



UNIVERSITY OF
SAN FRANCISCO

School of Nursing and
Health Professions

University of San Francisco

School of Nursing and Health Professions

Master of Public Health Program

CEPH FINAL SELF-STUDY

DUE: May 10, 2019

10 May 2019

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Dear Dr. St. George, Dr. Cash and Ms. Bazzi,

We are pleased to submit our final self-study document for the MPH program re-accreditation at the University of San Francisco. Enclosed is a print copy and a USB containing the final self-study and electronic resource file.

The MPH program at the University of San Francisco obtained initial CEPH accreditation in 2014. We have updated the MPH program structure, curriculum, and competencies to meet the revised 2016 CEPH accreditation criteria. The updated MPH program is reflected in the fall self-study document and will be launched in Fall 2019.

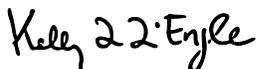
Beginning in Fall 2019, the MPH program will be offered with three distinct concentrations: Community and Public Health Practice (formerly Generalist), Health Policy Leadership, and a new concentration in Behavioral Health. The curriculum has been revised to include a set of six core courses that will be taken by all MPH students regardless of concentration plus one leadership course that varies by concentration. These seven courses, with the addition of one course on the applied practice experience, fully meet the 22 CEPH Foundational Competencies. To fully address the foundational knowledge in the revised curriculum, we

have created three self-paced, self-directed online modules that new students will complete upon their enrollment into the MPH program and that will complement coverage of the foundational objectives in core courses. The Applied Practice Experience and the Integrated Learning Experience are addressed through students' fieldwork experience and culminating paper and public presentation, which are anchored by three required courses focused on public health practice, synthesis, and communication. Finally, each concentration has its own set of competencies which are met through four to six additional courses; the Community and Public Health Practice concentration has two electives that students also complete.

The MPH combined degree programs with advanced practice nursing (MSN and DNP) are being put on hold and until 2020 at the earliest. We plan to submit a substantive change form before these combined degree programs are restarted. The Master of Science in Behavioral Health (MSBH) degree is being discontinued so the previously CEPH-approved MPH-MSBH combined degree program will no longer be offered. We plan to enroll the first cohort of MPH students at the USF Orange County, California regional campus this fall.

Our faculty and leadership are excited by these changes to the MPH program at USF. We look forward to welcoming you to USF in June for the site visit for re-accreditation to further discuss our MPH program and CEPH accreditation.

Sincerely,



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TABLE of ABBREVIATIONS

Abbreviation	Definition
ACP	Academic Career Prospectus
AD	Associate Dean
APA	American Psychological Association
APEX	Applied Practice Experience
APHA	American Public Health Association
ASPPH	Association of Schools and Programs of Public Health
BH	Behavioral Health, MPH concentration
BLUE	Course Evaluation form
BSN	Bachelor of Science in Nursing
CAPS	Counseling and Psychological Services
CBA	Collective Bargaining Agreement
CEPH	Council on Education for Public Health
CPHP	Community and Public Health Practice, MPH concentration
CRASE	Center for Research Artistic and Scholarly Excellence
CTE	Center for Teaching Excellence
CV	Curriculum Vitae
DNP	Doctor of Nursing Practice
ETS	Educational Technology Services
FASONHP	Faculty Association of School of Nursing and Health Professions
FLC	Faculty Learning Community
HPD	Health Professions Day
HPL	Health Policy Leadership, MPH concentration
ITS	Instructional Technology Services
ILEX	Integrated Learning Experience
MPH	Master of Public Health
MSBH	Master of Science in Behavioral Health
MOU	Memorandum of Understanding
MSN	Master of Science in Nursing
NA	Not applicable
OCG	Office of Contracts and Grants
ODECO	Office of Diversity Engagement and Community Outreach
PA	Program Assistant
PD	Program Director
PH	Public Health
PHSSA	Population Health Sciences Student Association
PsyD	Doctor of Clinical Psychology
SONHP	School of Nursing and Health Professions
USF	University of San Francisco
WSCUC	Western Association of Schools and Colleges Senior College and University Commission
USFFA	University of San Francisco Faculty Association

Introduction

1) Describe the institutional environment, which includes the following:

a. year institution was established and its type (eg, private, public, land-grant, etc.)

The University of San Francisco, founded in 1855, is an independent, private, non-profit institution of higher education governed by a 43-member Board of Trustees. It is one of the 28 Jesuit Catholic colleges and universities in the United States. It was granted a charter by the State of California to issue college degrees in 1859. USF is classified by the Carnegie Foundation as a Doctoral/Moderate Research and Community Engaged University. Under the 2015 Carnegie classification system, USF is characterized as balancing arts, sciences, and the professions at the undergraduate level, with a high-level of transfers, and with some graduate coexistence, including doctoral research. In 2006, USF received the community engagement classification from the Carnegie Foundation in both possible categories: curriculum engagement and outreach and partnership. This classification was renewed in 2015 for 10 years.

b. number of schools and colleges at the institution and the number of degrees offered by the institution at each level (bachelor's, master's, doctoral and professional preparation degrees)

USF has four schools and one college: The School of Law, founded in 1912; the College of Arts and Sciences, organized in 1925; the School of Management, which began in 1925 as the College of Commerce and Finance and was merged with the College of Professional Studies in 2009; the School of Education, which started as the Department of Education in 1947 and was upgraded to a school in 1972; and the School of Nursing and Health Professions (SONHP), which began as the Department of Nursing in 1948 and became a school in 1954. USF offers 44 bachelor's degrees, 10 joint bachelor's/master's degrees, 57 master's degrees, 14 joint master's degrees, 10 master's degrees with a credential, 7 professional doctorates, 5 research doctorates, and the J.D. Undergraduate students also fulfill a 44-unit Core Curriculum created by the faculty and three graduation requirements in Service Learning, Culture Diversity, and Foreign Language, areas linked to the USF mission's emphasis on community engagement, diversity, and a global perspective.

c. number of university faculty, staff and students

As of November 1, 2017, USF employed 499 full-time faculty members. In the fall of 2017, the ratio of full-time equivalent students to full-time equivalent faculty was 13 to 1. Among USF's full-time faculty, 95.6% hold the highest or terminal degree in their academic discipline (e.g., Ph.D., Ed.D., J.D., M.F.A.). USF also employed 685 part-time faculty members, as of November 1, 2017. USF has 15 endowed faculty chairs. In the fall of 2017, USF employed 940 full-time and 73 part-time staff members. As of September 7th, 2018 (Census Date), USF enrolled 10,714 students, including 6,704 undergraduate students, 3,504 graduate students, and 506 law students. USF's student body (36 percent male and 64 percent female) represents diverse ethnic, religious, social, and economic backgrounds, 94 foreign countries, and 50 states.

d. brief statement of distinguishing university facts and characteristics

The current Vision, Mission, and Values Statement of the University of San Francisco, approved by the Board of Trustees on September 11, 2001, reflects the Jesuit origins of the University, and is the foundation for all of its divisions, schools, colleges, and programs. The mission articulates core values that embrace educational excellence, a commitment to local and global social justice, academic freedom, reasoned discourse, learning as a social and humanizing enterprise, and diversity of cultural and ethnic experiences and traditions as essential for quality education. Central to the Mission of the

University of San Francisco is the preparation of men and women to shape a multicultural world with generosity, compassion, and justice.

The promotion of diversity is a core value of USF's mission. Among the nation's 1,581 4-year private nonprofit colleges, USF was listed as 3rd regarding the diversity of its student body in *The Chronicle of Higher Education Almanac 2018-2019*. Among 312 national universities, USF was listed as a Tier One National University in the 2019 *U.S. News & World Report*. USF was tied for 3rd place in undergraduate student ethnic diversity, tied for 13th in the percentage of international students, and had a positive graduation rate performance (the gap between predicted and actual graduation rates) of 14 percentage points, a rate not surpassed by any school in the top 125 schools in the overall ranking in 2019. In the entire fall 2018 student population, 55 percent were Asian, African-American, Latino, Native Hawaiian/Pacific Islander, multi-race or Native American, and 14 percent were international.

USF was designated in December 2017 by *The Education Trust* as among the nation's top-ten performing institutions in having low gaps in the completion rates between Latino and white students. Nationally, the six-year graduation rate for Latino students at four-year colleges and universities is 10 percentage points behind white students (53.6 percent and 63.2 percent respectively). By contrast, USF's graduation rates among Latino students are 4.4 percentage points higher than among white students, using three-year weighted averages. This difference places USF as second among the nation's colleges and universities in having closed the gap between Latino and white graduation rates.

USF was one of just 62 institutions that received an initial community engagement classification in both curriculum engagement and outreach and partnership and renewed for 10 years by the Carnegie Foundation for the Advancement of Teaching. For the eighth consecutive year, USF was named to the President's Higher Education Community Service Honor Roll by the Corporation for National and Community Service. This honor highlights USF students' exemplary services on issues ranging from poverty and homelessness, to environmental justice. Honorees are chosen on the basis of the scope and impact of service projects, percentage of students participating in service activities, and the extent to which the school offers academic service-learning courses.

