role	Organization	Location	Activity/Project	2014-2015	2015-2016	2016-2017
		Agenda (CARA) Program Health and Medical Research Fund, Research Fund Secretariat, Hong Kong			--	--	X
Brian Hilton	Member	Microsoft Developer Network Academic Alliance	National	Member	X	X	X
	Project Leader	World Vision International (WVI)	International	Project Leader	X	X	X
	Founder	Claremont Robotics Competition	Local	Founding Member	X	X	X
Andy Johnson	Advisor	University of Michigan Institute for Social Research	National	Member, Board of Advisors, National Monitoring the Future Study	X	X	X
	Consultant	Riverside University Health System	Local	Consultation in population health -- Developed for RUHS a County Population Health Roadmap linking public and private sectors; currently Initiating Implementation	--	X	X
	Consultant in role as President/CEO	Community Translational Research Institute (CTRI)/(founding Board membership representing CGU, County of Riverside (COR), and the Inland Empire Health Plan (IEHP)	Regional	Founding President/CEO -- Leading development of translational research programs for region, engaging public and private sectors, including public health, clinics, hospitals, social services, schools, CBO's, etc.	X	X	X
	Consultant/Director	Riverside County Department of Public Health and Ambulatory Clinics, and Cities of Jurupa Valley and Perris, with support from COR	Local	Diabetes Free Riverside (DeFeR), a demonstration community based screening and early intervention program for diabetes prevention	X	X	X
	Consultant, leader of community team	Pomona Valley Hospital Medical Center, in collaboration with SCGH and 2 other CGU schools, and CTRI with support from the UniHealth Foundation		Developing and pilot testing a linked community-FQHC-hospital prediabetes and diabetes detection and early intervention program	--	X	X
	Advisor, Director	Collaboration of CTRI, SCGH, City of Riverside, the RUHS Department of Public Health, the Riverside Community Health Foundation, & Kaiser Permanente COR and CTRI		Initiate a community based chronic disease risk screening program leading to development of an Accountable Community for Health in central/east Riverside	--	--	X
				Feasibility assessment for an Accountable Community for Health for East Coachella Valley	--	--	X
	Member	American Public Health Association	National	Member	X	X	X

Table 3.2.c.1. Service Activity of Faculty for the Last Three Years

Faculty Member	Role	Organization	Location	Activity/Project	2014-2015	2015-2016	2016-2017
Paula Palmer		American Psychological Association Society of Nicotine and Tobacco Research			X	X	X
					X	X	X
	Member	American Public Health Association	National	Member	X	X	X
		American Psychological Association		Member	-	-	x
	Board member	The Orange County Asian and Pacific Islander Community Alliance (OCAPICA)	State	Governance	X	X	X
	Committee co-chair	American Cancer Society, California Division, Asian-American and Pacific Islander Health		Consultation on and coordination of outreach and educational activities	--	X	X
	Consultant	Alta Med Community Clinics		Consultant for health disparities research	--	X	X
	Chair, Program Committee; Advisor, Early Career Network	Asia-Pacific Academic Consortium for Public Health	International	Planning and implementation of various program	X	X	--
	Co-chair research committee	Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)	National	Contribute to social justice and a tobacco-free Asian American, Native Hawaiian and Pacific Islander (AA and NHPI) advocacy and research issues	X	X	X
	Reviewer	National Institutes of Health, both National Cancer Institute and Fogarty International Center	National/International	Grant Review	X	X	X
	Consultant	Center for Disease Control in 6 Chinese cities (Wuhan, Harbin, Shenyang, Chengdu, Hangzhou, Qingdao)	International	Non-communicable diseases	X	X	X
	Regional Director for the Americas	Asia-Pacific Academic Consortium for Public Health, Early Career Network	National/International	Consultation with public health students and early career professionals	X	X	--
	Ad hoc Reviewer	Nicotine & Tobacco Research		Manuscript Review	X	X	X
		Asia Pacific Journal Public Health			X	X	X
		American Journal of Community Psychology			X	X	X
		Health Psychology			X	X	X
		Journal of the America Geriatrics Society			X	X	X
		Health Promotion Practice					

Table 3.2.c.1. Service Activity of Faculty for the Last Three Years

Faculty Member	Role	Organization	Location	Activity/Project	2014-2015	2015-2016	2016-2017
Darleen Peterson	Consultation	University of Southern California	Local	MPH Program Accreditation	X	--	--
		Charles R. Drew University			--	--	X
	Board Member	YMCA of the Foothills	Local	Diabetes Prevention Program Vice President of Scholarship	X	--	--
		Community Scholarship Foundation of La Canada Flintridge			X	X	--
Kim Reynolds	Member	USC Verdugo Hills Hospital Women's Council	National	Fundraising	X	X	--
		Randall Lewis Fellowship Advisory Committee			X	X	X
		Association of Schools and Programs in Public Health		Framing the Future Task Force, Expert Panel of Workforce Development Committee Accreditation & Credentialing Committee	X	--	--
		Association of Schools & Programs in Public Health			--	X	X
		Association of Schools & Programs in Public Health			--	X	--
		Association of Schools & Programs in Public Health			--	X	X
		Association of Schools & Programs in Public Health		DrPH Council	--	X	X
		Association of Schools & Programs in Public Health			--	X	X
		Association of Schools & Programs in Public Health		DrPH Framing Group	--	X	X
		Association of Schools & Programs in Public Health			--	X	X
	Associate Editor	American Public Health Association	National	MPH Council	X	X	X
		Society for Public Health Education			X	X	X
		American Public Health Association		Member Member Member	X	X	X
		Society of Behavioral Medicine			--	X	--
		Society for Prevention Research			X	--	X
		The Obesity Society			X	X	X
Journal of Adolescent Health	National/ International	Manuscript Review	X	X	X		
Ad Hoc Reviewer	American Journal of Preventive Medicine	National/ International	Manuscript Review	X	X	X	
	Prevention Science			X	X	X	
	American Journal of Public Health			X	X	X	
	Childhood Obesity			X	X	X	
	Evaluation & the Health Professions			X	X	X	
	Health Behavior and Policy Review			X	X	X	
	Health Education & Behavior			X	X	X	

Table 3.2.c.1. Service Activity of Faculty for the Last Three Years

Faculty Member	Role	Organization	Location	Activity/Project	2014-2015	2015-2016	2016-2017
		Health Education Research			X	X	X
		International Journal of Behavioral Nutrition and Physical Activity			X	X	X
		International Journal of Pediatric Obesity			X	X	X
		Journal of Adolescent Health			X	X	X
		Journal of Applied Geography			X	X	X
		Journal of Physical Activity & Health			X	X	X
		Journal of School Health			X	X	X
		Obesity			X	X	X
		Obesity Research & Clinical Practice			X	X	X
		Pediatrics			X	X	X
	Member Expert Review Panel	Research Tested Intervention Programs (RTIP)	National	Review of intervention programs for inclusion in the RTIP archive and on cancer control planet	X	X	X
Jason Siegel	Member	Western Psychological Association	Regional	Member	X	X	X
		Society of Experimental Social Psychologists	National		--	X	X
		Association for Psychological Science			X	X	X
		The Society for Personality and Social Psychology			X	X	X
	Ad hoc Reviewer	Clinical Transplantation	National/International	Manuscript Review	X	X	X
		Health Communication			X	X	X
		Health Psychology			X	X	X
		Human Communication Research			X	X	X
		Journal of Health Communication			X	X	X
		Personality & Social Psychology Bulletin			X	X	X
		PLOS One			X	X	X
		Social Science & Medicine			X	X	X
		Substance Use and Misuse			X	X	X
		Cancer Center of Hawaii			X	X	X
Alan Stacy	Consultation Member	American Psychological Society	State National	Self-control & implicit processes Member	X	X	X
		Psychonomic Society			X	X	X
		Research Society on Alcoholism			X	X	X
	Coordinator	Alternative Action Programs	Local	Health education	X	X	X
		California Diversion Intervention			X	X	X

Table 3.2.c.1. Service Activity of Faculty for the Last Three Years

Faculty Member	Role	Organization	Location	Activity/Project	2014-2015	2015-2016	2016-2017
		Foundation					
		Pomona Community Crisis Center			X	X	X
	Liaison	Arrowhead Regional Medical Center	Local	Intervention research with CGU faculty and students	X	X	X
	Ad Hoc Reviewer	JAMA PEDS	National	Manuscript Review	X	--	--
		Pediatrics			--	--	X
		Journal of Abnormal Psychology			--	X	--
		Addiction			X	X	X
		British Journal of Health Psychology			X	--	--
		Addiction Research & Theory			X	--	--
		Addictive Behaviors			X	--	--
		Journal of Behavior Therapy & Experimental Psychiatry			X	--	--
		Psychology of Addictive Behaviors			X	--	--
		Journal of Policy & Practice			X	--	--
Paul Torrens	Board Member	SCAN Foundation	Local	Board Member	X	X	X
	Member	University of San Diego Health System		Advisory Board member	X	X	X
		Partners-in Care Foundation		Membership	X	X	X
	Member	Dynamic Health Systems			X	X	X
Dennis Trinidad		Society for Research on Nicotine & Tobacco: Health Disparities Committee	National	Increase diversity in membership & research agenda; review scholarship grants	X	--	--
		American Public Health Association			X	--	--
		Society for Research on Nicotine and Tobacco			X	--	--
		American Journal of Preventive Medicine	National	Manuscript Review	X	--	--
		Archives of Obesity			X	--	--
		Ethnicity and Disease			X	--	--
		International Journal of Environmental Research and Public Health			X	--	--
		Journal of Adolescent Health			X	--	--
		Nicotine and Tobacco Research			X	--	--
		Center for Disease Control & Prevention	National	Grant review	X	X	X
Bin Xie	Reviewer						
	Member/Reviewer	National Institute of Drug Abuse	National	Grant review	X	X	--
	Ad hoc Reviewer	National Institute of Health	National/	Manuscript Review	X	X	X

Table 3.2.c.1. Service Activity of Faculty for the Last Three Years

Faculty Member	Role	Organization	Location	Activity/Project	2014-2015	2015-2016	2016-2017
		Medicine	International				
		BMC Public Health			X	X	X
		International Journal of Nursing Study			X	X	X
		Pediatric Obesity			X	X	X
		Journal of Adolescent Health			X	X	X
		Public Health Nutrition			X	X	X
	Member	American Heart Association Society for Behavioral Medicine North America Chinese Society for Nutrition	National/ International	Member	X	X	X
Secondary Faculty							
Leslie Fierro	Member	American Evaluation Association	National	Member	X	X	X
		Cross-disciplinary Task Force Member		Appointed member of task force. Engage with other members to identify areas for improving cross-disciplinary partnerships and engagements	X	--	--
		Research on Evaluation Topical Interest Group Chair		Lead vision and charge of topical interest group, plan and implement annual business meeting, represent TIG on several matters	X	X	--
		Research on Evaluation Topical Interest Group Co- Chair			--	X	X
	Ad hoc Reviewer	American Journal of Evaluation National Science Foundation	National National	Conduct peer reviews Served as expert reviewer for unsolicited proposal	X --	X X	X --
Cynthia Gonzalez	Member	Association for Public Policy Analysis and Management (APPAM) American Public Health Association	National	Member	X	X	X
	Member	Community Health Council, Los Angeles	Local	Community transformation health and economic development summit	X	--	--
	Founder	Watts Community Studio Organization, Los Angeles	Local	Watts Representative	--	X	X
Patty Kwan	Board Member	Watts Neighborhood Council	Local	Board member	X	--	--
	Ad Hoc Reviewer	Health Promotion Practice	National/ International	Manuscript Review	X	--	--
		Journal of Evaluation & Program Planning			X	--	--
		Journal of Adolescence			X	--	--
		Progress in Community Health Partnerships: Research, Education and			X	X	X

Table 3.2.c.1. Service Activity of Faculty for the Last Three Years

Faculty Member	Role	Organization	Location	Activity/Project	2014-2015	2015-2016	2016-2017
Sondos Islam	Ad hoc Reviewer	Action					
		Substance Use & Misuse			X	X	--
		Evaluation and Program Planning Journal	National	Manuscript Review	X	X	X
		Journal of Adolescent Health			X	X	X
		Journal of Global Health			X	X	X
		Substance Abuse Treatment			X	X	X
		Prevention & Policy			X	X	X
	Nicotine & Tobacco Research	X	X		X		
	Grant Reviewer	Al Jalila Foundation, Dubai, United Arab Emirates	International		Seed Grant Reviewer	X	--
		Sheikh Hamdan Award for Medical Sciences, Dubai, United Arab Emirates		X		--	--
	Consultation	University of Southern California	Local	MPH Accreditation	X	--	--
	Member	Association of Schools and Programs in Public Health	National	Diversity and Inclusion Committee	--	X	X
Presenter	Association of Schools and Programs in Public Health	National	"Making it Possible for Under-resourced Students to Succeed in Public Health."	--	X	--	
Site Visitor	CEPH	National	Evaluator of MPH Program Re-accreditation	--	X	--	
Jay Orr	Member	American Public Health Association	National	Member	X	X	X
		Society for Public Health Education			X	X	X
	County Executive Officer	Community Translational Research Institute (CTRI) (founding Board membership representing County of Riverside (COR)	Regional	Leading development of translational research programs for region, engaging public and private sectors, including public health, clinics, hospitals, social services, schools, CBO's, etc.	X	X	X
Recinda Sherman	Consultant	Keck School of Medicine, USC	Local	LA County cancer monographs Editor & co-author: Trends by Race/Ethnicity Co-author: Survival	X	X	X
		Council for State and Territorial Epidemiologists	National	Consultation on GIS & geospatial activities and standardization of variables and analysis	--	X	X
	Ad hoc Reviewer	American Journal of Epidemiology	National/ International	Manuscript Review	X	X	--
		BMC Health Services Research			X	X	--
		BMC Public Health			X	X	X
	Journal of Women's Health			X	X	X	

Table 3.2.c.1. Service Activity of Faculty for the Last Three Years

Faculty Member	Role	Organization	Location	Activity/Project	2014-2015	2015-2016	2016-2017
	Member	American Association of Geographers	National	Member	X	X	X
		American Public Health Association			X	--	--
		National Cancer Registrars Association			X	X	X
		North American Association of Central Cancer Registries	National	Member, Workgroup Chair (multiple)	X	X	X
Marc Strassburg	Consultant	Los Angeles County, Department of Public Health	Local	Consulted on local public health issues – including Surveillance and Web Informatics	X	X	X
Nazanin Zargarpour	Member	American Evaluation Association	National	Member	X	X	X
	Member	International Positive Psychology Association	International	Member	--	X	X
TOTAL FACULTY SERVICE ACTIVITIES					153	143	155

Dr. Andy Johnson has several funded service activities through his affiliation with the Community Translational Institute as shown in table 3.2.2.