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- e. names of all accrediting bodies (other than CEPH) to which the institution responds. The list must include the regional accreditor for the university as well as all specialized accreditors to which any school, college or other organizational unit at the university responds
-

University of San Francisco

The University of San Francisco is accredited by the Western Association of Schools and Colleges Senior College and University Commission (WSCUC). USF is also accredited by several professional accrediting bodies, including the American Bar Association (ABA) for its School of Law; the California Commission on Teaching Credentialing (CTC) for its School of Education; AACSB International—The Association to Advance Collegiate Schools of Business for its School of Management; the Commission on Collegiate Nursing Education (CCNE) for its School of Nursing and Health Professions; the National Association of Schools of Public Affairs and Administration (NASPAA) for its Master of Public Administration, the American Psychological Association (APA) for both its Doctor of Psychology in Clinical Psychology Program and the Counseling and Psychological Services (CAPS) clinic, which is also accredited by the International Association of Counseling Services-IACS; and the Council on Education for Public Health (CEPH) for its Master of Public Health.

School of Nursing and Health Professions (SONHP)

SONHP responds to several national accrediting bodies including the following: Commission on Collegiate Nursing Education, Council on Education for Public Health (CEPH), and the Commission on Accreditation (CoA) of the American Psychological Association (APA). For the nursing programs (BSN, MSN and DNP), the Commission on Collegiate Nursing Education (CCNE) is the accrediting agency.

The California Board of Registered Nursing conducts a program review every five years of the prelicensure programs and the nurse practitioner programs.

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- f. brief history and evolution of the public health program (PHP) and related organizational elements, if applicable (eg, date founded, educational focus, other degrees offered, rationale for offering public health education in unit, etc.)
-

1. Establishing the MPH Program

In response to dynamic changes in health and healthcare, in 2011 USF president Fr. Stephen Privett, S.J. named a Commission on Health Professions Education to help inform the university, its schools, and colleges regarding the educational programming that would resonate with our Mission while addressing emerging public health workforce needs. Endorsement of the MPH program was the first act of the health commission. USF's commitment to the program was grounded in the knowledge that it would be, by design, an interprofessional approach to public health education and practice. The MPH program resonates with the university Mission, Vision, and Values and the belief that students and graduates really can "change the world from here."

In 2010, faculty began curriculum development, and in 2013 the first faculty was elected to serve as the MPH Department Chair in accordance with the University of San Francisco Faculty Association (USFFA) bylaws and regulations. The initial MPH curriculum was developed as a 45-credit generalist program including the public health core knowledge areas of biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health, and grounded in an integrated approach to the overall competency domains (Communication and Informatics, Diversity and Culture, Leadership, Professionalism, Program Planning, Public Health Biology, and Systems Thinking). The program has been offered as a hybrid model; e.g. each course alternates classes between in-person (on-site) and online. CEPH accreditation was obtained in 2014.

2. Evolution of the MPH Program

a. MPH Online Generalist Program

The generalist curriculum was offered fully online beginning in 2015 (Substantive Change Form was filed with CEPH in April 2015), with the content, course schedule, and requirements for graduation identical to the on-campus MPH program. The inability to pursue a MPH degree full time in-residency coupled with the dearth of trained public health professionals served as an incentive for the school and the workforce to take advantage of the flexibility of an online program to train the next generation of public health practitioners. Enrollment in the online format has continuously been robust which suggests it is meeting workforce development needs. Faculty have worked closely with USF instructional design and technology experts to develop each online course to meet state-of-the-art standards in online course pedagogy. The MPH program and the SONHP is at the forefront of online course development and offerings at USF.

b. Combined Degree Programs

Combined degree programs with nursing and other health professions had arisen as the MPH program has grown and become more established at USF. Substantive Change Forms were filed with CEPH in May 2018 to describe these programs and were accepted with the note that they would be further reviewed during this self study. However, since May 2018, many changes have occurred in the individual curriculum of these programs. Consequently, one of the combined programs (MSBH-MPH) has dissolved permanently due to the discontinuation of the MSBH program; and two of the combined degree programs—Masters of Science in Nursing (MSN) and MPH and Doctor of Nursing Practice (DNP) with the MPH have been put on hold and are inactive until 2020. If/when they become active again, we plan to resubmit a Substantive Change Form to describe the new curricula.

One combined degree program with the MPH continues to be offered. At the undergraduate nursing level, Bachelors of Science (BSN) students begin taking MPH graduate level courses (with no course substitutions) in the last year of their undergraduate program and continue for three more semesters after completing their BSN degree (known as the “BSN-MPH 4+1 Program”). The BSN-MPH combined degree students fully adhere to the courses and requirements of the MPH-Community and Public Health Practice concentration (formerly the Generalist program).

c. Health Policy Leadership (Sacramento)

A concentration in Health Policy and Leadership was recently added to the MPH program (Substantive Change form filed with CEPH in May 2018). It was developed specifically for professionals working in the California state capitol of Sacramento. The concentration courses teach content to equip students with a skill set that bridges macro and micro systems, management skills in the crafting and execution of strategic and business plans, and the development of health policies at an organizational, local, state, and national level. The required fieldwork hours as well as the total credit hours was reduced to 42 credits in recognition of their prior work experience and to better meet the needs of these working professionals while also maintaining the rigor and quality of the concentration.

d. Community and Public Health in Orange County, CA

Beginning in Fall 2019, the MPH with a concentration in Community and Public Health Practice will be offered at USF's Orange County, California campus (Substantive Change form filed with CEPH in January 2019). Offering the MPH degree on our Orange County campus will help fill a market need for innovative and student-centered public health education at the graduate level, as California is the state with the highest employment level for all public health specialties (except for Health Specialist Teacher, where California is second) and the Los Angeles-Long Beach-Glendale area is in the top 10 highest paying metropolitan areas for public health positions.

3. New MPH Concentration Model

As part of the self-study for CEPH re-accreditation, faculty decided to restructure the MPH program into a core set of courses that will be taken by all MPH students regardless of concentration, with three unique concentrations with their own set of concentration competencies. The new concentration structure will be implemented in Fall 2019.

In the new structure, the generalist program has transitioned to a MPH concentration (renamed **Community and Public Health Practice--CPHP**), maintaining the 45 total credits required for graduation. The **Health Policy Leadership (HPL)** focus also has transitioned to a MPH concentration, maintaining the same 42-credit graduation requirement as the initial Health Policy Leadership MPH program.

A third concentration in **Behavioral Health (BH)** will launch in Fall 2019, replacing the MSBH and the MPH-MSBH combined degree programs. USF initiated the innovative MSBH degree in 2013 to meet emerging workforce needs associated with the Affordable Care Act, with the goal to prepare graduates to be members of interprofessional healthcare teams who are skilled at communicating and implementing change at the organizational, professional, and patient and client levels. Formal and informal conversations with students and alumni (see, for example, focus group data from MSBH and combined degree alumni in [ERF B5-1](#))b), coupled with lower than expected enrollment in the stand-alone MSBH program, catalyzed reconsideration of these degree programs. Input from students, alumni, community stakeholders, and SONHP leadership suggested that a Behavioral Health concentration within the MPH would be a more efficient, accessible, and targeted way forward. Feedback also strongly supported that the education and training necessary for eligibility and preparation for becoming a Certified Health Education Specialist (CHES) would be valuable for students and meet community needs; this is now being incorporated into the new concentration. The Behavioral Health concentration courses are designed to prepare future leaders to address behavioral health issues in local and global communities within a public health framework, using evidence-based,

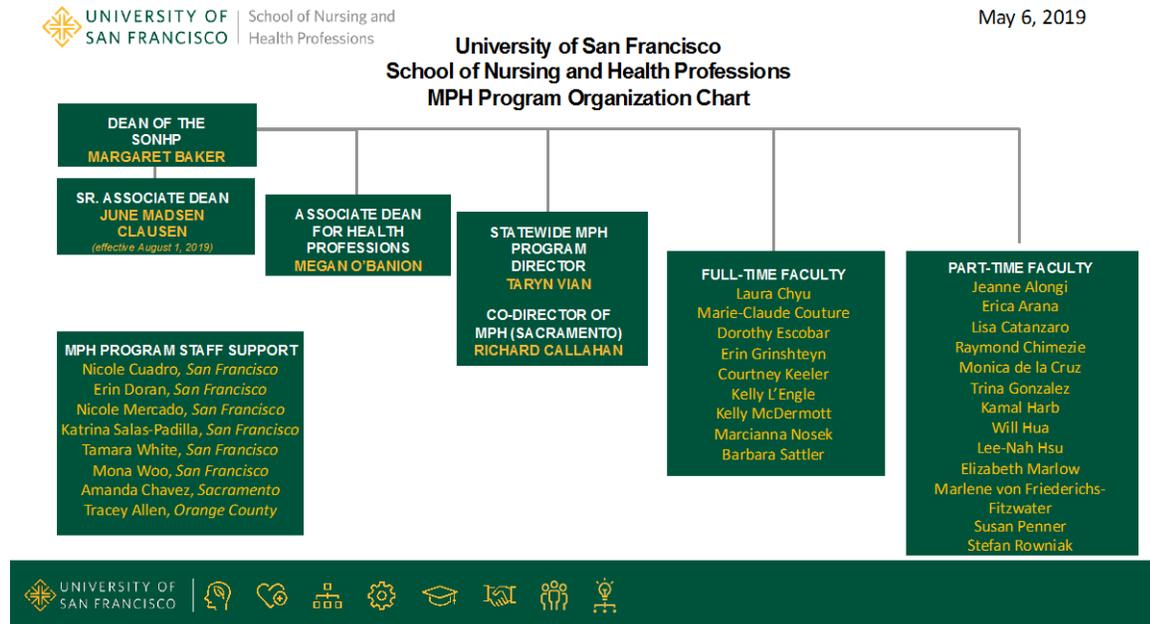
theory-informed, integrated and holistic, social justice approaches. The concentration requires 45 total credit hours for graduation.

2) Organizational charts that clearly depict the following related to the program:

a. the program’s internal organization, including the reporting lines to the dean/director

The internal organizational chart for faculty in the MPH program is shown below and included in [ERF Intro-2\)a](#). The reporting structure shows that all faculty and administrative positions within the SONHP report to the Dean. The Associate Dean of Health Professions is an administrative position, as the delegate of the Dean, and is responsible for all aspects of the School's (non-nursing) Health Professions Programs. In regards to the MPH program, this responsibility includes guidance for planning, development, and implementation of strategies to promote high quality programs, as well as support for program requirements outlined by the regulatory and accrediting bodies, and recruitment and retention of students, faculty and staff within the program. The Associate Dean works in collaboration with and provides guidance to the Statewide MPH Program Director. The Statewide MPH Program director, in addition to her duties of daily management of the program, provides guidance to the MPH Co-Director of the Sacramento Regional Campus. The Program Directors are faculty leadership roles appointed by the Dean.

Figure Intro-2)a. University of San Francisco MPH Program Organization Chart

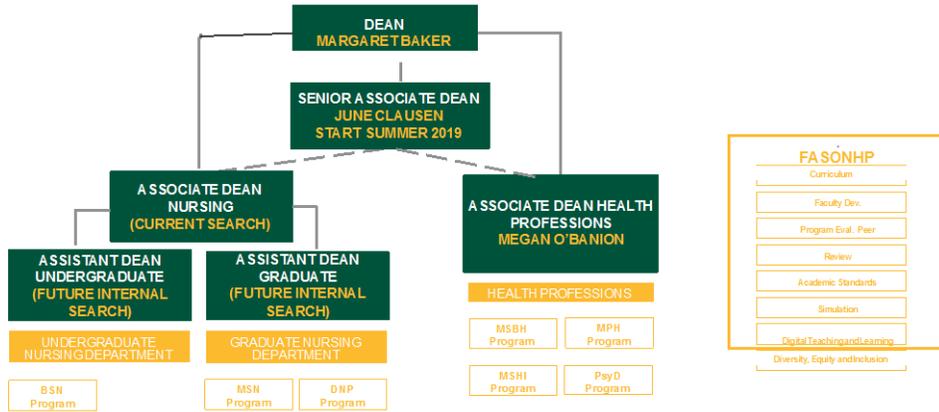


b. the relationship between program and other academic units within the institution. Ensure that the chart depicts all other academic offerings housed in the same organizational unit as the program. Organizational charts may include committee structure organization and reporting lines.

The internal organizational chart for programs in the SONHP is shown below and included in [ERF Intro-2\)b](#).

Figure Intro-2)b. USF School of Nursing and Health Professions Organizational Chart

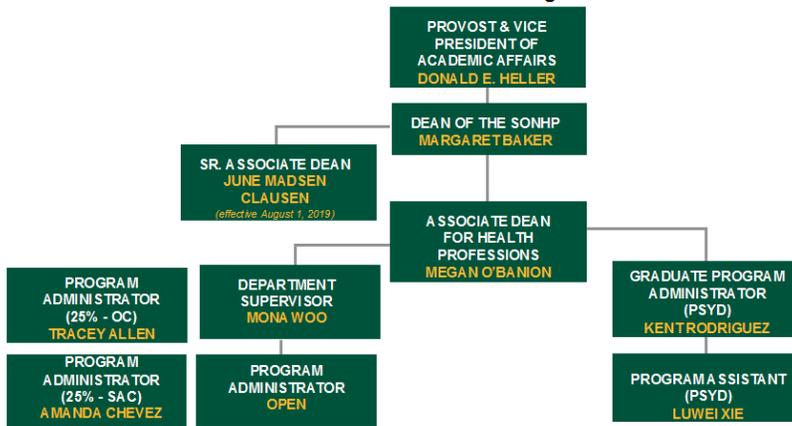
University of San Francisco
School of Nursing and Health Professions
Organizational Chart



The internal organizational chart for staff in the Health Professions department is shown below and included in [ERF Intro-2\)c.](#)

Figure Intro-2)c. USF School of Nursing and Health Professions - Health Professions Staff Organizational Chart

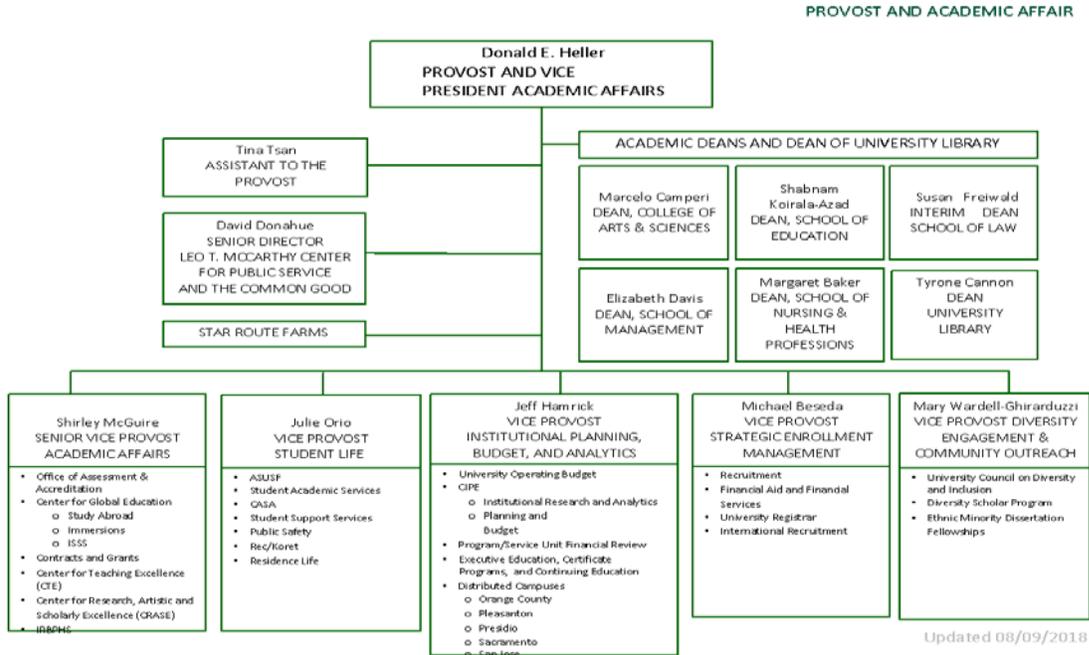
University of San Francisco
School of Nursing and Health Professions
Health Professions Staff Organization Chart



- c. the lines of authority from the program's leader to the institution's chief executive officer (president, chancellor, etc.), including intermediate levels (eg, reporting to the president through the provost)

The organizational chart for the University of San Francisco is shown below and included in [ERF Intro-2\)d](#).

Figure Intro-2)d. USF Provost and Academic Affairs Organizational Chart



3) An instructional matrix presenting all of the program’s degree programs and concentrations including bachelor’s, master’s and doctoral degrees, as appropriate. Present data in the format of Template Intro-1.

Table Intro-1 Instructional Matrix - Degrees and Concentrations							
		Academic	Professional	Categorized as public health*	Campus based	Executive	Distance based
Master's Degrees							
Community and Public Health Practice			MPH	X	X		X
Health Policy Leadership			MPH	X	X		
Behavioral Health			MPH	X	X		
Joint Degrees (Dual Degrees, Combined Degree Programs, Concurrent Degrees)		Academic	Professional				
2nd Degree Area	Public Health Concentration						
<i>BS in Nursing</i>	<i>Community and Public Health Practice</i>		BSN-MPH	X	X		

4) Enrollment data for all of the program's degree programs, including bachelor's, master's and doctoral degrees, in the format of Template Intro-2.

Table Intro-2 Enrollment Data by Degree Program		
Degree		Current Enrollment AY18/19
Master's		
	MPH	
	Community and Public Health Practice (formerly Generalist) (including dual- degrees)	141
	Health Policy Leadership	34

A1. Organization and Administrative Processes

The program demonstrates effective administrative processes that are sufficient to affirm its ability to fulfill its mission and goals and to conform to the conditions for accreditation.

The program establishes appropriate decision-making structures for all significant functions and designates appropriate committees or individuals for decision making and implementation.

The program ensures that faculty (including full-time and part-time faculty) regularly interact with their colleagues and are engaged in ways that benefit the instructional program (eg, participating in instructional workshops, engaging in program specific curriculum development and oversight).