Table 3.2.c.2. Funded Service Activity

Project Name	Principal Investigator & Department or Concentration*	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2014-2015	Amount 2015-2016	Amount 2016-2017	Community-Based Y/N	Student Participation Y/N
Diabetes Free Riverside (DeFeR) - Jurupa Valley**	Andy Johnson - LM	County of Riverside	11/26/13-6/30/16	\$300,000	\$100,000	\$100,000	\$100,000	Y	Y
Diabetes Free Riverside (DeFeR) – Perris**	Andy Johnson - LM	County of Riverside	11/26/13-6/30/16	\$30,000	\$15,000	\$15,000		Y	Y
Community Translational Research Institute (CTRI) Core Grant*	Andy Johnson - LM	County of Riverside	2/24/15-6/30/19	\$1,830,000	\$125,000	\$230,000	\$230,000	Y	Y
CTRI Infrastructure Support**	Andy Johnson - LM	Inland Empire Health Plan (IEHP)	7/15/-6/30/16	\$50,000	0	\$25,000	\$25,000	Y	Y
Planning the Development of an Accountable Community for Health for Riverside County**	Andy Johnson - LM	Rovert Wood Johnson Foundation	9/15/15-8/14/16	\$75,000	0	\$50,000	\$25,000	Y	Y

Table 3.2.c.2. Funded Service Activity									
Project Name	Principal Investigator & Department or Concentration*	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2014-2015	Amount 2015-2016	Amount 2016-2017	Community-Based Y/N	Student Participation Y/N
An Integrated Community-Clinic Approach to Type 2 Diabetes Prevention**	Andy Johnson – LM	Kaiser Permanente	7/1/16 – 6//31/17	\$20,000	0	\$10,000	\$10,000	Y	Y
Stopping Diabetes in its Tracks**	Andy Johnson – LM (Co-PI)	UniHealth Foundation	1/1/16- 12/31/16	\$90,000	0		\$90,000	Y	Y
Development of Population Health Roadmap**	Andy Johnson - LM	Riverside University Health System (UHS)	10/15/15- 6/30/16	\$25,000	0	\$10,000	\$15,000	Y	Y
Population Health Roadmap Implementation**	Andy Johnson - LM	Riverside University Health System (UHS)	12/1/16- 4/30/17	\$50,000	0	0	\$50,000	Y	Y

3.2.d. Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program's performance against those measures for each of the last three years. See CEPH Outcome Measures Table.

Measures of Evaluating Effectiveness of Service Efforts

Table 3.2.d indicates that service indicators are largely met. Both faculty and students are sufficiently engaged in service activities except for DrPH students. A lower level involvement among this group may be a result of commitments such full-time employment and family obligations. Planned opportunities for the involvement of students in community-based service activities are in place. Students become involved in service through course requirements, the student association and faculty pursuits. Faculty will be encouraged to develop additional formal agreements with community based agencies to conduct service activities. Volunteer work with agencies that provide services to underserved populations will be strongly encouraged.

Table 3.2.d. Measures of Program Performance: Service

Outcome Measures	Target Level	Performance		
		2013-2014	2014-2015	2015-2016
1. Percentage of student internships that include service activities	75%	100% Met	100% Met	100% Met
2. Feedback on observations of students in practice (overall performance rating of at least 4.0 from their internship supervisors -- 1=below expectation, 3=satisfactory, 5=beyond satisfactory)	4	4.2 Met	4.8 Met	4.8 Met
3. Percent of primary faculty who serve on panel/boards or provide technical assistance to community based agencies	50%	42% Not Met	50% Met	66% Met
4. Percent of core faculty who serve as grant reviewers	25%	30% Met	40% Met	44% Met
5. Percent of core faculty who serve as manuscript reviewers	50%	50% Met	60% Met	66% Met
6. Percent of core faculty with active memberships in community, national or international professional associations	75%	100% Met	100% Met	100% Met
7. Number of students who participate in faculty service activities each year.	2	1 Not Met	1 Not Met	MPH-7 Met
				DrPH-0 Not Met
8. Percent of students engaging in service activities	50%	85% Met	83% Met	MPH-94% Met
				DrPH-25% Not Met

3.2.e. A description of student involvement in service, outside of those activities with the required practice experience and previously described in Criterion 2.4.

Community service activities conducted by individual students are listed in Table 3.2.d.(2) below. A total of 19 incidences of service activities were conducted in 2013-2014, 27 in 2014-2015 and 23 in 2015-2016. Activities consisted of service to the program, university or their surrounding community. In addition, volunteer activities are supported by the program by communicating the availability of service activities, and supporting and facilitating student participation. There are numerous opportunities for volunteering locally in a wide array of public health activities. Typically, once a few students have an interest in an area, they spearhead the activity. The program communicates this activity to other students encouraging them to participate. Often these activities occur on a regular basis. For example, students have been involved helping serve food at local homeless shelters and this occurred many evenings. Other activities occur only once or infrequently such as an AIDS walk or breast cancer run. Again, the program widely publicizes these activities and encourages student participation.

Table 3.2.e.(1). Summary of Student Involvement in Service

Student	Organization Name	Activities	2013-2014	2014-2015	2015-2016
Alicia Alvarado	SCGH Student Association	Public Relations	X	--	--
Anna Yu	SCGH Student Association	Community Liaison	--	X	--
Erika Sisneros	SCGH Student Association	Events Coordinator	--	X	X
Jacklyn Samano	SCGH Student Association	Relay for Life Chair	--	--	X
Jessica Rivera	SCGH Student Association	President	--	X	--
Juanita Preciado	SCGH Student Association	Relay for Life Chair	--	X	--
	SCGH Student Association	President	--	--	X
Lucie Leung Liu	SCGH Student Association	Treasurer/ Fundraising Chair	--	--	X
Neil Patel	SCGH Student Association	Events Services	X	--	--
Nishtha Patel	SCGH Student Association	Treasurer	--	X	--
Adrienne Bell Lent	Friends of the Pacific Electric Trail	strategic planning and grant writing	X	--	--
Amanda Harmon	Future Business Leaders of America	Professional member	X	X	X
Amelia Newlin	SCGH Student Association	Secretary	--	X	--
Andaye Hill	U.S. Veterans	Volunteer	X	--	--
Andrea Mendoza	SCGH Student Association	Fundraising Chair	X	--	--
Anna Lee	City of Claremont Youth Activity Center	Volunteer health promotion program planner	--	X	--
Ashalie Gonsoulin	SCGH Student Association	Events Services	--	X	--
Asma Khan	San Bernardino County Public Health Department	Summer Meals Program Intern	--	--	X
Carin Kellzi	SCGH Student Association	GSC Representative	--	X	--
Shanna Livermore	National Society of Leadership and Success	Member	--	--	X
Clarence Wigfall	NIEHS Center for Global Pollution Health Impact Across the Lifespan	Member	--	X	X
Demetreanna Ofurie	Special Need Ministry at Abundant Living Family	Classroom volunteer	--	X	X

Table 3.2.e.(1). Summary of Student Involvement in Service

Student	Organization Name	Activities	2013-2014	2014-2015	2015-2016
	Church				
Gar-Wei Lee	SCGH Student Association	Secretary	X	--	--
	Planned Parenthood	Health Educator	X	--	--
Gary Golding	SCGH Student Association	Historian	X	--	--
Hanadi Ezmerli	Inland Empire Health Plan	Volunteer	--	--	--
Jackeline Ruiz	SCGH Student Association	Community Liaison Co-chair	--	X	--
Jake Ryann Sumibcay	SCGH Student Association	Public Relations	--	--	X
	Pitzer College	Health & Wellness Program Assistant	--	X	--
	Global Brigades	Field work in Nicaragua	--	X	--
Jessica Rivera	SCGH Student Association	Treasurer	X	--	-
Jordan Riddle	SCGH Student Association	Historian	--	X	--
Jose Villegas	SCGH Student Association	GSC Representative	--	X	--
Kimberly Morones	SCGH Student Association	President	X	--	--
Cevadne Lee	PIHP	Outreach Pacific Islanders	X	--	--
	APIOPA - Nutrition AAPI communities	Health Educator	X	--	--
Lora Mednick	SCGH Student Association	Secretary	--	--	X
Lyzette Blanco	Foothill AIDS	Grant reviewer and statistics programmer	X	X	--
	Planned Parenthood	STI/HIV prevention educator	X	X	X
Magdalea Suarez	Planned Parenthood	Health Educator		X	X
Michael Robinson	Southern California Hospital at Culver City	Volunteer	X	--	--
Michael Salib	Net Impact	Fundraising Chair	--	X	--
Neil Morte	SCGH Student Association	GSC Representative	--	--	X
	Diabetes Free Riverside	Data collector	--	X	--
Neil Patel	SCGH Student Association	Vice President	--	X	--
Nishtha Patel	American Cancer Society	Fundraising	X	--	--
Patrick Mamudu	American Cancer Society	Relay for Life	--	--	X
Ruizhi Yu	First for Kid	Volunteer	--	--	X
Shilpa Thakar	SCGH Student Association	Public Relations	--	X	--
	Equal Health	Volunteer	X	--	--
Shreya Shirude	SCGH Student Association	Professional Development Chair	--	--	X
Skylar Hanson	Orange County Pacific Islander Festival	Volunteer	--	--	X
Stephanie Morley	SCGH Student Association	Vice President	X	--	--

Table 3.2.e.(1). Summary of Student Involvement in Service

Student	Organization Name	Activities	2013-2014	2014-2015	2015-2016
Tiffany Yip	Glendale Adventist Medical Center	Children's obesity and diabetes prevention program	--	X	--
Yen –Shih Tseng	SCGH Student Association	Vice President	--	--	X
	SCGH Student Association	Professional Development Chair	--	X	--
TOTAL STUDENT SERVICE ACTIVITIES			19	27	23

The SCGH Student Association (SCGH-SA) conducts community service activities throughout the year. Involvement in service activities varies from year to year and according the various student organizations that exist at the University. Service activities detailed in Table 3.2.e.(2) are performed by the organization representing current SCGH students. Total number of service activities initiated by the Student Association are 6 in 2013-2014, 6 in 2014-2015 and 11 in 2015-2016.

Table 3.2.e.(2). Community Service Activities Conducted by the MPH Student Association

Dates	Service Organization	Description	Student Contributions
Year 1: 2013-2014			
2/8/2014	Safe Zone	Organized training and recognizing campus allies. Participants attend LGBT training ranging from language and cultural education, local and national resources, coming out processes and identity development models, and sensitivity education that interrupts bias and makes appropriate referrals or responses as needed.	Promoted and volunteered at LGBTQ ally training
3/10/2014	Queer Resource Center of The Claremont Colleges	Workshop on being an ally to the Queer People of Color Community	Promoted and volunteered at the event
4/8/2014	SCGH/SA Cesar Chavez Blood Drive Challenge	MigrantStudents.org organizes the blood drive nationally.	Collaborated with the American Red Cross to host the blood drive; advertised event to community members.
4/9/2014	CGU-SCGH Annual Public Health Career and Internship Fair	Annual career and internship fair with invited community organizations in attendance.	Provided staffing to table and dissemination information at the event.
4/18/2014	Safe Zone	Organized training and recognizing campus allies. Participants attend LGBT training ranging from language and cultural education, local and national resources, coming out processes and identity development models, and sensitivity education that interrupts bias and makes appropriate referrals or responses as needed.	Promoted and volunteered at LGBTQ ally training
4/24/2014	Hillcrest AIDS Center	The Hillcrest AIDS Centre Trust Life Skills education program works with primary school students in KwaZulu-Natal's Valley of 1000 Hills, aiming to give them the tools to make healthy lifestyle decisions in order to decrease risk of HIV infection.	Organized fundraising efforts for Life Skills education program.

Table 3.2.e.(2). Community Service Activities Conducted by the MPH Student Association

Dates	Service Organization	Description	Student Contributions
Year 2: 2014-2015			
10/9/2014	P3 Partnership for Positive Pomona	Partnership for a Positive Pomona, is a coalition composed of residents and groups that work to have a drug free environment in the city.	Helped coordinate and promote an event that celebrated CVS Health retail stores for their decision to stop selling tobacco products.
10/12/2014	Reach Out	Reach Out 9th Annual Community Health Fair	Provided staffing to table and dissemination information at the event.
10/22/2014	San Bernardino County Community Vital Signs event in Montclair	The Community Transformation Plan will help improve the health of County of San Bernardino communities. Share your ideas for improving health in your neighborhood. Become part of the transformation process.	Promoted and volunteered at the event.
12/17/2014	CGU Drucker School of Management Net Impact Toy Drive	Toy drive for Ontario, CA youth	Coordinated a campus wide toy drive with other campus clubs.
4/8/2014	CGU-SCGH Annual Public Health Career and Internship Fair	Annual career and internship fair with invited community organizations in attendance.	Provided staffing to table and dissemination information at the event.
6/26/2015	Pomona High Collaboration – AVID Program	Advancement Via Individual Determination (AVID) Program promotes academic and motivational enrichment through activities to make college seem attainable.	Representatives of SCGH Student Association (one being an Alumni of PHS) visited PHS AVID class and shared their academic journeys, obstacles and how they overcame them. Promoted the field of Public Health to them as a potential academic pathway and career.
Year 3: 2015-2016			
9/19-9/20/2015	8 th Annual Orange County Pacific Islander Festival (Pacific Islander Health Partnership)	Annual festival to celebrate Pacific Island Cultures. Festival goers learn about the different Pacific Island cultures, the food, music, song and dance, pick up health and community resources, talk story with community elders and enjoy good company.	Provided volunteer service in collaboration with Pacific Islander Health Partnership (PHIP) to provide health screenings and health information for festival goers.
10/24/2015	Healthy RC Food Day	A nationwide celebration at the Rancho Cucamonga Farmer's Market celebrating communities eating healthy.	Volunteered by assisting at food demonstrations and tabling to promote healthy eating.
11/30-12/14 and 12/17/2016	Reach Out Holiday Toy Drive, Wrapping Social and Posada	Community organization, Reach Out dedicated to embracing communities to strengthen the human bonds that enable all community members to grow, thrive, and lead.	Donated toys and gifts for their holiday event; wrapped donated presents; participated in their Open House Posada.
2/19/2016	Up2CGU Carnival (CGU Drucker Net Impact)	CGU Net Impact is a student-led organization that inspires, educates, and equips individuals to build a socially and environmentally sustainable society through	Tabled at the event to recruit for SCGH-led activities such as campaigning for Relay for