-
- 1) List the program's standing and significant ad hoc committees. For each, indicate the formula for membership (e.g., two appointed faculty members from each concentration) and list the current members.
-

MPH Program Meeting

The monthly MPH Program Meeting considers issues of academic affairs, curriculum, and other policies and procedures. Full time faculty only are voting members. Part time faculty and the Associate Dean for Health Professions are encouraged to attend as ex officio members, and do not vote. Key MPH Program staff also attend the Program Meeting. In our ongoing efforts to increase student participation in decision-making, recently we invited an MPH student (non-voting) to attend for a portion of the meeting to provide a student perspective on relevant issues. The student will serve for six months as the student member at the MPH Program Meeting.

Table A1-1)a MPH Program Meeting	
Rich Callahan	MPH Faculty, Co-Director Sacramento Regional Campus
Laura Chyu	MPH Faculty
Marie-Claude Couture	MPH Faculty
Dory Escobar	MPH Faculty, Fieldwork Coordinator
Erin Grinshteyn	MPH Faculty
Kelly L'Engle	MPH Faculty
Courtney Keeler	MPH Faculty
Kelly McDermott	MPH Faculty
Marcianna Nosek	MPH Faculty
Barbara Sattler	MPH Faculty
Taryn Vian	MPH Faculty, Statewide MPH Program Director
Mona Woo	Department Supervisor
(currently vacant)	Program Assistant, Health Professions Department
Amanda Lorenzon Chavez	Program Administrator, Sacramento MPH Program
Tracy Allen	Program Administrator, Orange County MPH Program
Aikaeli Kitilya	MPH Student Member

MPH Admissions Committee

The MPH Admissions Committee includes 2-3 faculty members, one of whom serves as chair, and the SONHP Admissions Coordinator.

Table A1-1)b MPH Admissions Committee	
Erin Grinshteyn (Chair)	MPH Faculty
Marie-Claude Couture	MPH Faculty
Kelly McDermott	MPH Faculty
Erin Doran	SONHP Admissions Coordinator

MPH Program Evaluation Committee

The MPH Program Evaluation Committee was recently convened and includes 2-3 faculty members, at least one of whom is the MPH representative on the FASONHP Program Evaluation Committee. The committee also includes two staff members. One MPH student serves on the committee to provide a student perspective on MPH program evaluation issues, with the expectation that the student member serves for six months on the MPH Program Evaluation Committee.

Table A1-1)c MPH Program Evaluation Committee	
Laura Chyu (Chair)	MPH Faculty; FASONHP Program Evaluation Committee
Dory Escobar	MPH Faculty; FASONHP Program Evaluation Committee
Mona Woo	Department Supervisor
(currently vacant)	Program Assistant
Jessica Sanck	MPH Student Member

MPH CEPH Self Study Task Force

The MPH CEPH Self Study Task Force was convened to oversee the self-study process and to coordinate the writing of the self-study document and planning of the site visit. The task force met weekly beginning in Spring 2018. This task force is led by two faculty members, the Department Supervisor, and the Program Assistant, with consultation from the SONHP Associate Dean for Accreditation and the SONHP Associate Dean for Health Professions. All faculty and staff have been involved in the self-study process, providing data, commenting on drafts, developing new and revising old courses, and attending multiple day-long retreats to fully examine and revise curricula. The self-study process and results also are a standing item discussed in MPH Program meetings.

Table A1-1)d MPH Self-Study Task Force	
Kelly L'Engle	MPH Faculty Lead
Marcianna Nosek	MPH Faculty Lead
Taryn Vian	Statewide MPH Program Director
Mona Woo	Department Supervisor
(currently vacant)	Program Assistant
Megan O'Banion	Associate Dean for Health Professions
Scott Ziehm	Associate Dean for Pre-Licensure Programs and Accreditation

MPH APEX & ILEX Task Force

The MPH APEX & ILEX Task Force formally convened in Spring 2019 after meeting informally in 2018, and oversees the ongoing review and development of the applied practice (APEX) and integrated learning experience (ILEX). Four MPH faculty members (one of whom is the APEX Coordinator) and one student member comprise the task force. They meet weekly to discuss changes and then make recommendations on APEX and ILEX to the full faculty during MPH Program Meetings.

Table A1-1)e MPH APEX & ILEX Task Force	
Marcianna Nosek	MPH Faculty Lead
Dory Escobar	MPH Faculty Lead, Fieldwork//APEX Coordinator
Erin Grinshteyn	MPH Faculty
Courtney Keeler	MPH Faculty
Brenda Luan	MPH Student Member

2) Briefly describe which committee(s) or other responsible parties make decisions on each of the following areas and how the decisions are made:

a. degree requirements

Changes to degree requirements are decided at the MPH Program Meeting. The vote includes full time faculty, though we fully welcome discussion and comments from part time faculty and staff to help inform decisions. The process is as follows.

- a. The Program Director distributes the agenda one week in advance, along with any materials (e.g., draft policies or proposed changes with rationale) to be reviewed and voted on.
- b. At the meeting, items for vote are discussed. After discussion, the Program Director will ask if faculty are ready to vote. One official faculty member must move to vote, and another must second the move.
- c. Items moved to vote may immediately be voted on; others are distributed again after the meeting (incorporating comments from the meeting) and then faculty have three days to vote via an anonymous survey. The vote is decided by majority.
- d. Accepted changes to degree requirements are sent to the FASONHP Curriculum Committee for approval. After this, if the revision is a major program change (e.g., a new concentration), it is submitted through Curriculog, the USF electronic system that automates the process of curriculum approval for course and program changes.
- e. Accepted policies and procedures are stored on a server and are disseminated as needed (Faculty or Student Canvas Portal, Student Handbook, Website, etc.).

b. curriculum design

Changes to curriculum design are also decided at the MPH Program Meeting, following the process described above.

Changes to degree requirements and curriculum design may be initiated in response to feedback from the FASONHP Curriculum Committee, the FASONHP or MPH Program Evaluation Committee, MPH students, faculty, program alumni, and/or community preceptors. The Program Director and faculty bring suggestions for degree or curricular revisions to the MPH program meetings for discussion. All new courses or any changes to existing courses or curriculum patterns are presented, discussed, and voted on via the process described above. Faculty workgroups may be convened based on areas of expertise or concentration affiliation to make recommendations. A majority vote is needed before moving on to the FASONHP Curriculum Committee. If the revision involves a major program change, it also is submitted through Curriculog for University level approval and to CEPH as required, prior to implementation.

c. student assessment policies and processes

The MPH Program Evaluation Committee provides guidance in design and implementation of the MPH program's evaluation and assessment plan, as detailed in Section B, below. The committee established its charge early in 2019 and meets biweekly. The MPH Program Evaluation Committee meets frequently with the SONHP Associate Dean of Health Professions and the SONHP Associate Dean for Pre-Licensure Programs and Accreditation for consultation.

The MPH Director is responsible for ensuring the program maintains high quality academic standards that align with the policies of the Department of Health Professions, SONHP, and the University. The MPH program has procedures for addressing progression concerns for students, as specified in self-study section H3. The SONHP has a FASONHP Academic Standards Committee that serves as a resource for faculty in addressing addresses progression issues for all students including support for grade appeals. Students may pursue an appeal for a change of course grade to contest a final grade according to University and SONHP policies.

Graduate Student Regulations are linked in every course syllabus and easily accessible on the USF website (<https://www.usfca.edu/catalog/regulations/gradstudent>), specifying standards of scholarship and the grading system, maximum time to degree, and probation and disqualification policies. Faculty monitor student progress in each course taught, and communicate with individual students if they are on track to receive a failing grade in order to discuss additional support that the student may need and other approaches for improvement in the course. The student's advisor may be contacted if poor progress continues, in order to provide additional support, as specified in the MPH Student Handbook.

The SONHP Dean recommends the awarding of degrees. The Department Supervisor is responsible for ensuring and informing the SONHP Administration that students have met program requirements for graduation. Completion of graduation requirements is analyzed centrally by the Academic Enrollment Services Office before a diploma is issued.

d. admissions policies and/or decisions

The MPH Admissions Committee reviews admission/readmission policies and procedures and advises the MPH Program Director and full faculty regarding modifications to these policies and procedures. Two faculty members individually review and rate each applicant's materials; disagreements are discussed with the committee. The committee meets one to two times each semester and communicates by email and videoconference as necessary.

The SONHP employs an Admissions team within the school who work with the MPH Program Director and MPH faculty to develop enrollment strategies. The MPH Admissions Committee makes recommendations regarding recruitment, but the main role of the MPH Admissions Committee is to make decisions regarding student admissions and propose any changes to admission policies.

e. faculty recruitment and promotion

New faculty positions are requested by MPH program leadership and must be approved by the Dean and the Provost. Recruitment activities follow the requirements of the University of San Francisco Diverse Faculty Hiring Policy. Prior to initiating a search, the Associate Dean for Health Professions meets with the Vice Provost and Chief Diversity Officer to review USF demographic and campus climate data related to the search, and to review the language in the job description. The Dean then selects a search lead (generally a more senior MPH faculty member) and provides

expectations for the individual in this role via diverse faculty hiring checklist. The search lead connects with a Faculty Equity Advocate to consult throughout the process. The faculty lead recommends members for the Search Committee. Membership on the Search Committee includes MPH faculty and staff, and may include other SONHP faculty. The Search Committee Chair provides a summary and recommendation to the SONHP Dean, who is responsible for negotiating salary and other hiring terms.