Table 3.2.e.(2). Community Service Activities Conducted by the MPH Student Association

Dates	Service Organization	Description	Student Contributions
		outstanding executive leadership.	Life.
4/5/2016	4 th Annual Children's Book Festival (Claremont Public Library)	Family and Community Festival sponsored by the Claremont Public Library	Volunteered to help children with craft activities, welcomed families, read and distributed books.
4/7/2016	CGU-SCGH 3 rd Annual Public Health Career and Internship Fair	Annual career and internship fair with invited community organizations in attendance.	Provided staffing to table and dissemination information at the event.
4/9/2016	Delta Omega/Cesar Chavez Day of Service w/ Stop Hunger Now	Stop Hunger Now is an international organization that distributes meals through feeding programs operated by partner organizations in developing countries and the local communities that promote education, encourage children to attend school, improve students' health and nutrition, address gender inequalities, stimulate economic growth, fight child labor, and are crucial to address global issues.	Volunteered to package more than 10,000 meals for the local communities in just over 2 hours.
4/12/2016	City of Hope Blood Drive	City of Hope is a community partner that conducts mobile blood drives within a 60-mile radius of the main City of Hope campus.	Co-hosted a one-day blood drive; advertised to the communities; and recruited volunteers to make a blood/platelet donation.
4/16/2016	The American Cancer Society Relay for Life of the Claremont Colleges	Celebrates the lives of people who have battled cancer, remember loved ones lost, and raise fund to fight the disease.	Formed a team for the relay as well as reached out to the Claremont Community to make donations for the cause.
4/23/2016	Claremont's 8 th Annual Earth Day Celebration	Sustainable Claremont is a non-profit organization formed to provide educational resources, to engage in advocacy, and to take actions which move us towards sustainability, not only within Claremont but beyond our borders.	Volunteered by hosting a booth providing education on the importance of water.
4/25-5/14	Claremont Relief for Ecuador	Consulado del Ecuador en Los Angeles (Consulate of Ecuador in Los Angeles) is the official Ecuadorian diplomatic and consular representation in Los Angeles.	Partnered with the International Student Office to collect relief donations on behalf of the Consulate of Ecuador in Los Angeles.

3.2.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Assessment of Criterion

This criterion is met.

Strengths

- Faculty and students are committed to community service as an integral part of the public health profession.
- Appointments and promotion consider service activities in faculty review and it is accorded the same merit as research and teaching.
- Evidence indicates that the SCGH creates an environment that values and facilitates service and there is evidence that both faculty and students engage in considerable service activities.

Weaknesses

- We have relatively few service activities that bring faculty, staff, students, and alumni together. Creating regular opportunities could enhance the service provided, improve student learning, and reinforce what we think is already a strong sense of community.

Plans

- We plan to integrate a service requirement for DrPH students.

CRITERION 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.

3.3.a. Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.

Needs Assessment

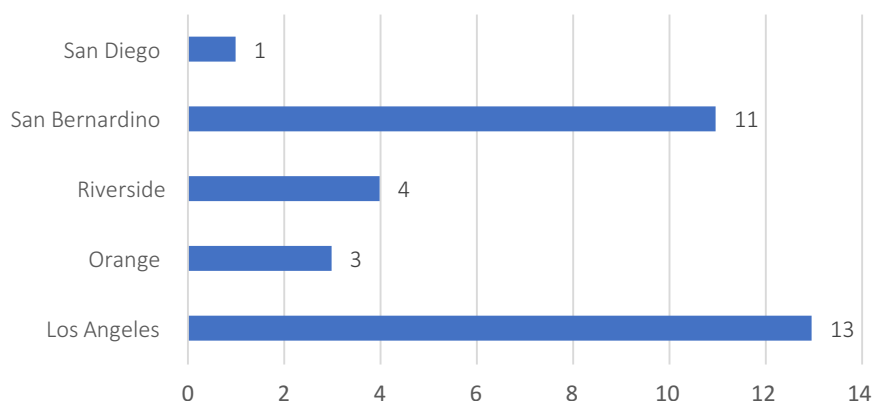
Methods

In spring 2016, the Program conducted a survey of general training needs, with approximately 200 organizations from the counties surrounding the university, including: Los Angeles, San Bernardino, Riverside and Orange County. Nearly 40 organizations in the Southern California region responded to the 13-item survey which was disseminated online via Qualtrics. The organizations included local government, community based organizations and clinical providers. The purpose of this survey was to identify possible topics for development of continuing education workshops and collaborations. Organizations were asked to identify workforce development needs, including accessibility and affordability of continuing education training and programs.

Results

With an approximate response rate of 18% (n= 32), results demonstrated an overall interest in SCGH providing continuing education opportunities. Many of the respondents were from community-based organizations (35%) and located in Los Angeles (44%) and San Bernardino (32%) counties, areas which the Claremont Colleges predominately serves.

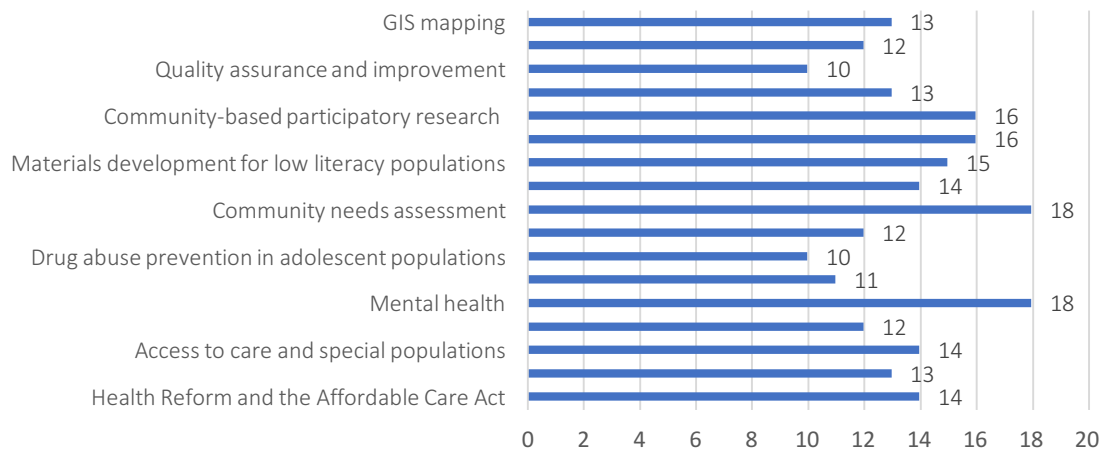
Figure 3.3.a.1. Location of Organizations by County



Location of Organizations by County

The top five areas in which respondents wanted to receive additional training were (1) mental health (60%); (2) health promotion program evaluation (53%); (3) community based participatory research (53%); (4) grant material development for low literacy population (50%) and (5) access to care and special populations (50%) (Figure 2). Most participants preferred weekday trainings at either at SCGH or their workplace.

Figure 3.3.a.2. Most Common Training Topics Requested



Most Common Training Topics Requested

In addition to surveys, program staff also collected feedback about the educational needs of community organizations through key-informant interviews with professional partners. In spring 2016 six professional partners including representatives from the county health departments, local city government, community based organizations and representatives from clinical providers met with program staff. Community partners provided input into the development of specific continuing education offerings. These sessions resulted in several concepts for workshops on topics such as health equity, community engagement and program evaluation strategies. In addition, these interviews resulted in further discussion about collaboration and training opportunities in the future. All informants reported that they would be interested in attending a workshop/training offered by the School and would be willing to collaborate to offer such events. Participants also discussed barriers to attending workshops held in the community. Cost and location were found to limit the number of potential participants. Some respondents recommended events be offered at no cost and utilize a distance learning format. Program staff will contact the IT department regarding the feasibility of distance learning options.

In addition, participants at each educational event are asked to suggest future training opportunities. Program evaluation is consistently suggested as a topic of interest. Like the survey results, interviewees ranked program evaluation as a highly desirable training topic for their staff. They further noted the importance of the potential event to provide a practical “tool kit” to further apply concepts gleaned from trainings with their own program staff. Like the survey results, many participants mentioned making these opportunities free and/or available remotely to maximize attendance. Depending upon the topic and format of the training, interviewers did acknowledge that holding workshops at CGU would provide participants opportunities to network and initiate other collaborations.

SCGH intends to continue both data collection methods. This information will be used by the program and its collaborators to determine future workshop and training topics as well as a continuing education schedule tailored to meet the local workforce needs.

Summary: Overall, the program’s continuing education and workforce development goals have been met. The program has successfully collaborated to produce educational sessions that target the needs of a diverse population. Moving forward, future topics will be selected using the community assessment

survey data that was recently disseminated. These results will better direct the selection of future topics and target audiences. Upon an increased staffing and financial resources, the program seeks to establish a more formal infrastructure to support workforce development activities.

3.3. b. A list of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified. Funded training/continuing education activities may be reported in a separate table. See CEPH Data Template 3.3.1 (ie, optional template for funded workforce development activities). Only funded training/continuing education should be reported in Template 3.3.1. Extramural funding for research or service education grants should be reported in Template 3.1.1 (research) or Template 3.2.2 (funded service), respectively.

Continuing Education Programs Offered

Several continuing education programs have been provided in the past two years, in response to needs expressed by our collaborative partners. The continuing education programs sponsored by the CGU MPH Program are presented in Table 3.3.b. All sessions were delivered in person.

As previously discussed, the program participated in various capacities of these sessions, including the planning and execution of these events; the submission of applications for continuing education credits; and the analysis and reporting of evaluation data. All sessions were made possible by the active involvement of program faculty, administration and students.

Table 3.3.b. Continuing Education Sessions Sponsored by the Program, 2014-2017					
Session Title, Location & Date	Co-Sponsors	Attendees	Contact Hours	CE Units	
<i>Primary Care and Behavioral Healthcare 2014 and Beyond: Staying on Top of Change</i> Ontario, CA (9-18-2014)	SAC Health System Kids Come First Community Health Center HI-Desert Medical Center, HDMHCD Community Health Center Storywalkers Consulting Group Community Clinic Association of San Bernardino County Covered California	210	8	CHES CME	
<i>Roadmaps and Intersections: Accelerating Toward Healthier Communities</i> Claremont, CA (6-18-2015)	YWCA of San Gabriel Valley	54	4	CHES	
<i>Place Matters: Integrating Academia, Government, and Community for a Healthy South Los Angeles – A Health Disparities Seminar Series</i> Los Angeles, CA (8-28 & 29, 2015)	Charles Drew University of Medicine & Science Florida International University Accelerating Excellence in Translational Science Morehouse School of Medicine Hopkins Center for Disparity Solutions UCLA Clinical & Translational Science Institute The City Project University of Southern California Project Export Terrance Roberts Consulting David Geffen School of Medicine Policy Link St. Johns Well Child & Family Center	140	7	CHES, CME	
<i>Whole Health: Engagement and Innovation –2015 and Beyond</i> Ontario, CA (9-17-2015)	County of San Bernardino Department of Public Health Kids Come First Community Health Center Community Clinic Association of San Bernardino County Covered California	245	5	CHES	
<i>Planning of the Development of an Accountable Community for Health in Riverside County, California</i> Riverside, CA (3-24-2016)	Community Translational Research Institute Riverside University Health System – Public Health	23	2	CPH	

Table 3.3.b. Continuing Education Sessions Sponsored by the Program, 2014-2017

Session Title, Location & Date	Co-Sponsors	Attendees	Contact Hours	CE Units
<i>BIG Data Advances in Healthcare and Impacts on Public Health Strategies and Policies</i> Riverside, CA (5-19-2016)	Community Translational Research Institute Riverside University Health System – Public Health	25	2	CPH
<i>GIS as a Secondary Data Source</i> Los Angeles, CA (6-27-2016)	The California Endowment Charles R. Drew University of Medicine & Science UCLA Clinical & Translational Institute Clinical Research Education & Career Development Accelerating Excellence in Translation Science Project Export Partnership for Equity and Equality in Health & Wellness Project Export Keck School of Medicine of USC	10	2	CHES
<i>Introduction to Qualitative Data, Part 1</i> Los Angeles, CA (7-25-2016)	The California Endowment Charles R. Drew University of Medicine & Science UCLA Clinical & Translational Institute Clinical Research Education & Career Development Accelerating Excellence in Translation Science Project Export Partnership for Equity and Equality in Health & Wellness Project Export	11	2	CHES CPH
<i>Health Disparities Research in Public Health</i> Riverside, CA (7-28-2016)	Community Translational Research Institute Riverside University Health System – Public Health	15	2	CHES CPH
<i>Applying Qualitative Data Part 2</i> Los Angeles, CA (8-29-2016)	The California Endowment Charles R. Drew University of Medicine & Science UCLA Clinical & Translational Institute Clinical Research Education & Career Development Accelerating Excellence in Translation Science Project Export Partnership for Equity and Equality in Health & Wellness Project Export	9	2	CPH
<i>Transformational Community-Based Care for Vulnerable Populations</i> San Bernardino, CA (9-22-2016)	Community Clinic Association of San Bernardino County Arrowhead Regional Medical Center	210	5.5	CHES CPH

Table 3.3.b. Continuing Education Sessions Sponsored by the Program, 2014-2017

Session Title, Location & Date	Co-Sponsors	Attendees	Contact Hours	CE Units
<i>Using A Mixed-Method Approach for Health Equity</i> Los Angeles, CA (9-26-2016)	The California Endowment Charles R. Drew University of Medicine & Science UCLA Clinical & Translational Institute Clinical Research Education & Career Development Accelerating Excellence in Translation Science Project Export Partnership for Equity and Equality in Health & Wellness Project Export	5	2	CPH
<i>Findings of the Robert Wood Johnson Foundation Planning Grant: Focus Groups and Key Informant Interviews</i> Riverside, CA (10-20-2016)	Community Translational Research Institute Riverside University Health System – Public Health	9	2	CPH
<i>Principles of Biomedical Informatics</i> Los Angeles, CA (10-24-2016)	The California Endowment Charles R. Drew University of Medicine & Science UCLA Clinical & Translational Institute Clinical Research Education & Career Development Accelerating Excellence in Translation Science Project Export Partnership for Equity and Equality in Health & Wellness Project Export	8	2	CPH CHES
<i>Roadmaps & Intersections: Systems, Social Determinants and Sustainability</i> West Covina, CA (12-1-2016)	YWCA San Gabriel Los Angeles County Department of Public Health First 5 Los Angeles Queen of the Valley Hospital Citrus Valley Health Partners	80	5	CPH
<i>Changing Our Vision of Health Through a Whole Person Health Score</i> Riverside, CA (1-26-17)	Community Translational Research Institute Riverside University Health System – Public Health	27	2	CPH

Table 3.3.b. Continuing Education Sessions Sponsored by the Program, 2014-2017				
Session Title, Location & Date	Co-Sponsors	Attendees	Contact Hours	CE Units
Data Visualization & Presentation: Presenting Data to Community Los Angeles, CA (1-30-2017)	The California Endowment Charles R. Drew University of Medicine & Science UCLA Clinical & Translational Institute Clinical Research Education & Career Development Accelerating Excellence in Translation Science Project Export Partnership for Equity and Equality in Health & Wellness Project Export	19	2	CPH
Women's Health and Empowerment Symposium Claremont, CA (2/24 & 25, 2017)	UC Global Health Institute Scripps College Pomona College University of Redlands University of California, Riverside	65	4	CPH
Preparing Your Narrative for an Effective Grant Proposal Los Angeles, CA (2-27-2017)	The California Endowment Charles R. Drew University of Medicine & Science UCLA Clinical & Translational Institute Clinical Research Education & Career Development Accelerating Excellence in Translation Science Partnership for Equity and Equality in Health & Wellness Project Export	13	2	CPH
Introduction to Public Policy Analysis: Tools and Tricks of the Trade Los Angeles, CA (3-27-2017)		15	2	CPH, CHES
Motivating Pacifika Against Cigarettes and Tobacco (MPACT): A Smoking Cessation Program for Pacific Islanders" Riverside, CA (3-30-17)	Community Translational Research Institute Riverside University Health System – Public Health	20	2	CPH, CHES

Summary

The following is a summary of the continuing education activities conducted by the CGU MPH program within the last three years.

- Total number of events = 21
- Total number of contact hours = 68.5
- Total number of attendees = 1198
- Types of attendees included health educators, lay outreach workers, physicians, health and social service providers, and general public health practitioners;
- Continuing education credit was offered at all events. Types of continuing education units provided included CHES (health educators) and CPH (certified in public health)

3.3.c. Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.

The Certificate in the Foundations of Public Health was available to students beginning fall 2015. The program is designed as a way for working professionals, especially those already working in public health settings but with no training in public health, to gain such training. A variety of students may enroll in the program, including those originally targeted, as well as individuals with graduate training who desire public health skills to supplement their primary area. However, the one student who entered the program in spring 2016 is new to public health and entered the program as a first step towards an MPH. The program requires 20 graduate credit hours to be completed within a maximum period of five years. All courses in the certificate program are regular graduate level public health courses that are part of the curriculum for the MPH. Five courses are required in the areas of health promotion/education (CGH 300), biostatistics (CGH 301), epidemiology (CGH 302), health services (303) and environmental health (CGH 304). After completing the program with an average program GPA of 3.0 or higher, students may apply for admission into the MPH Program.

3.3.d Description of the program's practices, policies, procedures and evaluation that support continuing education and workforce development strategies.

Procedures and Practices

The first step towards creating a structured program to address workforce development needs is to take stock of our agency affiliations. The MPH Program has several agency affiliations that aid in the discovery of continuing education needs of the local practice community and to make our program a more visible resource for the organizations of the surrounding area. In addition, The MPH program has initiated a partnership with other area MPH programs, namely the University of Southern California and Charles R. Drew University, to co-sponsor trainings that might interest members of their local public health workforce.

Educational topics and audiences are prioritized because of discussions of our community partners. Needs are also identified through participation in collaborative networks, meetings with public health organizations and alumni, and specific requests for training. The educational events listed in table 3.3b were a result of these affiliations.

The program applies to the National Commission on Health Education Credentialing to offer continuing education units for health educators. The SCGH is a member of the Association of Schools and Programs in Public Health (ASPPH). As such, SCGH is an approved provider of continuing education units for those

Certified in Public Health (CPH). Events are entered in a central database used to maintain continuing education units through various approved providers.

Policies

The MPH program goals and objectives were established to provide a plan to provide targets for providing for continuing education activities designed to benefit the local public health workforce. These are:

1. Conduct ongoing needs assessment to determine current and emerging needs of the public health workforce.
2. Provide at least one training annually that will reach local public health professionals.
3. Provide continuing education contact hours for health educators (CHES/MCHES) or those certified in public health (CPH), when appropriate
4. Partner with at least one public health organization to offer trainings

These objectives establish the program's policy of delivering continuing education annually to the surrounding public health community to meet their identified training needs. It is also part of the program's mission to focus on the specific needs of diverse populations.

Evaluation

Evaluations of continuing education events are conducted after each training session. Items assessed include: (1) extent to which the learning objectives were met; (2) extent to which the event met participant learning needs; (3) aspects of speaker performance; and (4) satisfaction with program logistics. The evaluation form at each event includes a question asking participants about their preferences for future training events.

3.3.e. A list of other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.

Included below is a list of organizations with whom we have invited a partnership to offer continuing education sessions in the past three years. Collaborations with the following organizations have led to the sponsorship of events spanning multiple years.

Community Clinic Association of San Bernardino County

The need for this annual conference was determined by a planning committee, comprised of health care leaders, administrators and clinicians. Research and a literature review were conducted to gather information and opinions concerning emerging issues in health care and areas of interest for health professionals. Assessment surveys among member clinics within San Bernardino County were also conducted to determine and prioritize needs. These topics were a reoccurring theme evident in their assessments. Their overall purpose is to educate public health, behavioral health and medical professional about current health care opportunities, issues and conversations gaining traction in the San Bernardino County and the greater Inland Empire region. Attendees learn about innovative practices and collaborative efforts currently underway in the region. Topics include whole and integrated health as well as current innovations in population health, behavioral and mental health, the healthcare workforce, telehealth, regional metrics and data for decision-making and efforts to address the social, oral health and overall wellness of the communities in the greater Inland Empire.

- *"Primary Care and Behavioral Healthcare, Staying on Top of Change," 2014*

- *"Whole Health: Engagement and Innovation," 2015*
- *"Transformational Community-Based Care for Vulnerable Populations," 2016*

YWCA of San Gabriel Valley

The focus of these forums is to showcase local community champions who strive to promote the resiliency of individuals and to create flourishing neighborhoods, so that the Healthier Communities movement may be advanced. The topics have been identified through professional feedback regarding barriers to creating systems change and through extensive analysis of the health disparities in the region. Program participants learn new strategies and gain access to tools to help plan, implement, evaluate, and administer health education strategies, interventions, and programs.

- *"Primary Care and Behavioral Health 2014 and Beyond: "Staying on Top of Change," 2014*
- *"Roadmaps and Intersections: Accelerating Toward Healthier Communities," 2015*
- *"Roadmaps & Intersections: Systems, Social Determinants and Sustainability," 2016*

Charles Drew University of Medicine & Science's Urban Health Institute

This seminar series introduces the principles and practice of health disparities research specifically focused on the health of inner-city neighborhoods. The series will adopt broad perspectives on the concepts and frameworks related to translational health disparities to specifically address the impact of place on communities like South Los Angeles. The various seminars in this series aim to integrate perspectives from science, public policy, and community engagement focused in South Los Angeles to address health inequity in the context of place. The series content includes an overview of health and health disparities in the United States and will implement a range of social, political, economic, cultural, and legal theories related to health disparities. The target audiences include: (1) academic research and teaching faculty; (2) scientists engaged in health disparities research activities; (3) health care professionals; and (4) public health professionals.

- *"Place Matters: Integrating Academia, Government, and Community for a Healthy South Los Angeles – A Health Disparities Seminar Series", August 2015*
- *"Introduction to Secondary Data," May 2016*
- *"Geographic information Systems," June 2016*
- *"Qualitative Data," July 2016*
- *"Applying Qualitative Data Part 2", August 2016*
- *"Using a Mixed Method Approach for Health Equity," September 2016*
- *"Principles of Biomedical Informatics," October 2016*
- *"Data Visualization & Presentation: Presenting Data to Community," January 2017*
- *Preparing Your Narrative for an Effective Grant Proposal, February 2017*
- *Introduction to Public Policy Analysis: Tools and Tricks of the Trade, March 2017*

Community Translational Research Institute

The series has been developed in the interest of providing Department of Public Health personnel in Riverside County an ongoing opportunity to learn about current developments in public health research and the population health movement. The Community Translational Research Institute's (CTRI) mission is to: (1) to bring together key institutions and individuals from the public and private sectors, including academic, public health and community medicine institutions, and neighborhood schools and community-based organizations for prevention of chronic disease; and (2) transform population health practice through translation of prevention science into community-based programs and sustained practice and policy. With endorsement from the Riverside County Board of Supervisors, CTRI was

established in early 2014 and formally incorporated as a California Not-for-Profit Corporation in May 2014. The founding CTRLI partners include leaders of the Claremont Graduate University School of

Community and Global Health, the County of Riverside, the Inland Empire Health Plan, and the University of California Riverside-School of Medicine.

- *“Planning of the Development of an Accountable Community for Health in Riverside County” March, 2016*
- *“BIG Data Advances in Healthcare and Impacts on Public Health Strategies and Policies,” May, 2016*
- *“Health Disparity Research in Public Health”, July 2016*
- *“Findings of the Robert Wood Johnson Foundation Planning Grant: Focus Groups and Key Informant Interviews,” October 2016*
- *Changing Our Vision of Health Through a Whole Person Health Score, January 2017*
- *“Motivating Pacifica Against Cigarettes and Tobacco (MPACT): A Smoking Cessation Program for Pacific Islanders”, March 2016*

3.3.f. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

Assessment of Criterion

This criterion is met.

Strengths

- The CGU MPH program has a continuing education goal to provide technical and programmatic support to public health organizations in the greater Los Angeles area to assist agencies in meeting the needs of their service populations.
- Educational sessions have targeted the needs of diverse populations.
- Outcome measures are identified and monitored.
- Despite minimal program staffing, the MPH program has co-sponsored a total of 21 events.
- The program has developed collaborative partnerships to assist with the delivery of continuing education programs.
- Continuing education units are offered for both health education specialists (CHES/MCHES) and those certified in public health (CPH)

Weaknesses

- The certificate program has very low enrollment
- Currently all workforce development activities have been offered on an in-person basis, while the assessment suggests increased participation would be possible with distance learning opportunities.

Plans

- Currently, many the topics identified for continuing education events are a result of needs identified by collaborate partners, not always by our own assessments. A community assessment survey has been disseminated to gauge felt needs of the public health workforce. These results will better direct the selection of future topics and audiences.
- The program seeks to establish a more formal infrastructure to support workforce development activities. A separate continuing education committee will be established.

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Claremont Graduate University celebrates forward-thinking scholars. Our students are transdisciplinary learners, where they are not confined to traditional topics and subjects but are encouraged to learn from a variety of content areas. CGU is renowned for its transdisciplinary curriculum and devotion to only graduate-level studies. Our students are well-equipped to lead in their professional careers after graduating from CGU and our program.

Faculty, Staff and Students

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CRITERION 4.0 FACULTY, STAFF AND STUDENTS

CRITERION 4.1. FACULTY QUALIFICATIONS

The program shall have 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 programs mission, goals and objectives.

- 4.1.a. A table showing primary faculty who the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format and include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification, e) graduate degrees earned, f) discipline in which degrees were earned; g) institution from which degrees were earned; h) current instructional areas and i) current research interests. See CEPH Data Template 4.1.1.

Faculty Matrix

Program faculty is a highly qualified, interdisciplinary, and cohesive group of scholars committed to excellence in teaching and research. The faculty has a rich history of teaching in public health (at USC, Minnesota, University of Illinois-Chicago, UCLA, and CGU), collaborative research, and an excellent reputation for its academic training program. The establishment of a public programs within SCGH take advantage of these talents and resources. The faculty is diverse, but maintains plans to hire new faculty that reflect the communities surrounding CGU. We acknowledge this as a challenge and have endeavored to address it, recognizing that this is an issue that has plagued other institutions.

Primary faculty are defined as those who are involved in the regular teaching of public health students in and are employed full-time at their university in one of the following faculty tracks: tenure track, research track, or clinical teaching track. Faculty generally teach two to four courses per year with the remainder of their effort devoted to research. With this environment, there is sufficient faculty to teach the courses needed for the programs. It is anticipated that additional courses may be offered as the programs grow and the curriculum is modified. Current primary faculty include four Professors and six Associate Professors. One primary faculty member is from the School of Social Science, Policy and Evaluation (SSSPE). Dr. Jason Siegel teaches CGH 313, Research Methods, in the spring semesters, provides academic advisement for our dual MPH/MA (Applied Psychology) students, and conducts public health research. Dr. Stewart Donaldson, who serves as the Dean of the SCGH and SSSPE does not teach MPH or DrPH courses. His teaching responsibilities reside within SSSPE so he is not counted as primary public health faculty.

Faculty Training and Experience

Of the 10 primary faculty, half possess an educational background in public health (e.g., Master of Public Health, Master of Science in Biostatistics/Epidemiology, PhD in Health Behavior Research). Of these, faculty have degrees in the core areas of public health: health behavior, community health education, biostatistics, epidemiology, and health administration. Several others have certificates, post-doctoral training, and/or extensive leadership experience in core areas. Faculty experience corresponding to the programmatic disciplines in which they are assigned is detailed below. Collectively, the faculty have many years of teaching, mentoring, research and professional experience relevant to public health. All faculty teach courses and/or provide guest lecturers and mentor students in the concentration in which they are assigned. Faculty experience in public health is summarized in table 4.1.a.1.