Faculty retention, promotion and tenure follow the USFFA Collective Bargaining Agreement (CBA) (<https://sites.google.com/view/usffaculty/collective-bargaining-agreement>; ERF A1-3)e). Criteria for appointment to and promotion of tenure-track faculty ranks are defined in the collective bargaining agreement.

All faculty members participate in an annual evaluation process, as set out in the USFFA CBA. The Dean and faculty member review the faculty member's Academic Career Prospectus (ACP), a document that summarizes accomplishments from the previous year and proposes goals and strategies for the future. The goals are set in accord with the faculty member's interests, the mission of the school, and needs of the program. The ACP provides the basis upon which the faculty member prepares for tenure and promotion decisions.

The promotion and tenure process starts with the faculty member developing a Promotion and Tenure packet (an electronic portfolio of work showing mastery in teaching, research, and service). In order to be considered for promotion and tenure, a faculty member is judged by USF faculty peers to be superior in two of the three categories of teaching, research, and service. Term (contract) faculty also participate in the promotion process at USF and must be judged to be superior in the categories of teaching and service. The SONHP Peer Review committee reviews the candidate's Promotion and Tenure packet and makes a recommendation whether to award promotion and/or tenure according to the guidelines set out in the USFFA CBA. The next step in the process is the University Peer Review Committee, with representatives from each school, reviews the e-portfolio of work and makes a recommendation. These recommendations move forward to the Provost Office (Provost and deans) and ultimately the President. Further details on tenure and promotion are provided in Sections E3-E5 in this self-study document.

f. research and service activities

Faculty determine plans for their research and service activities during the annual ACP with the Dean. Faculty annually complete the Faculty Activity Survey to document their participation across a range of research and service activities at the university, school, professional, and community levels. The Faculty Activity Survey is aligned with expectations of teaching, research, and service set out in the USFFA CBA, as well as the MPH Program Evaluation Metrics specified in Section B of this self-study document. The MPH Program Director summarizes this information across MPH faculty for discussion during the annual MPH retreat and during MPH Program meetings.

3) A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty and students in governance of the program.

Shared governance is a tenet of USF as part of the Collective Bargaining Agreement. The Faculty Association of the School of Nursing and Health Professions (FASONHP) has eight standing committees that support decision-making in the MPH program and MPH standing committees and ad hoc task forces. The FASONHP committees serve as a resource for information and advice on school and university policies and procedures and they provide school-level review and approval of MPH program decisions as required. ERF A1-3)a-b provides FASONHP bylaws and full committee descriptions; relevant FASONHP committees include:

- Academic Standards – address student progression issues and be resource for faculty
- Curriculum – maintain integrity of curriculum through consideration and approval of changes
- Digital Teaching and Learning – facilitate use of innovative digital teaching/learning activities
- Diversity, Equity and Inclusion – resource and community builder for recruitment, retention, and understanding of diversity issues
- Faculty Development – facilitate faculty scholarship and professional effectiveness activities
- Peer Review – educate faculty about and review applications for tenure and promotion
- Program Evaluation – support assessment of program outcomes and continuous quality improvement

The primary sources used to determine the rights and obligations of administrators, faculty, and students in governance of the program are listed below. These documents are available to faculty, staff, and students via the website and are available in the program’s electronic resource files.

- University of San Francisco USFFA Collective Bargaining Agreement for Full-time faculty (<http://www.usffa.net/legal/collective-bargaining-agreement>; [ERF A1-3\)e](#))
- University of San Francisco USFFA Collective Bargaining Agreement for Part-time faculty (<http://www.usffa.net/legal/collective-bargaining-agreement>; [ERF A1-3\)f](#))
- University of San Francisco USFFA Collective Bargaining Agreement for staff (<https://myusf.usfca.edu/sites/default/files/opecba.pdf>; [ERF A1-3\)g](#))
- University of San Francisco Fogcutter - Student Handbook (<http://www.usfca.edu/fogcutter/studentconduct/>)
- Faculty of the School of Nursing & Health Professions Bylaws (FASONHP) ([ERF A1-3\)a](#))
- USF General Catalog: <http://www.usfca.edu/catalog/>
- Graduate Student Regulations: <https://www.usfca.edu/catalog/regulations/gradstudent>
- MPH Faculty Handbook Supplement (see in [ERF A1-3\)c-d](#))
- MPH Student Handbook (see [ERF A1-3\)h](#))

4) Briefly describe how faculty contribute to decision-making activities in the broader institutional setting, including a sample of faculty memberships and/or leadership positions on committees external to the unit of accreditation.

MPH Faculty contribute to decision-making in the broader institutional setting through membership and leadership in school and university committees, as described below.

Table A1-4) MPH Faculty Membership on School (FASONHP) and University Committees		
	FASONHP Committee	University Committee
Rich Callahan		Lane Center for Catholic Social Thought Fellow
Laura Chyu	Academic Standards Committee; Program Evaluation Committee	
Marie-Claude Couture	Digital Learning and Teaching Committee (Chair)	Center for Teaching Excellence Advisory Board; USF Space Task Force
Dory Escobar	Program Evaluation Committee	
Erin Grinshteyn	Diversity, Equity, and Inclusion Committee	Center for Artistic and Scholarly Excellence Steering Committee; International Center for Aging

Kelly L'Engle	Curriculum Committee	Educational Technology Advisory Board; USF Department Chair Task Force
Courtney Keeler		President's Advisory Committee on the Status of Women
Marcianna Nosek	Policy Board Rep; Peer Review Committee (Chair)	Policy Board; Strategic Enrollment Committee
Barbara Sattler	Faculty Development Funds Committee	

5) Describe how full-time and part-time faculty regularly interact with their colleagues (self-study document) and provide documentation of recent interactions, which may include minutes, attendee lists, etc.

Monthly MPH Program meetings are held during Fall and Spring semesters. All full-time faculty are required to attend all program meetings. Part-time faculty are invited to attend program meetings to gain perspective, updates on the program, and to give input, but are not required to attend nor are they voting members. Faculty may attend in person or via videoconference. The Associate Dean of Health Professions regularly attends the monthly meeting. Annual faculty retreats are scheduled for program review and planning purposes. [ERF A1-5](#) provides meeting minutes from the past three years. In addition to formal meetings, many full-time faculty meet individually with part time faculty and each other to orient colleagues to a course, share the syllabus, and invite them to view their online Canvas course site. These formal and informal meetings reflect the highly collaborative and collegial nature of the MPH faculty—which provides the foundation for effective communication and shared governance within the MPH program.

FASONHP meetings of full-time faculty and all-school meetings of all full and part-time faculty and staff are scheduled two to three times each fall and spring semester. These meetings provide the opportunity for formal interaction with faculty and staff colleagues across the SONHP.

Additional faculty interactions occur through service on school and university committees, and attendance at USFFA biweekly meetings and monthly happy hours. Many full and part-time faculty also participate in Faculty Learning Communities, workshops and trainings, and other programs sponsored by the university to support currency and excellence in teaching and research through the Center for Teaching Excellence, Educational Technology Services, and the Center for Research, Artistic, and Scholarly Excellence.

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The MPH Program demonstrates effective administrative processes that are sufficient to support our ability to fulfill our mission and goals and conform to the conditions for accreditation by CEPH. There are decision-making structures in place for all significant functions and in support of faculty governance of the MPH program. MPH program committees are supported by school-wide FASONHP committees. All MPH full time faculty attend regular meetings and give valuable input to programmatic issues and policies as well as course and curriculum development. In addition, most MPH faculty participate in at least two committees at the school and/or university level, frequently in a leadership capacity.

The self-study has brought into focus areas that will benefit from strategic improvement. Therefore, the program has implemented a better-defined MPH Program Evaluation Committee that meets on a regular basis to address evaluation goals and measures and support routine data collection from all program constituents. Furthermore, the MPH program has integrated zoom videoconferencing with

well-placed cameras and microphones in all program meetings to improve the connection and interaction of full and part-time faculty across all MPH concentrations and locations.

Finally, we are formally establishing students as members of select committees to enhance their participation in policy and decision-making processes. As a result of this self study process we have come to highly value the inclusion of student representation in committees and meetings that make decisions affecting graduate student policies and academic requirements.

A2. Multi-Partner Programs

Not Applicable.

A3. Student Engagement

Students have formal methods to participate in policy making and decision making within the program, and the program engages students as members on decision-making bodies whenever appropriate.

-
- 1) Describe student participation in policy making and decision making at the program level, including identification of all student members of program committees over the last three years, and student organizations involved in program governance.
-

Students' input is highly valued and plays a role in the ongoing improvement of the MPH program. A student member, Jessica Sanck, joined the MPH Program Evaluation Committee in Spring 2019 to provide insights that contribute to program decisions. We also recently invited Aikaeli Kitilya to serve as a student member of the MPH Program Meeting. In addition, we have received valuable input from the student representative on the MPH APEX and ILEX Task Force, Brenda Luan, since March 2019, who has provided confirmation that planned changes to the ILEX paper guidelines will be beneficial to future MPH students.

School level committees also provide opportunities for student engagement in policy and decision making. The FASONP Curriculum Committee has at least one student representative from the department, and this student representative has been an MPH student for the past three academic years, as follows: 2016-18: Shannon Walsh; 2018-present: Deeksha Borkar.