Table 4.1.a.1. Summary of Core Faculty Experience in Public Health

Faculty & Concentration	Degrees	Additional Public Health Training/Experience	Teaching Experience	Publications in Public Health Journals
Susan Ames (<i>HPPE</i>)	PhD, Preventive Medicine (emphasis in Health Behavior Research); MA, Psychology	N/A	15 years: USC, CGU	Some
Nicole Gatto (<i>ABE</i>)	PhD, Epidemiology; MPH Community Health Sciences & Epidemiology (minor)	Certificate in Public Health (CPH), Certificate in SAS Base Programming; Postdoctoral Training in Epidemiology (UCLA); Contract Epidemiologist for the Acute Communicable Disease and Control Los Angeles Department of Public Health; Program Evaluator (Consultant) Los Angeles Conservation Corps	13 years: USC, UCLA, Loma Linda School of Public Health, CGU	Some
Andy Johnson (<i>LM</i>)	PhD, Social Psychology (emphasis in Neurocognitive Science & Health Behavior)	Certificate, Health Services & Policy (University of Michigan); Postdoctoral Training in Epidemiology (University of Minnesota)	42 years: University of Minnesota, USC, CGU	Extensive
Paula Palmer (<i>LM</i>)	PhD, Psychology (emphasis in Clinical-Health Psychology)	Certificate in Advanced Program Management (USC Marshall School of Business); Consultant to Maternal and Child Health Division, Los Angeles Department of Health Services	17 years: USC & CGU	Extensive
Darleen Peterson (<i>LM</i>)	PhD, Preventive Medicine (emphasis in Health Behavior Research); MPH (emphasis in Community Health Education); MA (emphasis in Health Communication)	Master Certified Health Education Specialist; MPH Program Director, Assistant Director & Manager; Public Health Accreditation Consultant; Program Evaluator for California Department of Health & Human Services	17 years: USC & CGU	Some
Kim Reynolds (<i>HPPE</i>)	PhD, MA, Social Psychology	Postdoctoral Fellowship in Cardiovascular Disease Prevention (Stanford); Training Program on Epidemiology & Prevention of Cardiovascular Diseases (Council on Epidemiology of American Heart Association)	24 years: University of Alabama, USC, CGU	Extensive
Jason Siegel (<i>ABE</i>)	PhD, Educational Psychology; MA, Communications	Senior Research Associate, Institute of Organizational and Program Evaluation Research; Senior Research Specialist, Health Communication Research Office, Arizona Cancer Center; Researcher, Health Psychology	12 years: CGU	Some

Table 4.1.a.1. Summary of Core Faculty Experience in Public Health

Faculty & Concentration	Degrees	Additional Public Health Training/Experience	Teaching Experience	Publications in Public Health Journals
Alan Stacy (<i>HPEE</i>)	PhD, MA, Social & Personality Psychology	Postdoctoral Fellowships in Public Health (University of Washington & USC); Consultant for Cancer Research Center of Hawaii & Prevention Institute	21 years: UC Riverside, UCLA, USC, CGU	Some
Paul Torrens (<i>LM</i>)	MD, MPH (emphasis in Health Services)	Professor of Health Services at UCLA School of Public Health (39 years); Consultant for Health Affairs, Governor's Office, Commonwealth of Kentucky & Office of the President, University of California	44 years: UCLA, CGU	Some
Bin Xie (<i>ABE</i>)	MD; PhD, Preventive Medicine (emphasis in Health Behavior Research); MS (Biostatistics); MS (Nutritional Science)	Summer Institute on Longitudinal Methods (Penn State University & National Institute on Drug Abuse); Summer Institute on Longitudinal Research (UCLA Center for Advancing Longitudinal Drug Abuse Research)	9 years, USC, CGU	Some

Table 4.1.a.2. Current Primary Faculty Supporting Degree Offerings of Program by Specialty Area

School/ Specialty Area	Name	Title/ Academic Rank	Tenure Status or Classification*	FTE or % Time	Graduate Degrees Earned	Institutions where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
SCGH- HPEE	Susan Ames	Associate Professor	Tenured	1	PhD, MA	USC (PhD); Cal State-LA (MA)	Health Behavior Research (PhD); Psychology (MA)	Behavioral and Social Sciences	Prevention Neurocognitive Sciences
SCGH- HPEE	Kim Reynolds	Professor	Tenured	1	PhD, MA	Arizona State	Social Psychology	Program Planning	Behavioral and Social Sciences
SCGH- HPEE	Alan Stacy	Professor	Tenured	1	PhD, MA	UC Riverside	Social & Personality Psychology	Behavioral and Social Sciences	Prevention Neurocognitive Sciences
SCGH- ABE	Nicole Gatto	Associate Professor	Non-tenured	1	PhD, MPH	UCLA (MPH); USC (PhD)	Epidemiology	Epidemiology	Chronic disease prevention
DBOS- ABE	Jason Siegel ¹	Associate Professor	Tenured	.50	PhD MA	U of Arizona	Educational Psychology (PhD) Communication (MA)	Research Methods	Adolescent substance use
SCGH- ABE	Bin Xie	Associate Professor	Tenured	1	MD, PhD, MS, MS	Beijing Medical U (MD); USC (PhD, MS), U of Utah (MS)	Health Behavior Research (PhD); Biostatistics (MS); Nutrition (MS)	Biostatistics Epidemiology	Adolescent health behaviors; statistics
SCGH- LM	Andy Johnson	Professor	Tenured	1	PhD	Duke	Social Psychology (PhD)	Grant Writing	Chronic disease prevention; program management
SCGH- LM	Paula Palmer	Associate Professor	Non-tenured	1	PhD	Cal School for Professional Psychology	Clinical Psychology	Global health; management	Global health; maternal/child health
SCGH- LM	Darleen Peterson	Associate Professor	Non-tenured	1	PhD, MPH, MA	USC (PhD/MA) Cal State Northridge (MPH)	Health Behavior Research (PhD); Communication (MA); Health Education (MPH)	Behavioral and Social Sciences; Professionalism	Health Communication; program management
SCGH- LM	Paul Torrens	Professor	Non-tenured	1	MD, MPH	Georgetown (MD); Harvard (MPH)	Medicine & Public Health	Health Services and Leadership	Health Care Management, health care policy

- 4.1.b. Summary data on the qualifications of other faculty (adjunct, part-time, secondary appointments etc). Data should be provided in table format and include at least: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the program, e) highest degree earned (optional: programs may also list all graduate degrees earned to more accurately reflect faculty expertise); f) disciplines in which listed degrees were earned, and g) contributions to the program. CEPH Data Template 4.1.2.**

Adjunct Faculty

Adjunct appointments are generally used for those faculty members who teach on a course-by-course basis and who are located at outside institutions or foundations. They are paid according to their teaching assignments, a rate that is based upon their experience. Such appointments are generally given to members of the public health professional workforce. Faculty members who hold adjunct positions come from a variety of institutions; they may or may not have an academic position (i.e., at a university); and their professional “homes” can be at health departments and agencies or hospital organizations.

Current adjunct faculty who teach are distributed across the rank of Assistant and Associate levels with their efforts complemented by their considerable public health experience. Program faculty are also drawn from the disciplines in epidemiology, health promotion and public leadership/management appropriate to the courses they teach. Current adjunct faculty include four Assistant Professors and one Associate Professor. Teaching a 4-unit class is equivalent to a .25 FTE for adjunct faculty.

Table 4.1.b. Other Faculty Used to Support Teaching Program (Adjunct, Part-Time, Secondary, etc.)

Department/Specialty Area	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for Earned Graduate Degrees	Teaching Areas
HPEE	Patty Kwan	Assistant Professor	Assistant Professor, Cal State University Northridge	.25	PhD, MPH	Health Behavior Research (PhD); Preventive Nutrition (MPH)	Program Education, Health Communication
	Nazanin Zargarpour	Assistant Professor	Assistant Professor & Director, Master's Program in Educational Evaluation Senior Research Fellow, Claremont Evaluation Center	.25	MPP, PhD	Education Policy, Reform & Evaluation (PhD); International Development Education (MPP)	Program Evaluation
ABE	Recinda Sherman	Assistant Professor	Program Manager, Data Use & Research, North American Association of Central Cancer Registries	.25	PhD, MPH	Epidemiology (PhD); Epidemiology & Biostatistics (MPH)	Epidemiology, Health Geoinformatics
LM	Jay Orr	Assistant Professor	Director, County of Riverside Department of Health Services	.25	JD	Law	Leadership & Management of Public Health Programs
	Sondos Islam	Associate Professor	Associate Professor & Director MPH Program, Charles Drew University	.25	PhD, MPH, MS	Health Behavior Research (PhD); Applied Biostatistics & Epidemiology (MPH); Microbiology & Immunology	Public Health Capstone

4.1.c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners if used by the program. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

Faculty Integration of the Practice Community

The program integrates perspectives from the field of practice in a myriad of ways, including involving community members in scholarly activity, advisory positions, and educational opportunities. The faculty represent many different disciplines, with research interests that range from health communications to tobacco control to chronic disease prevention to health care policy to the neurocognitive, genetic, and environmental underpinnings of functional and dysfunctional health behavior. Despite their wide-ranging interests, there is a very high priority placed on interdisciplinary, team approaches to research and teaching. Research and training interests of the faculty consist primarily of applied, practice research. Research projects generally have large teams of co-investigators and researchers since the projects involve a multi-disciplinary community/collaborative approach to public health. The disciplines represented include faculty who study individual, community, and population level behavior; thus, the focus is one involving an ecological approach to public health practice. Faculty programs follow health planning models that call for considerable community involvement and collaboration to create successful programs, and insist on formative research so that programs are sensitive to community needs. Finally, the faculty participated in several community-based research projects that provide opportunities for students to collaborate with these agencies. Examples of community partners involved in faculty research include:

- California Diversion Intervention Foundation, Various sites in CA
- California State University Fullerton, Fullerton, CA
- Center for Disease Control, Chengdu, China
- Chinese University of Hong Kong
- City of Hope Medical Center & Comprehensive Cancer Center, Duarte, CA
- Huaxi Medical University, Chengdu, China
- Orange County Asian & Pacific Islander Community Alliance, Garden Grove, CA
- Guam Communications Network, Long Beach, CA
- Mahidol University, Thailand
- Molina Healthcare, Long Beach, CA
- My Friend's Place, Hollywood, CA
- Pacific Islander Health Partnership, Garden Grove, CA
- Peking Union Medical College, Beijing, China
- Samoan National Nurses Association, Carson, CA
- SAATH, Los Angeles, CA
- Taiwan Health Ministry,
- Tongan Community Service Center, Gardena, CA
- Union of Pan Asian Communities, San Diego, CA
- University of Tokyo, Japan
- University of Southern California, Los Angeles, CA

The program utilizes an advisory committee to inform School and program activities. The committee is comprised of individuals from local health departments, schools of medicine, hospitals, non-governmental health organizations, health maintenance organizations, industry. The committee convenes to discuss progress made by the School and outcomes of the training programs. Recommendations for future activities are made.

Appointment Tracks

The program maintains adjunct appointment track for public health practitioners who teach a course at the University. This is a contractual (term by term) appointment that is approved by the Provost. Adjuncts enjoy a limited amount of benefits such as library privileges, e-mail and Canvas accounts. Payment for teaching is based on rank. There are three levels of adjunct faculty: Assistant, Associate and Full Professor. Other members of the practice community are invited to give guest lectures in courses or in the Global Health Seminar.

Faculty with Significant Public Health Experience

One adjunct faculty member with significant practice experience is Mr. Jay Orr, JD, current Director of the County of Riverside Department of Health Services. The course he teaches, CGH 319: Current Issues in Global Public Health, reviews emerging trends, lessons learned, best practices, and critical factors connected to the successful implementation, leadership and support of expanded health responses (public, private and non-profit sectors) at local, national and international levels. Topics include strategies and interventions to achieve workforce excellence, enhance organizational performance, strengthen public health infrastructures, and improve the health status and well-being of people around the globe. The course features weekly guest speakers from administrative staff in various departments within the public health department. Students enjoy the practical discussions of day-to-day operations of the department and networking with staff. Many students have received internship placements because of this course.

4.1.d. Identification of outcome objectives by which the program assesses the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years. *See CEPH Outcomes Measures Template.*

Faculty Outcome Objectives

Outcome measures to judge faculty complement are vast as evidenced in table 4.1.d. The program has a highly qualified faculty in the core areas of public health. The faculty are nationally recognized in their areas and integrate public health teaching and service into their research. Most faculty teach two or more courses and obtain research funding to support the rest of their salary. This creates an entrepreneurial environment in which faculty actively compete to maintain their prominence as public health researchers. There is a somewhat low number of tenured/tenured track faculty, and the composition of the faculty could be more diverse in terms of gender and ethnicity. Currently, there is a lack of Hispanic/Latino and African American faculty. The program administration is working to hire additional faculty in the coming year. Significant efforts have been employed to increase the diversity of the faculty applicant pool (see criterion 1.8 on diversity). Increased efforts and prioritization of this goal within the university have been achieved. SCGH currently has a draft strategic diversity plan in place that will be compared with recent requirements that came out of the President's Diversity Council. The last two years have seen an increase in the number of core faculty with funded research. The number of faculty presentations within 2015-2016 was lower than expected as grant preparation and budget restrictions may have precluded conference attendance by some faculty. These same restraints make it challenging for all faculty to supervise students on research projects although, nearly half of our faculty have supervised student research each year (all student research receives faculty supervision, just not from all faculty members in each timeframe).

Table 4.1.d. Measures of Program Performance: Faculty

Outcome Measures	Target Level						Performance					
	2013-2014		2014-2015		2015-2016		2013-2014		2014-2015		2015-2016	
	#	%	#	%	#	%	#	%	#	%	#	%
1. Number and percent of primary faculty with doctoral degrees	12	100	10	100	9	100	12	100 Met	10	100 Met	9	100 Met
2. Number and percentage of primary female faculty	5	40	4.8	40	3.6	40	4	80% Met	3	63% Met	3	83% Met
3. Number and percentage of primary ethnic/minority faculty	5	40	4.8	40	3.6	40	4	80% Met	3	63% Met	2	55% Met
4. Number and percent of tenured/tenured track faculty	6	50	5	50	4.5	50	5	42% Not Met	4	40% Not Met	4	40% Not Met
5. Number and percent of faculty with the rank of Associate Professor or higher	9	50	1	50	1	50	9	75% Met	9	90% Met	9	100% Met
6. Annual dollar amount of grants	\$2M		\$2M		\$2M		3,482,719 Met		3,427,754 Met		1,766,245 Not Met	
7. Number and percent of all faculty involved in service activities	9	75	7.5	75	6.75	75	12	100 Met	10	100 Met	9	100 Met
8. Number and percent of core faculty presentations at professional meetings	9.6	80	8	80	7.2	80	9	75% Not Met	8	80% Met	6	66% Not Met
9. Number and percent of core faculty with funded public health research	9	75	7.5	75	6.75	75	7	59% Not Met	9	90% Met	8	89% Met
10. Number and percent of core faculty with peer-reviewed publications	6	50	5	50	9.5	50	11	91% Met	8	80% Met	7	77% Met
11. Number and percent of core faculty who supervise students on research projects	6	50	5	50	9.5	50	5	42% Not Met	6	60% Met	4	44% Not Met

4.1.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Assessment of Criterion

This criterion is met.

Strengths

- The program consists of a highly qualified and multi-disciplinary faculty. The faculty have extensive research and practice experience, and are characterized as having a strong commitment to applied, community-based health promotion research.
- Faculty have strong linkages with local and national community organizations and have a shared vision on the importance of applied public health practice and research.
- Scholarly activity among the faculty is high as evidenced by the amount of research funding and publication success.

Weaknesses

- Not all faculty have degrees in public health (55%); however, faculty who lack a formal public health degree do possess extensive teaching, research, and national and international leadership experience in public health.
- Non-primary faculty are relatively absent in program activities and strengthening our connections with these faculty could bring benefits.

Plans

- We are exploring ways to better integrate non-primary faculty with program activities. This effort could enhance the relevance of the work we do and provide greater opportunities for enrichment of our educational programs with the practice perspective and for collaboration in research and public health practice projects.

CRITERION 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.

4.2.a. A faculty handbook or other written document which outlines faculty rules and regulations.

Faculty Handbook

CGU's Institutional Handbook, which species a section on faculty governance policies and procedures, can be found online at <https://cgu.policystat.com/policy/1788464/latest/>. It covers policies and procedures related to the following issues: faculty government, committees, academic practices and policies, appointments, promotions and tenure, policies pertaining to research, integrity of the academic environment, faculty grievances, faculty dismissal, and academic and family life balance. Additional University publications delineate policies on committees, faculty rights and responsibilities, evaluation, grievance procedures, research, protection of human subjects, outside activities, benefits, leaves of absence, compensation, faculty/student relations, registration, instructional policies, advisement, documentation of academic records, course disputes, academic integrity, degree requirements, student counseling, faculty benefits, and tuition assistance.

4.2.b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

Faculty Development

Development Processes for Non-Tenure Track Faculty

Non-tenure track faculty. The primary category of faculty in need of support for career development includes faculty in term positions, such as term faculty, research faculty, and professors of practice. These positions may range in time commitment at the school from 50% to 100% but are all in need of consideration. There are two primary avenues for development, one formal and one informal.

The formal process is through the annual faculty consultation. Each faculty member is consulted in a bi-directional mechanism once per year about their needs, progress, and future goals, as well as their perceptions of the School's ability to help them reach their goals. Avenues are considered to help the faculty member better meet their ultimate career objectives. For example, if they have not yet submitted a grant proposal as PI, then mechanisms are considered for future grant production. If scholarly productivity is not sufficient, then barriers and resolutions are discussed. Needs in productivity, whether in scholarship or grant productivity, are addressed by discussing avenues such as changes in mentorship from senior faculty, collaborative opportunities, training opportunities, possibilities for a different time allocation, and other possibilities. If service needs improvement, opportunities for service to the university and community are outlined. If teaching evaluations are not on par, then the potential reasons are explored and resolutions are uncovered, such as teaching workshops, time release for teaching preparation, assistance in materials preparation, more appropriate course assignment, or other assistance.

The informal process of development for non-tenure track faculty is through ongoing mentoring by senior faculty. Senior faculty routinely engage more junior colleagues in grant preparation and scholarly production. Through this mechanism, more junior faculty experience all stages of the grant writing process. It is typical to assign specific proposal sections to junior faculty and have them review the entire proposal. In this manner, they learn to take leadership of a section of a proposal while also getting a broad picture of the entire proposal process. As junior faculty become more advanced, they learn to take on more sections themselves and are eventually able to write their own grant proposals, serving as PI. We have found this mechanism very fruitful in training junior faculty in all tracks at grant preparation. We have much more evidence that this is fruitful than alternatives, such as most grant training workshops. Such external classes are usually led by individuals with much less (if any) record of grant productivity than the mentors available at our school. We do offer a grant course to our students, taught by a grant professional with substantial experience. Faculty can sit in on this class if they so choose.

Tenure track faculty. Tenure track faculty at SCGH receive the same bi-directional annual consultation provided to all faculty. They meet with the School's Associate Dean for Faculty Affairs on a yearly basis. This meeting provides an opportunity to discuss progress toward tenure, in terms of scholarship, service, teaching, and grant productivity, as well as all the other issues outlined in terms of tenure track faculty. The informal process for tenure track faculty include occasional meetings during each year with the chair of the faculty affairs committee. The frequency of meetings is determined by faculty progress and needs.

All faculty with regular appointments. Funds for certain travel or workshop expenses are granted to faculty without sufficient grant support, up to \$1,500. per year per faculty member. A formal request must be approved by the Dean and a benefit to the individual's career, field of study, community agency, or to the school must be demonstrated. The program encourages collaborative research that is supportive to faculty growth. Section 3.1 outlined the collaborative agenda of the School, which provides many opportunities for networking and growth in scholarship and service. New tenure track or term faculty can request a reduction in teaching obligations, if they have a clear plan to engage in a major effort to begin a new research program essential to School goals and faculty advancement. The request is considered on a case by case basis and must be approved by the Dean of the school. Normally, release time for one course per year is considered, though in rare circumstances additional course release is possible. Term faculty with relevant qualifications are encouraged to apply for tenure track positions at SCGH, when such positions become available through an open search process. Although such individuals cannot be given an advantage in this process over other applicants, the Dean and Associate Dean for Faculty Affairs are available to provide consultation about this process.

4.2.c. Description of formal procedures for evaluating faculty competence and performance.

Procedures for Evaluation of Faculty

Formal procedures for evaluating faculty competence and performance involve the assessment of teaching evaluations and the conduct of annual consultations and reviews by the Dean. Factors considered in the promotion, tenure and renewal decisions vary by appointment and are detailed in Criterion 1.3c.

Teaching Evaluations

All teaching faculty receive anonymous teaching evaluations for each course taught. Table 4.2.c illustrates teaching assignments of public health faculty. In addition to these, students may enroll in

sections of directed research with a faculty member during any semester. (Directed Research does not count toward the required faculty teaching load). Evaluations are reviewed each term by the MPH and DrPH Program Director. Both Program Directors are open to a discussion of teaching evaluation responses. If any negative evaluations occur, they are discussed and corrective measures are taken. Usually these measures involve resolution through faculty development (see Criterion 4.2.b) or in extreme instances re-assignment to a different course aligning with faculty expertise and interest.

Table 4.2.c. Current Faculty Teaching Assignments in the Public Health Programs, 2016-2017

Faculty	Appointment	Course #	Units	Course Title	Course Type
Susan Ames	Primary	CGH 300	4	Theoretical Foundations of Health Education & Promotion	Core
		CGH 402	4	Advanced Research Methods	DrPH Core
Nicole Gatto	Primary	CGH 302	4	Epidemiology	MPH Core
		CGH 304	4	Environmental & Occupational Health	MPH Core
		CGH 314	4	Chronic & Infectious Diseases Worldwide	MPH Concentration
		CGH 406	0	Advanced Practicum in Public Health	DrPH Core
Sondos Islam	Adjunct	CGH 307	0	Public Health Capstone	MPH Core
Andy Johnson	Primary	CGH 305	4	Seminar in Grant Writing & Proposal Development	MPH/DrPH Core
Patty Kwan	Adjunct	CGH 311	4	Curriculum & Materials Development	MPH Concentration
Jay Orr	Adjunct	CGH 319	4	Current Issues in Global Public Health	MPH Concentration
Paula Palmer	Primary	CGH 310	4	Foundations of Global Health: An Interdisciplinary Approach	MPH Concentration/DrPH Core
		CGH 317	4	Ethics, Human Rights & Cultural Diversity	MPH Concentration/DrPH Core
		CGH 318	4	Management of International Health Programs & Organizations	MPH Concentration/DrPH Core
Darleen Peterson	Primary	CGH 306	4	Supervised Field Training in Public Health	MPH Core
Kim Reynolds	Primary	CGH 308	4	Foundations of Program Planning	MPH Concentration/DrPH Core
		CGH 305	4	Seminar in Grant Writing & Proposal Development	MPH/DrPH Core
		CGH 400	4	Advanced Theoretical Foundations	DrPH Core
Jason Siegel	Primary	CGH 313	4	Research Methods	MPH Concentration/DrPH Core
Alan Stacy	Primary	CGH 300	4	Theoretical Foundations of Health Education & Promotion	MPH Core
		CGH 402	4	Advanced Research Methods	DrPH Core
Paul Torrens	Primary	CGH 303	4	Health Services in the US and Abroad	MPH Core
		CGH 316	4	Public Health Leadership	MPH Concentration & DrPH Core
Bin Xie	Primary	CGH 301	4	Biostatistics	MPH Core
		CGH 312	4	Data Analysis (SAS)	MPH Concentration
		CGH 401	4	Advanced Statistical Methods I	DrPH Core

Table 4.2.c. Current Faculty Teaching Assignments in the Public Health Programs, 2016-2017

Faculty	Appointment	Course #	Units	Course Title	Course Type
Nazanin Zargarpour	Adjunct	CGH 309	4	Monitoring & Evaluation of International Health Programs	MPH Concentration/DrPH Core

Annual Consultation

The annual consultation, addressed in previous sections, is bi-directional, where each faculty member provides feedback to the School, while the School provides feedback to the faculty member. Faculty development issues are simultaneously addressed. This is less threatening, more positive, and more useful to the School and its faculty than a one-way evaluation. However, faculty members are consulted regarding any needs for improvement in research, teaching, or service. Faculty are held accountable to obligations noted in previous sections for research productivity and service requirements (Criterion 1.3c) and teaching evaluations. Whenever relevant, development support is offered, as outlined in Criterion 4.2.b. The specific criteria for annual evaluation depend on the specific track of each faculty member. As outlined in Criterion 1.3c, these expectations vary somewhat depending on whether faculty are tenure track, tenured, term faculty, or specific term designations such as research faculty or professor of practice.

Annual University Review

In addition to School's internal review of all faculty every year, the University (Provost's office) conducts an independent review of faculty progress listed in an annual report which all faculty must submit. The annual report includes a list of all contributions to research, service, teaching, and mentoring within the last year.

Reviews for Promotion, Tenure, Renewal of Term Positions, and Full professors

Policies regarding these reviews were outlined in Criterion 1.3c. These reviews provide a mechanism for regular major evaluation of competence and performance for all ranks and faculty tracks.

4.2.d. Description of the processes used for student course evaluation and evaluation of instructional effectiveness.**Student Course Evaluation Process**

Course evaluations are administered at the end of every course, independent of the instructor. Courses taught by first-time adjunct professor have a mid-point review. These results are shared with the instructors to make mid-semester corrections, if necessary. The Program Manager sends a link to the course evaluation on Qualtrics to students towards the end of the semester or may visit a class in which paper evaluation are used (CGH 306: Supervised Field Training in Public Health). Using both quantitative and qualitative measures, the instrument requires students to evaluate the content of the course, including the strengths, and areas needing improvement. The data is then analyzed, and the forms are kept in the office of the Dean. Copies are provided to the instructors after the submission of grades. A summary of the average course evaluation scores for MPH/DrPH courses are in the resource file 4.2.c.

Evaluation of Instructional Effectiveness

The Program Directors have direct responsibility for verifying that course evaluations are attended to and that these are taken into consideration in making teaching assignments. The program directors review student evaluations of courses at the end of each semester and discusses them, when appropriate, with each faculty member. An exit survey is also conducted with all students to assess their

satisfaction with instruction and general comments regarding specific courses. Results of the course evaluations and exit survey are presented at the meeting of the Curriculum Committee.

4.2.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Assessment of Criterion

This criterion is met.

Strengths

- CGU has well-defined policies to acknowledge, motivate and ensure faculty performance.
- Annual reviews are conducted to assess teaching and service performance of each faculty member.
- Systems are in place to obtain and review course evaluations soon after the end of each semester. Once received, the Directors review the evaluations and provides summary copies to the instructors. Problems areas are discussed at that time, if not already raised during the semester. A general discussion of these ratings is conducted at the curriculum committee meetings.
- Midpoint evaluations are conducted for new adjunct professors which allows for improvements to be made.

Weaknesses

- Faculty participation in career development activities is lower than desired.
- Response rates for evaluations are not consistent.

Plans

- To encourage faculty to learn from each other the Claremont Colleges Center for Teaching and Learning has worked with the Academic Deans Committee to recently relaunch the Multi-Campus Teaching Observation Program. We plan to promote this program to our faculty.

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CRITERION 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.

4.3.a. Description of the programs recruitment policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.

Recruitment Policies

The public health programs train individuals who are committed to becoming public health researchers and practitioners by providing excellence in education, mentorship, research and service opportunities. Students are actively recruited nationally and internationally from among undergraduate, graduate, and professional students potentially interested in studies in public health, as well as persons already engaged in public health practice. Special recruitment efforts are designed to reach health practitioners and community workers in the immediate region, as well as Claremont College undergraduates, staff, and faculty, as well as students in related professional programs at CGU who desire training in public health.

Recruitment Procedures

Procedures used by the public health programs to recruit students are diverse. Strategies involve both traditional face-to-face contact and electronic communication.

Face-to-Face Contact

The program faculty and staff participate in various recruitment activities both on and off campus including graduate school career fairs and various local and national conferences. We also recruit from public agencies in locales and countries where we are actively engaged in public health research. Faculty who attend local, state, national and international conferences are given program brochures to be distributed to interested persons.

Table 4.3.a.1. illustrates the various recruitment events attended, both on and off campus including graduate school career fairs, various local and national conferences and information sessions, from fall 2013 to a projected summer 2017. The program targets events that are likely to attract attention of potential culturally diverse students (see shaded events).