Students have their own, autonomous organization, the Population Health Sciences Student Association (PHSSA), affiliated with the USF Graduate Student Association. Originally convened as the MPH Student Association, in 2017 it was expanded to include all students in the Health Professions Department to encourage interprofessional networking and collaboration. Through the PHSSA, students conduct their own monthly meetings, bring in guest speakers, lead and participate in community service activities, and sponsor networking and career development events for students in the department and across campus. Two MPH faculty serve as advisors to the student association, and PHSSA officers regularly bring concerns from the MPH student body to these faculty advisors during PHSSA meetings. The PHSSA also may survey students about concerns and provide results and recommendations to the faculty advisors. For example, they have surveyed students about transportation and orientation needs, and recommended that more information be provided to new students about campus resources and physical facilities.

MPH students play a key leadership role in the PHSSA, filling at least half of the officer slots in the last three years. To view the PHSSA constitution, activities, and recent meeting minutes, please see [ERF A3-1](#).

-
- 2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.
-

Student input has been crucial in course development, refinement of advising policies and procedures, and curriculum changes. Most of this input has been gathered via course evaluations and graduate and alumni surveys. In addition, MPH students have had opportunities to participate in decision making bodies through committee membership and the PHSSA.

In light of the value of student engagement in the governance and ongoing improvement processes of the MPH program, faculty continue to evaluate how to expand and strengthen the involvement of the student body. We recently added student members to the MPH Program Meeting and the MPH Program Evaluation Committee, for example, to provide input on discussions related to curricular changes, evaluation plans, and other pertinent issues.

A4. Autonomy for Schools of Public Health

Not Applicable.

A5. Degree Offerings in Schools of Public Health

Not Applicable.

B1. Guiding Statements

The program defines a *vision* that describes how the community/world will be different if the program achieves its aims.

The program defines a *mission statement* that identifies what the program will accomplish operationally in its instructional, community engagement and scholarly activities. The mission may also define the program's setting or community and priority population(s).

The program defines *goals* that describe strategies to accomplish the defined mission.

The program defines a statement of *values* that informs stakeholders about its core principles, beliefs and priorities.

1) A one- to three-page document that, at a minimum, presents the program's vision, mission, goals and values.

The following are the USF MPH program's vision, mission, goals and core values.

Vision

A world with new possibilities for more equitable and enriched population health and well-being.

Mission

To improve the health of local and global populations, particularly the underserved and vulnerable, through innovative and inspired research, service, and teaching that is grounded in education of the whole person to be a change agent who strives for excellence in all pursuits.

Goals

Goals addressing education, service and research are noted below.

Education

1. Provide student-centered education of health professionals using advising and effective and/or innovative pedagogy
2. Enable students and alumni to apply public health skills and knowledge to improve the health and well-being of diverse and vulnerable populations

Service

1. Promote public health and health equity through community service

Research

1. Generate knowledge and evidence to advance public health

Core Values

Care- Learn- Act

We value 'caring' for self and others in a humanistic dignified manner, with an understanding that care for others begins with care of self. Through our excellence in teaching, multi-level service, and rigorous translational research, we operationalize care with a high regard for inclusivity and respect for students, faculty, and staff along with the vulnerable populations we serve. We value lifelong learning which embodies Jesuit values of reflective practice to "change the world from here;" weaving in the third core value of 'act' which embraces the empowerment of self and others to make the changes that lead to enriched human health and flourishing.

2) If applicable, a program-specific strategic plan or other comparable document. *IF APPLICABLE, PROVIDE LOCATION OF DOCUMENTATION IN ERF*

Not Applicable

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Our vision, mission, goals, and values are deeply rooted in our Jesuit ideology of caring for the whole person (*cura personalis*), and striving toward excellence (*magis*) which create an intention for: 1) grounding all teaching, service and research that focuses on elevating respect and dignity in interactions with students, faculty, staff, and populations whom we serve; 2) driving pedagogical decisions to seek out the best methods to achieve excellent learning outcomes and public health competencies; and 3) exploring opportunities in the community that combine learning, service, and research as an integrated act of improvement of health and wellbeing for populations.

With fresh reflection and learning from the self-study process, we are excited to measure specifically how our vision, mission, and goals are being incorporated into our curricular planning, pedagogical decisions, community involvement, and research foci. This self-study has reinforced our desire to work together with faculty, staff and students to improve our goals and the tracking of our strategies and outcomes, successes, and challenges. As a result of this self-study, previous methods have been revived and new ones activated to improve and streamline the integration of our vision, mission, goals, and values into a thriving, ongoing process.

B2. Graduation Rates

The program collects and analyzes graduation rate data for each degree offered (eg, BS, MPH, MS, PhD, DrPH).

The program achieves graduation rates of 70% or greater for bachelor's and master's degrees and 60% or greater for doctoral degrees.

1) Graduation rate data for each degree in unit of accreditation. See Template B2-1.

Table B2-1) Student Graduation Rates in the MPH Program*									
*includes dual degrees students									
Students in MPH Degree, by Cohorts Entering Between 2011-12 and 2018-19									
AY	Cohort of Students	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
		COHORT 1-2	COHORT 3-4	COHORT 5-6	COHORT 7-8	COHORT 9-10	COHORT 11	COHORT 12-13	COHORT 14
2011-2012	# Students continuing at beginning of this school year (or # entering for newest cohort)	32							
	# Students withdrew, dropped, etc.	3							
	# Students graduated	0							
	Cumulative graduation rate	-%							
2012-2013	# Students continuing at beginning of this school year (or # entering for newest cohort)	29	37						
	# Students withdrew, dropped, etc.	3	0						
	# Students graduated	0	0						
	Cumulative graduation rate	-%	-%						
2013-2014	# Students continuing at beginning of this school year (or # entering for newest cohort)	26	37	30					
	# Students withdrew, dropped, etc.	0	2	0					
	# Students graduated	21	2	0					
	Cumulative graduation rate	66%	5.41%	0					
2014-2015	# Students continuing at beginning of this school year (or #	5	33	30	47				

	entering for newest cohort)								
	# Students withdrew, dropped, etc.	0	4	4	0				
	# Students graduated	5	29	2	0				
	Cumulative graduation rate	81%	84%	7%	-%				
2015-2016	# Students continuing at beginning of this school year (or # entering for newest cohort)	-	0%	24	47	91			
	# Students withdrew, dropped, etc.	-	-	1	3	2			
	# Students graduated	-	-	23	5	0			
	Cumulative graduation rate	81%	84%	83%	11%	-%			
2016-2017	# Students continuing at beginning of this school year (or # entering for newest cohort)	-	-	-	39	89	77		
	# Students withdrew, dropped, etc.	-	-	-	1	7	5		
	# Students graduated	-	-	-	36	18	-		
	Cumulative graduation rate	81%	84%	83%	87%	20%	-		
2017-2018	# Students continuing at beginning of this school year (or # entering for newest cohort)	-	-	-	2	64	72	102	
	# Students withdrew, dropped, etc.	-	-	-	0	1	0	5	
	# Students graduated	-	-	-	2	55	1	0	
	Cumulative graduation rate	81%	84%	83%	91%	80%	1%	8%	
2018-2019	# Students continuing at beginning of this school year (or # entering for newest cohort)	-	-	-	-	8	71	89	77
	# Students withdrew, dropped, etc.	-	-	-	-	0	1	7	0
	# Students graduated (includes Fall 2018/Sp 2019 graduates)	-	-	-	-	6	64	8	tbd
	Cumulative graduation rate	81%	84%	83%	91%	87%	84%	tbd	tbd
2019-2020	# Students continuing at beginning of this school year (or #	-	-	-	-	2	6	tbd	tbd

	entering for newest cohort)								
	# Students withdrew, dropped, etc.	-	-	-	-	tbd	tbd	tbd	tbd
	# Students graduated	-	-	-	-	tbd	tbd	tbd	tbd
	Cumulative graduation rate	81%	84%	83%	91%	tbd	tbd	tbd	tbd

2) Data on doctoral student progression in the format of Template B2-2.

Not Applicable

3) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

Graduation rates have remained substantially above the threshold of 70% for all cohorts who entered the MPH program between AY 2011-2012 through AY 2016-2017. Graduation rates for these cohorts have ranged between 81 to 91%, with two cohorts still a year or two away from the maximum time to graduation of 5 years.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The USF MPH program graduation rates remain strong and above the CEPH threshold of 70%. These rates are impressive considering the cost to attend USF and to live in one of the highest cost of living urban areas in the country, along with the diversity of our student body. We believe what may be contributing to our graduation success are small class sizes (currently capped at 25) that afford individualized attention and easy access to faculty; individual and thorough advising for each student; and an overall student-centered approach that facilitates student success.

B3. Post-Graduation Outcomes

The program collects and analyzes data on graduates' employment or enrollment in further education post-graduation, for each degree offered (eg, BS, MPH, MS, PhD, DrPH).

The program achieves rates of 80% or greater employment or enrollment in further education within the defined time period for each degree.

1) Data on post-graduation outcomes (employment or enrollment in further education) for each degree. See Template B3-1 below.