Table 4.3.a.1. Recruitment Events Attended/Planned 2013-2017

Event Type	Location	2013-2014	2014-2015	2015-2016	2016-2017
Graduate School Fairs	Cal Poly Pomona	X	X	X	X
	CSU Berkeley	X	X	--	--
	CSU Channel Islands	--	--	X	--
	CSU East Bay	--	--	--	X
	CSU Northridge	X	X	--	X
	CSU San Bernardino	X	X	X	X
	CSU Santa Cruz	--	--	X	--
	Loyola Marymount	X	X	X	X
	San Diego State	X	X	X	X
	San Francisco State	--	X	X	--
	University of Redlands	X	X	X	--
	University of San Diego	X	X	X	X
	University of San Francisco	--	X	X	--
	UC Davis	--	X	X	X
	UC Irvine	X	X	X	X
	UCLA	X	X	X	X
	UC Riverside	X	X	X	X
	University of La Verne	X	X	X	X
	UC San Diego	X	X	X	X
	UC Santa Barbara	X	X	X	X
	UC Berkeley	X	X	X	--
	CU Channel Islands	X	X	X	--
	CU Sacramento	--	X	X	--
	University of Southern California	X	X	X	X
	Idealist Graduate School Fairs	X	X	X	X
Health/Career Fairs	Loyola Marymount	--	--	X	--
	University of La Verne	--	--	X	X
	UC San Bernardino Health Schools Fair	--	X	X	X
	UC Riverside Health Services Fair	--	X	X	X
	UCLA Health Services Fair	--	X	X	X
	UC Irvine Health Services Fair	--	X	X	X

Table 4.3.a.1. Recruitment Events Attended/Planned 2013-2017

Event Type	Location	2013-2014	2014-2015	2015-2016	2016-2017
	UC San Diego Health Services Fair	--	X	X	X
	Pitzer College Public Health Club	--	X	X	X
	Pacific Islander Fair in Huntington Beach		X	X	X
<i>The California Forum for Diversity in Graduate Education</i>	Various Locations	X	X	X	X
<i>Information Sessions</i>	Claremont Graduate University	X	X	X	X
<i>Virtual Fairs and Information Sessions</i>	N/A	X	X	X	X
<i>Minority Access to Research Careers Programs</i>	CSU San Bernardino	X	X	X	X
	Mount Saint Mary's	X	X	X	X
<i>National Conference - APHA</i>	Various Locations	X	X	X	X
<i>McNair's Scholars Program-</i>	Claremont Graduate University	--	X	X	X
	University of Southern California	--	X	--	X
	CSU Northridge	--	X	--	X
<i>ASPPH Sponsored Events</i>	This Is Public Health (Various Locations)		X	X	X
TOTAL EVENTS		24	39	39	34

The total number of events attended are 24 (2013-2014), 39 (2014-2015), 39 (2015-2016), and 34 (2016-2017). Attendance at each category of events increased each year except Diversity Forums and national conferences which remained constant.

In addition to fair and conference settings, the recruitment team, comprised of the program directors and manager, SCGH recruiter, and students, has identified local universities with undergraduate public health programs and student clubs. When presenting at undergraduate public health programs oftentimes the recruiter is accompanied by a current student or a faculty member. This format has proven to be successful because it gives undergraduates a first-person account of student life at SCGH.

Virtual Contact and Web Presence

Beyond traditional face-to-face recruitment methods, the university is in the process of significantly enhancing its web presence and online recruiting channels. E-mail communication plans that share

information about faculty research, admission requirements and student life are sent to students that have taken the GRE and opted to receive information about graduate school. The SCGH recruiter tracks e-mail campaigns in Hobson's Connect system and measures the effectiveness of our marketing efforts by looking at open rates and interaction rates. If students are interacting with our e-mails, we then have a sense that the content of these e-mails is relevant to our target population. As the program receives requests for information, the SCGH recruiter responds immediately by contacting the prospect by e-mail or phone. Prospects are logged in a contact management system. As applications are received, acknowledgement letters and e-mail messages are sent to inform applicants of their application/admissions status. Efforts are made to meet with prospective applicants in person by the recruiter and program faculty to respond admission and program inquiries.

Efforts have also been made in search engine optimization. The marketing team updates the web content frequently and is making efforts to ensure that the SCGH is easy to locate on the web. A program known as Web Trends Analytics measures online traffic, thereby providing a "stickiness" indicator for our website. This last year the school focused on improving its web content and increasing its search ranking on search engines like Google, Yahoo and Bing. The SCGH website received a total of 7,164 visits in the last two years. Yet it is understood that there is still room for improvement concerning our web presence. The School is currently working with the university and a consulting company on revamping the look and content of our site. A new logo for CGU has also been adopted. The roll out for the new format of the CGU website was February 2017. The main purpose was to develop a more user friendly site for prospective students. To assess detailed program information for current students, a log-in is required.

In addition, participant schools and programs, such as SCGH, can take advantage of virtual recruitment fairs sponsored by ASPPH who hosts free graduate school fairs for prospective students of public health. These fairs allow prospective graduate students to meet admissions representatives from CEPH-accredited schools and programs at one convenient location. Most recently, ASPPH announced the launch of the 2016-2017 ASPPH Public Health Graduate School Viewbook. The Viewbook is a digital resource for prospective graduate students to use as they research graduate programs. The complimentary resource accompanies the Academic Program Finder, and provides an overview of ASPPH member institutions, in addition to providing some general information about public health careers and graduate education.

Name Buys

SCGH made a significant investment in purchasing names from Graduate Record Examination (GRE) database. Table 4.3.a.2. summarizes the number and cost of name buys for the academic years from 2013 through fall 2016. A grand total of 45,488 names were purchased from a GRE database (37 cents/name) costing \$16,830.56.

Table 4.3.a.2. Summary of Name Buys, 2013-2016*

Vender	Total Names Purchased				Cost			
	2013-2014	2014-2015	2015-2016*	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
Graduate Record Examination	21,626	12,991	5,400	5,471	\$8,001.62	\$4,806.67	\$1,998.00	\$2,024.27
GRAND TOTAL	45,488				\$16,830.56			

* Changes in recruitment personnel reflects the drastic change in names purchased through GRE database.

4.3.b. Statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.

Admission Policies

The Program will consider applicants who satisfy the following admission requirements:

- Cumulative Grade Point Average (GPA) of 3.00 or higher;
- Satisfactory test scores (Graduate Record Examination (GRE) – 1000 (old scale) or 297 (new scale as of 2011) Verbal/Quantitative combined; MCAT of 28 or the GMAT of 500)
- A bachelor's degree from an accredited college or university (MPH program); MPH or related master's degree (DrPH program)
- English language skills – Applicants whose native language is not English are required to submit a score on the Test of English as a Foreign Language (TOEFL).

It is a policy of the program to consider applicants who do not meet all the above requirements for the MPH degree only. In this case, other supporting documentation (i.e., personal statement, letters) must make a strong case for admission on a conditional basis. Students admitted conditionally must satisfy the GPA stipulation (3.00) within the first semester of coursework (at least 8 units). Students meeting this condition will advance to regular student status. Should the student not meet this condition, they may be dismissed from the MPH program.

Admission Procedures

Students applying to the public health programs (certificate, MPH, DrPH) at SCGH do so through SOPHAS, a common application system available to members of the Association of Schools and Programs in Public Health (ASPPH). Participation in this system has had a positive impact on application numbers. Participation in ASPPH and SOPHAS has allowed for increased visibility for CGU's public health programs.

Once complete, the applicant's file is circulated to members of the admissions committee. Each member reviews the file and recommends the applicant be: (1) fully admitted; (2) admitted conditionally (i.e., below minimum test score or GPA); (3) admitted provisionally (i.e., complete application, but requires test score); or (4) rejected (below minimum test score and GPA). Each reviewer is blind to the decisions of the other reviewers. The majority decision takes precedence and applicants are notified via email and hard copy of a letter from the university once a decision has been rendered. Students who are rejected may write a letter of appeal to the respective Program Director who will take this to the Dean for a final decision.

Assessment of Admissions Procedures

During student orientation, which is held in August and January, all incoming students are asked to complete a brief survey that assesses their satisfaction with the admissions process. This survey provides information the program can use to improve upon recruitment strategies, promotional materials, and new student orientation. The goal is to have 90% of incoming students rate their experience with the admissions process at CGU as being “satisfied” or “delighted.” Table 4.3.b. illustrates that this target has been met for the last three years.

Table 4.3.b. Student Rating of Admissions Process at CGU

	2013-2014		2014-2015		2015-2016		2016-2017	
	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring
Dissatisfied	0%	0%	4%	0%	0%	0%	0%	0%
Satisfied	44%	0%	54%	40%	33%	66%	35%	50%
Delighted	56%	100%	42%	60%	67%	33%	65%	50%
Don't Know	0%	0%	0%	0%	0%	0%	0%	0%

4.3.c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading, and the academic offerings of the program. If a program does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to website addresses may be included.

Recruitment Materials. Many materials and services have been produced for recruitment purposes including:

- Separate brochures for the Accelerated Bachelors/MPH, MPH/MBA and MA/MPH programs
- Distinct web pages for the Accelerated Bachelors/MPH, MPH/MBA and MA/MPH programs. See www.cgu.edu/scgh
- In-depth program description listed in graduate publications
- Program description listed in Gradschools.com educational directory
- A table-top (8' x 5') and booth display for exhibition at local and national conferences and graduate school fairs
- Printed summaries of faculty/instructor profiles
- Printed summaries of dual degree programs
- Printed summaries of curriculum, course descriptions and student counseling sheets for all concentrations
- Printed information on financial aid and graduate assistantships
- Reprints of articles featuring the SCGH
- Promotional pens, business card holders, and bags
- Program banner

Samples of printed recruitment materials will be available in the resource file 4.3.c.

Academic Offerings

Degree requirements are listed in two places: <https://www.cgu.edu/academics/program/ma-public-health/> (MPH) and <https://www.cgu.edu/academics/program/doctor-public-health/> (DrPH).

Program Websites

Certificate: <https://www.cgu.edu/academics/program/foundations-of-public-health/>

MPH: <https://www.cgu.edu/academics/program/ma-public-health/>

DrPH: <https://www.cgu.edu/academics/program/doctor-public-health/>

University Bulletin

<http://bulletin.cgu.edu/>

Current Academic Calendar

<https://www.cgu.edu/student-life/resources-support/academic-calendar/>

Grading Information

<https://mycampus.cgu.edu/web/registrar/15>

4.3.d. Quantitative information on the number of applicants, acceptances and enrollment by concentration, for each degree, for each of the last three years. Data must be presented in table format *CEPH Data Template 4.3.1*.

Applicants, Acceptances and Enrollments

Table 4.3.d illustrates the number of applicants, acceptances and enrollment by specialty area and a grand total for each, including those who are undeclared. Some do not list a concentration at the time of application; however, enrolled students must select a concentration upon the first their advisement session with the program director, which is typically before new student orientation. Evident is a significant difference in the number of students accepted by the program compared to those who enroll. This is mostly a function of finances. Compared with other programs, CGU tuition is quite high. While there are departmental fellowships available, most programs in the area are significantly less expensive.

Table 4.3.d.1. Quantitative Information on MPH Applicants, Acceptances, and Enrollments

		2014-2015	2015-2016	2016-2017
MPH				
Health Promotion, Education & Evaluation	Applied	2	36	75
	Accepted	2	29	58
	Enrolled	1	4	7
Applied Biostatistics & Epidemiology	Applied	3	40	84
	Accepted	3	34	64
	Enrolled	1	6	7
Leadership & Management	Applied	1	34	51
	Accepted	0	23	42
	Enrolled	2	9	9
Health Informatics*	Applied	0	3	4
	Accepted	0	2	4
	Enrolled	0	1	0
Undeclared	Applied	168	125	22
	Accepted	138	108	22
	Enrolled	27	8	0

Applied = number of completed applications.

Accepted – number to whom the program offered admissions in the designated year.

Enrolled = number of first-time enrollees in the designated year.

*Health Informatics track was suspended fall 2016

Table 4.3.d.2. Quantitative Information on DrPH Applicants, Acceptances, and Enrollments

		2014-2015	2015-2016	2016-2017
Leadership & Management	Applied	N/A	17	63
	Accepted	N/A	12	33
	Enrolled	N/A	4	11

Applied = number of completed applications.

Accepted – number to whom the program offered admissions in the designated year.

Enrolled = number of first-time enrollees in the designated year.

4.3.e. Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and a full-time-equivalent conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization. Data must be presented in table format. *CEPH Data Template 4.3.2.*

Enrollment Information

Table 4.3.e.1 lists students enrolled in each Master's degree program by the three areas of emphasis. Full-time students are defined as those who enroll in 9 or more units each semester while part-time is considered as those who enroll in 8 or less units each semester (i.e. fall, spring, and summer). (Note: the University's definition of full time status is 8 units or more). Since students are not consistently full-time or part-time throughout their time in the MPH Program, head count is based on students enrolled in fall and spring semesters to calculate the value for the year. Enrollment is spread fairly evenly across the Health Promotion, Education & Evaluation, Applied Biostatistics & Epidemiology, and Leadership &

Management tracks within the MPH program. Due to historically low enrollment in the Health Informatics, the concentration was suspended as a fall 2016.

Table 4.3.2. Student Enrollment Data from 2014-2017

	2014-2015		2015-2016		2016-2017	
	HC	FTE	HC	FTE	HC	FTE
Masters Degrees						
MPH – Health Promotion, Education & Evaluation	10	6.23	15	8.89	12	9.45
MPH – Applied Biostatistics & Epidemiology	7	4.60	17	12.77	19	14.66
MPH – Leadership & Management	8	5.38	16	12.26	21	15.77
MPH – Health Informatics	1	.44	1	1	2	1.89
MPH – Undeclared	37	30.29	15	10.99	5	3.33
Joint Masters Degrees						
MPH/MBA	9	7.68	3	3	4	3.23
MPH/EMBA	1	.67	--	--	1	.23
MPH/PMBA	1	.67	--	--	--	--
MPH/MA (Info Systems & Technology)	--	--	1	.45	1	1
MPH/MA (Applied Psychology)	6	4.45	5	4.89	3	2.68
MPH/MA (Applied Women's Studies)	1	1	1	.88	1	.23
MPH/MA (Politics)	--	--	1	.89	1	.23
Bachelor's/MPH	1	1	--	--	--	--
MPH/PHD (Applied Psychology)	2	2	2	1.05	2	.39
Totals	84	64.41	77	57.08	72	53.07

*Designates formally approved dual degrees

2016-17 enrolled data reflects annual enrollment as of March 6, 2017; 1 FTE = 9 units

Table 4.3. e.2. DrPH Student Enrollment Data from 2014-2017

	2014-2015		2015-2016		2016-2017	
	HC	FTE	HC	FTE	HC	FTE
DrPH						
DrPH – Leadership & Management	N/A	N/A	8	6.01	21	18.79
Totals	N/A	N/A	8	6.01	21	18.79

2016-17 enrolled data reflects annual enrollment as of March 6, 2017; 1 FTE = 9 units

Enrollment Trends

4.3.f. Identification of measurable objective by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years. See *CEPH Outcome Measures Template*.