Table B3-1) Post-Graduation Outcomes for MPH Students			
Post-Graduation Outcomes	2015/16	2016/17	2017/18 (partial: SU'17-FA'17)
Employed	21	40	35
Continuing education/training (not employed)	0	0	0
Not seeking employment or not seeking additional education by choice	0	0	0
Actively seeking employment or enrollment in further education	0	1	0
Unknown	7	13	14
Total	28	54	49

2) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

Our post-graduation rates meet this criterion's expectations. Post-graduation outcomes listed above include data from students who graduated between Spring 2016 through Fall 2017. Excluding those for whom employment status is unknown, 100% (97 of 97) were either employed (n = 96) or enrolled in higher education (n = 1). Twenty-six percent (34/131) of graduates were of unknown employment or continuing education status.

These data were collected via two Alumni Surveys that were administered electronically, with links to the survey sent to alumni via email. Response rates were as follows:

- Alumni who graduated between Spring 2016 and Summer 2017 were surveyed in June 2018 (N = 82) and 24 responded, yielding a response rate of 29%.
- Alumni who graduated in Fall 2017 were surveyed in September 2018 (N = 19) and one responded; response rate of 5%.

In addition to acquiring employment status from the alumni surveys, social media sources such as LinkedIn, Google, and Facebook, as well as personal communication with faculty, were used to fill in the gap from missing alumni respondents. This mode of inquiry contributed to the results reported above in Table B3-1 and aided greatly in supplementing these important data.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Our post-graduation outcomes exceed the CEPH threshold. The ability to utilize social media sources such as LinkedIn greatly increased our ability to gather the pertinent data on our graduates. We believe that the rigorous program we offer increases the employability of our graduates. This is supported by narrative data from our community preceptors who reported on their perceptions of the special attributes and competencies our students demonstrated during their fieldwork/applied practice experiences. In addition, some of our graduates are offered employment at the agency where they completed their APEX. This speaks highly of how prepared our graduates are to join the public health workforce.

We aim to minimize the number of unknowns and increase the response rate for our Alumni Survey. The self-study process has catalyzed more rigorous and routine data collection efforts from all MPH program constituents. The system to track post-graduation outcomes has recently been revived and we are confident that we can increase our survey response rates and reduce unknowns due to improvements in our survey administration processes such as sending reminders and offering response incentives (e.g., gift cards). Finally, in order to increase graduates' success in securing employment, efforts to increase access and utilization of career services before and upon graduation are in progress, as outlined in Section H2 of the self-study.

B4. Alumni Perceptions of Curricular Effectiveness

For each degree offered, the program collects information on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements.

The program defines qualitative and/or quantitative methods designed to maximize response rates and provide useful information. Data from recent graduates within the last five years are typically most useful, as distal graduates may not have completed the curriculum that is currently offered.

-
- 1) Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation.
-

Both quantitative and qualitative data were collected on alumni perceptions. An electronic survey collecting quantitative data has been administered twice thus far to alumni close to one year after graduation. Qualitative data were collected via focus groups facilitated by faculty, and one-on-one interviews conducted by staff in November 2018.

The Alumni Survey includes questions soliciting answers on a 4-point Likert scale under each CEPH competency category, asking how competent (very to not at all) alumni felt applying the respective skill sets. A total of eight questions were asked covering each competency category. Of the 82 surveys sent in June 2018, twenty-four (n = 24) responded with a response rate of 29%; a sub-sample of n = 21 responded to the competency questions. The following table shows the results with scales collapsed combining very and moderate, compared to little or not at all. Most respondents felt very or moderately competent on all skills. Please refer to ERF [B5-1\)a](#) for full data and methods on the Alumni Survey.

Table B4-1) Alumni Perceptions Regarding Competency Applying Public Health Skills, 2018; total respondents answering questions = 21		
<i>How competent do you feel...</i>	Very/ Moderately Competent	A little/ Not at all Competent
applying evidence-based approaches	16 (76)	4 (19)
discussing how structural bias, social inequities and racism create challenge	16 (76)	5 (24)
planning public health programs	14 (67)	7 (33)
discussing and evaluating policies	13 (62)	8 (38)
applying principles of leadership	19 (90)	2 (10)
communicating audience-appropriate public health content	18 (86)	3 (14)
performing effectively on interprofessional teams	19 (90)	2 (10)
applying systems thinking	17 (81)	4 (19)

Regarding qualitative data collection, the same interview guide was used for the focus groups and one-on-one interviews. Questions also were asked during this time regarding other aspects of the program. Please refer to ERF [B5-1\)b](#) for full data and methods on the qualitative data collection with alumni. The

main questions regarding the alumni's self-assessment of competencies achieved through our program were:

- a. In your work experience since graduation, what gaps in your achievement of public health knowledge or competencies have you seen? How could the MPH program better address these gaps?
- b. Please describe activities in your work that illustrate how you're applying public health competencies in your professional practice.
- c. How well do you feel that the MPH program prepared you for working with people from other interprofessional groups?

One focus group with three MPH alumni lasted around 90 minutes. In addition, three one-on-one interviews via Zoom were conducted. The main findings from the focus group and one-on-one interviews include the following:

When asked about gaps, one alumnus mentioned budget and resource management and another mentioned grant writing. One alumnus shared that their epidemiology course was the most practical and that they utilize the information and skills gained there most in their job; however, they "would have liked more training on how to find and pull data, how to frame it in a way to make an impactful story and then present it." Another emphasized the need to have had more statistical software training in core courses.

Regarding the activities in their work that illustrate the application of public health competencies, one alumnus described applying competencies #1-4 (all under the category of Evidence-based Approaches to Public Health) every day. Another believed that #18 and #19 under Communication and #21, Performing effectively on interprofessional teams, were most useful to her. A third alumnus highlighted that "communication efforts that explain research protocols to residents and medical students, co-workers, and managers" were very helpful to her, and that she "felt prepared to address cultural differences when interacting with patients post grad school."

Regarding how well alumni felt that the MPH program prepared them for working with people from other groups (including ethnic, racial, and inter-professionally diverse teams) all were confident in their abilities to work with patients, doctors, students, researchers, and colleagues. The tangible experience outside of the classroom through fieldwork had "hit the whole spectrum." The fieldwork afforded the ability to empathize through an understanding of the lived experiences of people from certain socioeconomic backgrounds. One alumnus said it would have been helpful to have had a class on how to understand privilege.

2) Provide full documentation of the methodology and findings from alumni data collection.

Please find in the [ERF B5-1\)a](#) methods, history, instrument, and full results from the Alumni Survey - Quantitative. Please find in the [ERF B5-1\)b](#) methods, history, instrument, and full results from the qualitative data collection (focus groups and one-on-one interviews) with alumni.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Using quantitative and qualitative data sources affords a more comprehensive examination of the perceptions of our alumni and their ability to apply essential public health competencies in their work. Results from both sources demonstrate an overall high level of confidence in applying these skills at work with an average of 80% of survey participants reporting feeling very or moderately confident across all seven categories. We believe this reflects a solid, well-planned curriculum in the MPH program. In particular, we are doing well in preparing our students in communicating audience-

appropriate public health material. This may be because this competency is threaded throughout our curriculum and reinforced during students' applied practice experiences.

Survey response rates remain a challenge; however, we have plans to improve these rates including offering incentives, considering strategic timing, and use of multiple reminders, text notifications, etc. We also intend to conduct more alumni events where graduates can be surveyed and interviewed in person. Regarding improvement of actual achievement of competencies, we are confident that this self-study process will lead to an even stronger competency-driven curriculum. We already have begun implementing revisions to our courses that address some of the concerns raised by alumni such as including statistical software knowledge in the required MPH 612 Biostatistics course rather than an elective as previously done. In addition, in Fall 2018 we incorporated new Systems Tools content retrieved from the CEPH website. We have revamped our core Leadership course and we have many more new and improved courses based on the identified need to enhance our foundational and concentration competencies which will be part of our new curricula for Fall 2019 admissions. (See Section D2-4 for more detail on course revisions.)

B5. Defining Evaluation Practices

The program defines appropriate evaluation methods and measures that allow the program to determine its effectiveness in advancing its mission and goals. The evaluation plan is ongoing, systematic and well-documented. The chosen evaluation methods and measures must track the program's progress in 1) advancing the field of public health (addressing instruction, scholarship and service) and 2) promoting student success.

- 1) Present an evaluation plan that, at a minimum, lists the program's evaluation measures, methods and parties responsible for review. See Template B5-1 below.

Table B5-1) MPH Program Evaluation Plan		
Evaluation measures	Data collection method for measure	Responsibility for review
Education Goal 1: Provide student-centered education of health professionals using advising and effective and/or innovative pedagogy		
<i>Faculty strengthen teaching skills through professional development</i>	Faculty complete Faculty Activity Survey (FAS) administered annually in September and report attendance at classes, workshops, and retreats. MPH Program Assistant (PA) analyzes results and summarizes findings.	Program Director (PD) and Associate Dean (AD) review summary, discuss with faculty in program meetings, and make suggestions to improve participation. Suggestions are recorded in minutes.
<i>Student perception of teaching effectiveness</i>	a) Students complete online Teaching Effectiveness Surveys (BLUEs); USF administrator generates end of semester course reports for each faculty and an aggregate report for all faculty at end of AY. Faculty include suggestions for improvement in annual Academic Career Prospectus (ACP). b) Sample of students participate in focus groups conducted annually by MPH Program Evaluation Committee members. PA analyzes results and summarizes findings.	a) PD and AD review aggregate findings and report to faculty beginning of next AY in program meeting. Dean reviews ACP with faculty who voluntarily report improvement efforts in MPH Program Meeting. Discussions/actions are recorded in minutes. b) PD and AD review summary of student focus groups, discuss with faculty in program meetings, and make suggestions for improvements. Suggestions are recorded in minutes.
<i>Student success in gaining foundational knowledge, and core and concentration competencies in public health</i>	a) PA obtains student academic transcripts each semester from University. b) Academic Improvement Forms (AIF) are completed by students and faculty, as required.	PD and AD review results and discuss with faculty in program meetings. Faculty decide on changes to improve student success in gaining foundational knowledge and competencies as needed. Discussion/actions are recorded in minutes.