Identification of Outcome Measures

Table 4.3.f. describes measures by which the program may evaluate its success in enrolling the most appropriate students to the program. All targets were met except attendance at diversity recruitment events (2013-2014), incoming undergraduate GPA for MPH students and DrPH students (2015-2016) and minority applicants (2013-2014 and 2014-2015). Participation in additional recruitment events targeting minority applicants may increase the number of applicants to SCGH programs.

Outcome	Target	2013-2014	2014-2015	2015-2016
1. Attendance at recruitment events	10	10 Met	12 Met	18 Met
2. Attendance at diversity events	5	3 Not Met	5 Met	6 Met
3. Information sessions	8	8 Met	10 Met	15 Met
4. Average incoming undergraduate GPA of applicants (MPH) and graduate GPA (DrPH)	3.00 (MPH) 3.50 (DrPH)	3.10 Met	3.25 Met	MPH - 2.95 Not Met
				DrPH-3.43 Met
5. Average incoming GRE score of applicants (MPH & DrPH)	297	307 Met	302 Met	300-MPH Met
				300-DrPH Met
6. Minority applicants	50%	36% Not Met	41% Not Met	59% Met
7. Female applicants	50%	69% Not Met	69% Met	62% Met
9. New dual degree students enrolled	2	2 Met	3 Met	3 Met

4.3.g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Assessment of Criterion

This criterion is met.

Strengths

- Specific admission policies and procedures have been established with special policies established for the admission of conditional students (MPH only).
- The program regularly assesses students' experience with the admissions process.
- In the application cycle for 2015, we consolidated our admissions process so that all our degree and certificate applications are collected through SOPHAS. This has increased our brand

exposure and simplified our application processing. Application numbers have grown over time and this is allowing us to be somewhat more selective among applicants.

- The University has hired a professional marketing agency to upgrade the CGU website.

Weaknesses

- While applications are increasing, high turn-over with centrally employed recruiters may have impacted participation in recruitment events and ultimately the volume of applications.
- Our minority applicants are below our target for two of the three reporting years.
- The health informatics concentration has historically low enrollment.

Plans

- Develop a formal alumni recruitment program. A mentor application to involve alumni has been developed and an announcement will be sent out this summer.
- Devise ways of better utilizing funding/financial aid to recruit more students, attract better students and enroll more underrepresented minority students.
- Field test our recruiting materials and website on our target markets.
- Continue to involve faculty, students, and administration and now alumni to improve our yield.
- Consider the purchase of an enrollment, management platform (EMP)

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CRITERION 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.

- 4.4.a. Description of the program's advising service for students in all degrees and concentrations, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.**

Academic Advising

The Academic Advising Program is designed to provide each student with the support and services needed to successfully meet academic requirements and to help students make elective choices that will best serve them in their post-graduate employment pursuits. There are four components of advising inherent in our programs. These include: (1) new student orientation and materials; (2) faculty advisors; (3) practical training and integrative experience advising; and (4) program audits.

New Student Orientation

In-person orientation sessions are required for students in all programs, and occur at the beginning of the fall and spring semesters. The purpose of this program is to ease the transition to graduate student life by offering study tips, social support and guidance, networking opportunities and housing information. These sessions orient students to University level policies and services (e.g., health insurance requirements; disability and writing center and career service; ID badges; parking), School policies and services (e.g., location of administrative offices, student deadlines, travel award mechanism), and program specific information (e.g., student competencies, course requirements, culminating experiences). Students meet with program/concentration directors, faculty advisors and program staff to review program specific requirements and course sequencing, and to meet other students in their programs. A university-wide resource fair is held on campus as well as a social time sponsored by the Student Association. A sample orientation agenda is provided in Resource File 4.4.a(3). All programs have a student handbook that describes policies and requirements for both the School and program. Students also receive a welcome packet which includes a schedule of fall/spring course offerings, a curriculum summary sheet, faculty profile, degree checklists for all tracks, and housing information. Handbooks are available in the resource file. Recently, the University has conducted "reorientation" sessions covering topics for advanced students to minimize student attrition.

Faculty Mentors and Program Advisors

Academic advisement is conducted by the students' respective program directors prior to orientation. Advisement for all SCGH students was initially conducted by the Associate Dean for Academic Affairs/MPH Program Director, Dr. Darleen Peterson. Newly appointed DrPH program director, Dr. Nicole Gatto (July 2016), received advising orientation and has continuous support from Dr. Peterson. Dr. Peterson has 15 years of student advising experience and is a member of NACADA, the Global Community for Academic Advising.

Throughout the year, announcements are made regarding upcoming course offerings. This information can also be found on the CGU and program websites. Students are required to communicate with their program director (by phone, e-mail, Skype, or in-person) at least once a semester to plan coursework, discuss field experience and post-graduate plans. They are also encouraged with meet with the faculty members of their selected concentration to discuss professional development within their specialty. All

faculty are available to advise and mentor students on research opportunities, community service activities and provide career counseling. All advising meetings with the program directors are documented using the student counseling sheets for the student's selected program and concentration. These are available in the resource file 4.4.a(1). After the advisement session, a counseling sheet is sent to the students and their advisement hold is removed so registration by the student portal can be completed. All new students receive advising prior to orientation and are enrolled in courses by program staff to ensure timely enrollment. (This procedure also helps to minimize "student melt" -- students who are admitted but do not enroll. Prior to the next advisement meeting, the Program Directors review the counseling sheet, student transcripts, and discuss the scheduling of outstanding program requirements. All relevant university paperwork is prepared and submitted to the university registrar for students by the Associate Dean of Academic Affairs/MPH Program Director.

Practical Training and Integrative Experience Advising

For the MPH program, the practice-based learning experience includes the supervised field training course (4 credits, 400-hour minimum field experience) and the integrative experience is the capstone course (0 units, portfolio & final paper). The internship is typically completed towards the conclusion of coursework, and the capstone is completed in the student's final semester. Students have various opportunities to learn about the practice-based and integrative experience. There is a presentation at new student orientation and a designated orientation session for each requirement. MPH students attend an orientation session provided by the MPH Program Director and program manager as well as the director of the career center. Students then meet with the program manager (internship coordinator) for counseling regarding the placement process and completion of necessary forms. Once students begin their internship hours, they have an individual meeting with the program director (instructor for the supervised field training or advanced practicum course) where they go over the syllabus and forms for a second time. Students prepare detailed proposals for their internship experiences that identify a preceptor and develop a learning contract that includes a scope of work and student competencies to be addressed. Additionally, students meet with the capstone faculty instructor to discuss the procedures for portfolio and the course expectations. Students can set up additional one-on-one meetings with the faculty director of practice-based learning (MPH program director) or capstone instructor as needed. The advanced practicum experience for the DrPH follows a similar approach to the MPH internship, with identification of a community preceptor who will guide the student. The DrPH program director serves as the instructor of the advanced practicum course (0 units; minimum 240 hours). In any particular year there may be only 1-3 DrPH students completing their practicum experience while there are approximately 30 MPH students fulfilling the internship requirement.

For the DrPH program that requires a qualifying exam and dissertation, we follow a standard committee-based advising system at the point in the program that the student reaches this stage. Students convene a committee with membership based on the requirements of the University (three-person committee with the option of a fourth, outside member). The student's faculty mentor is typically the primary advisor of the student from this point in their academic career forward, while the committee chair and other committee members also provide guidance both overall and in their specific areas of expertise. The committee may recommend or require additional coursework of the student to support the student's specific research area. Procedures for the culminating experiences are in the respective student handbooks, which all students are given at orientation and are available on the website.

Program Audits

Graduate students must meet both university degree requirements and those specific to their degree program. University degree requirements consist of minimum grade point averages, unit residency and time limit stipulations. Degree requirements specific to the program of study consist of course, practical training and integrative experiences. Students admitted to the programs are required to be enrolled for fall and spring semesters each year until all degree requirements have been satisfactorily completed within a five-year (MPH) and seven-year (DrPH) time limit respectively. Satisfactory progress toward an advanced degree as determined by the faculty is required at all times. Students who fail to make satisfactory progress (i.e., cumulative GPA below 3.0) receive written confirmation from the registrar which is copied to the respective program director. The student has two academic semesters to raise the grade point average. The program directors and manager play a significant role in referring the student to academic (e.g., tutoring) and personal resources (e.g., psychological counseling). The faculty has the right to recommend at any time after the probationary period that a student be dismissed for failure to meet the minimum grade point average requirement. Students are apprised of these requirements in their handbooks and reinforced during academic advisement sessions.

Program Directors conduct audits of students' progress through their programs every semester, assessing where students are in their program (e.g., completed coursework and research tool, passed qualifying or comprehensive exams, formed a thesis/dissertation committee, advanced to candidacy). For all programs, students are required to submit an intent to graduate and final approval form during the semester in which they plan to graduate.

4.4.b. Description of the program's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to meet specific needs in the program's student population.

Career Advising

Career advising takes two forms: (1) selection of internship/practicum sites and (2) post-graduation placements. MPH students are eligible for the internship upon completion of core and concentration coursework. Students are advised to contact the program manager at least 4-6 weeks prior to the beginning of the semester in which they wish to conduct their internship. If a student desires to complete their field training in a site that is not currently on the list of approved sites or is an international agency, it is advised that students should begin the search process even earlier. During the first meeting with the program manager, the student completes the *Student Information Form* included in the student internship manual. With this information in hand, the program manager recommends internship sites with the appropriate focus and learning opportunities as well as discuss search strategies. Similarly, faculty, internship supervisors and members of the MPH Community Advisory Committee may also serve as mentors in the selection process. Once MPH students complete the internship requirement, they are free to meet with the program director or manager to discuss permanent job placement or future academic programs if they so choose. There is the potential for public health field training to evolve into full-time employment. Future plans are also discussed with the MPH Program Director as students undertake the capstone seminar.

Additionally, both current students and alumni have access to job postings via the dissemination of positions and postings at the career center which assists them in securing internships and permanent employment. Students have access to the CGU Office of Career Management to help achieve their career objectives. The office is staffed with career consultants who provide the structure and services, including counseling and specific workshops, to help students focus their search, to target appropriate

employers, to implement their job search strategies, and to build skills in self-marketing. Career advising is provided in-person, by phone, by email, and through online sessions. Appointments are typically one hour in length. This provides the opportunity to customize career services for each student or alumnus. In developing the career competencies described above, appointments give attention to: resume/CV; cover letters; personal branding; professional networking; interviewing; use of LinkedIn; professional references; and salary/compensation negotiation. The CGU student's role in this partnership is to actively participate in self-assessment, career exploration, and proactive job search strategies to ensure a successful transition from graduate school to a fulfilling career. Specific services offered include access to job/internship databases and search links, resume and interviewing strategies, and on-demand workshops.

The Program Manager collaborates with the Director of the Career Center, Dr. Christine Kelly (former career advisor from the UC Irvine School of Public Health), to design career development activities specific to public health students. An annual internship/career fair is organized by the Career Center, SCGH faculty/staff and the student association to help students network with potential internship preceptors and employers (see this years' flyer in resource file). There are plans to expand career services across the university, improving the infrastructure for career and internship advising for students.

4.4.c. Information about student satisfaction with advising and career counseling services.

Table 4.4c provides an assessment of student satisfaction with advising and career counseling services according the MPH exit survey. Students were asked to indicate agreement with the statement: "The quality of academic advising was high" on a five-point scale (1=strongly disagree; 5=strongly agree) and "level of satisfaction with the following CGU services: career management center" on five-point scale (1=Very dissatisfied; 5= Very satisfied). We were slightly below our target of 80% satisfaction rate with academic advising in 2013-2014 and 2015-2016. A follow-up with students regarding their satisfaction with advising found that some students lumped career counseling with academic advising which may account for the lower satisfaction level. Students expected that the academic advisor would provide resume assistance and guidance concerning employment searches in addition to course selection. The difference in satisfaction with career counseling could be a function of the new director of career services that was hired. She holds a doctorate and has experience working in a public health program. This background enabled her to tailor more events/resources to our students.

Table 4.4.c. Rating of Advising and Career Counseling Services

Measure	Target	2013-2014	2014-2015	2015-2016	Fall 2016
Satisfaction with academic advising	80%	75% Not Met	100% Met	76% Not Met	100% Met
Student satisfaction of career counseling	80%	66% Not Met	64% Not Met	61% Not Met	100% Met

- 4.4.d. Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.**

Student Grievance Procedures

Students have many mechanisms by which they can communicate their concerns to program officials: direct communication with the program directors and manager, program faculty; student surveys (e.g., exit interviews) and during advisement sessions. It is common for students to first approach the program director or manager directly with any concerns they may have. If not resolved, they approach the Dean. Most often the complaints or grievances will involve an instructor's grading practice. Upon the student's request, the program directors will work with both the student(s) and faculty to resolve the issue. The grievance procedures are made available on the CGU website and the student handbooks. There are no formal complaints or student grievances within this reporting period.

- 4.4.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.**

Assessment of Criterion

This criterion is met with commentary.

Strengths

- A systematic academic advising system has been established which provides for regular advisement sessions, including just prior to orientation and at least once per semester thereafter until graduation.
- A tracking system is used to monitoring degree progress. Counseling sheets that assist with the scheduling of program requirements are provided to students to keep them continuously apprised of their degree progress.
- All paperwork is completed for students by the Associate Dean for Academic Affairs/MPH program director to assure completeness and timely submission of forms to the registrar.
- Internship and job postings are available to current students and alumni from the School and the Career Center on campus.
- Students receive personalized guidance with their internship search and form completion.
- Students have many mechanisms by which they can communicate concerns to program officials.

Weaknesses

- The School does not employ a designated career counselor.
- There is a lack of public health career related resources as compared with other fields. The program is working with the Office of Career Management to tailor more information towards public health students.
- Other than a guidance document, the University does not offer academic advisor training for faculty or staff.
- No items on the MPH alumni surveys inquired about satisfaction with career counseling.

Plans

- Historically, the advising was conducted solely by the Associate Dean for Academic Affairs/MPH Program Director. We plan to assess the effectiveness of having two faculty advisors, one for PhD/MPH students (Dr. Peterson) and one for DrPH students (Dr. Gatto). There are no plans to

increase the number of faculty who provide academic advising beyond the MPH and DrPH program directors.

- Recent discussions between program administration and the office of institutional effectiveness will result in better coordination of university and program related surveys to include similar items on academic and career advising.
- The University career/internship advising will increase across the University. A designed staff position to assist with internships will be added next year.