<i>Student perception of program effectiveness</i>	<p>a) Students complete related questions in Graduating Student Survey (GSS) in final semester. PA compiles results and generates summary.</p> <p>b) Sample of students participate in focus groups conducted annually by Program Evaluation Committee members. PA compiles results and summarizes findings.</p>	<p>PD and AD review results & discusses with faculty at the annual faculty retreat held at beginning of each academic year. Faculty decide on changes to improve program effectiveness as needed. Discussion/actions are recorded in minutes.</p>
<i>Student perception of faculty advising</i>	<p>a) Students complete related questions in Graduating Student Survey in final semester. PA compiles results and generates summary.</p> <p>b) Sample of students participate in focus groups conducted annually by Program Evaluation Committee members. PA compiles results and summarizes findings.</p>	<p>PD and AD review results and discusses with faculty at the annual faculty retreat held at the beginning of each academic year. Faculty decide on changes to improve faculty advising and discussion/actions are recorded in minutes and Faculty Handbook is updated. Results also will be reviewed and acted upon by MPH Orientation Planning Committee.</p>
<i>Student perception of climate, diversity, and inclusion</i>	<p>a) Students complete related questions in Graduating Student Survey in final semester. PA compiles results and generates summary;</p> <p>b) Sample of students participate in focus groups conducted annually by Program Evaluation Committee members. PA compiles results and summarizes findings.</p>	<p>PD and AD review results and discusses with faculty at the annual faculty retreat held at the beginning of each academic year. Faculty decide on changes to improve climate, diversity, and inclusion in program as needed. Discussion/actions are recorded in minutes.</p>
Educational Goal 2: Enable students and alumni to apply public health skills and knowledge to improve the health and well-being of diverse and vulnerable populations		
<i>Students' demonstration of competencies met during integrated & applied learning experiences</i>	<p>a) Faculty use rubrics to 1) grade products created by student for agency & 2) to assess ILEX paper/presentation.</p> <p>b) Faculty review APEX journal reflections, select comments, and note key qualitative themes.</p> <p>c) Preceptors complete Preceptor Evaluation of Student upon student's completion of APEX. Faculty review results and note any trends across students.</p>	<p>Faculty report to PD any trends or issues related to products, reflections, or evaluations. Faculty discuss during program meetings any course or curricular changes to prepare students for APEX and ILEX as needed. Discussion/actions are recorded in minutes.</p>
<i>Graduate and alumni success in securing employment or continuing education</i>	<p>a) Graduating students complete GSS in their final semester. PA analyzes results and summarizes findings.</p> <p>b) Alumni complete Alumni Survey administered by PA each January to alumni . PA analyzes results and summarizes findings.</p>	<p>PD reviews results from both surveys and discusses with faculty during annual faculty retreat. Suggestions for curricular changes are made as needed. Discussion/actions are recorded in minutes.</p>

<i>Alumni perception of achievement of competencies</i>	a) Alumni complete Alumni Survey (AS) administered by PA each January to alumni. PA analyzes results and summarizes findings. b) Sample of alumni participate in focus group conducted annually by Program Evaluation Committee members. PA analyzes results and summarizes findings.	PD reviews results and discusses with faculty during annual faculty retreat. Suggestions for curricular change are made as needed. Discussion/actions are recorded in minutes.
<i>Employer perceptions of how well any alumni hired in last year met expectations in terms of skills and attributes.</i>	Employers complete Workforce and Employer Survey. PA analyzes results and summarizes findings.	PD reviews results and discusses with faculty during annual faculty retreat. Suggestions for curricular change are made as needed. Discussion/actions are recorded in minutes.
Service Goal: Promote public health and health equity through community service		
<i>Student engagement in extra-curricular activities in community or professional settings</i>	Faculty complete related questions in FAS administered annually in September. PA analyzes results and summarizes findings.	PD reviews results and discusses with faculty at the beginning of subsequent semester. Faculty decide on changes to improve student service opportunities as needed. Discussion/actions are recorded in minutes.
<i>Faculty engagement in extra-curricular activities in community or professional settings</i>	Faculty complete related questions in FAS administered annually in September. PA analyzes results and summarizes findings.	PD reviews survey summary and discusses with faculty in program meetings. Suggestions for improvement are recorded in minutes.
Research Goal: Generate knowledge and evidence to advance public health		
<i>Faculty generation of new knowledge that advances public health</i>	Faculty complete related questions in FAS administered annually in September. PA analyzes results and summarizes findings.	PD and AD review survey findings and discuss aggregated accomplishments with faculty in program meetings and annual retreat. Discussions/actions are recorded in minutes.
<i>Faculty dissemination of knowledge, evidence</i>	Faculty complete related questions in FAS administered annually in September. PA analyzes results and summarizes findings.	PD and AD review survey findings and discuss aggregated accomplishments with faculty in program meetings and annual retreat. Discussions/actions are recorded in minutes.
<i>Student engagement in faculty research</i>	Faculty complete related questions in FAS administered annually in September. PA analyzes results and summarizes findings.	PD and AD review survey findings and discuss aggregated accomplishments with faculty in program meetings and annual retreat. Discussions/actions are recorded in minutes.

2) Briefly describe how the chosen evaluation methods and measures track the program's progress in advancing the field of public health (including instruction, scholarship and service) and promoting student success.

We believe that the two foci, advancing the field of public health and promoting student success, are interconnected, and many of our strategies are aimed at achieving both. Monitoring measures are presented for each goal. We aim to use these measures as an ongoing feedback loop to improve our instruction, research/scholarship, and service. Promoting competent, skilled, and reflective graduates will contribute to an effective, capable public health workforce. Tracking faculty activities will help our program monitor direct contributions to advancing public health through dedicated research/scholarship, teaching, and service aimed at closing the gap in health disparities.

The MPH Program Evaluation Committee (PEC) worked to design the program evaluation plan and measures, with input from all faculty. The PEC also met with the Associate Dean for Pre-Licensure Programs and Accreditation and incorporated guidance from the SONHP Program Evaluation Committee, to assure alignment with school policies and priorities.

Student success is monitored during each course through rigorous assessments and reflective exercises to enhance student's humility and insight, which aligns with our Jesuit mission. Student perception of teaching effectiveness is recorded at the end of each course via university wide surveys (BLUEs). Students also reflect via journals on their own learning during their final year in the applied learning experience.

We survey graduating students at the end of the program via the Graduating Student Survey to assess their perceptions of academic and career advising, feelings of inclusivity, and the program's cultural climate. Furthermore, we have added questions to ask about their self-assessment of progress toward achieving competencies and how our program can be improved. In addition, approximately one-year post graduation, through our Alumni survey and focus groups or interviews, we collect alumni self-assessments of competencies as they apply in the workplace, as well as employment or continued education status. We also survey our partners in the community via the Workforce and Employer Survey (formerly called the Preceptor Survey) to ascertain workforce needs as well as their perception of our students' competencies. These data are analyzed by program staff, reviewed by program director, and reported back to faculty for discussion and action. We believe this provides a solid foundation for program improvement and student success.

The Faculty Activity Survey tracks faculty participation in university or other programs that enhance teaching, such as those offered via the Center for Teaching Excellence (CTE), Faculty Learning Communities (FLCs) and Educational Technology Services (ETS). Tracking such faculty activities is important, as the use of innovative pedagogy is a driver of student engagement and learning.

The Faculty Activity Survey also tracks faculty service activities. These are paramount to assure that faculty scholarship and teaching are grounded in the practice of public health. Faculty service also helps provide students with connections in the community to inspire a dedication to be agents of change. Monitoring these activities provides the program with information to further involve students and faculty; motivate others to become more involved; and remind faculty and students alike that service advances public health and is aligned with Jesuit principles.

The table below presents a full picture of data collection in the MPH program, with detailed information about each type of data collection available in [ERF B5-1](#).

Table B5-2) Data Collection Plan for the MPH Program				
Description	Content	Frequency	Data included in Self-Study & Response Rates (RR)	Sections in Self Study with Data from Survey
ERF Location Alumni Survey (AS-Quant) ERF B5-1)a	1 - Employment status, plan for more education 2 – Perceived achievement of competencies	Annually every August (next survey 2019); For those who do not respond, also check LinkedIn/ social media to obtain data	<ul style="list-style-type: none"> June 2018, surveyed Spring 2016- Summer 2017 grads (RR 29%; n = 24/82); Sep 2018, surveyed Fall 2017 grads (RR 5%; n = 1/19) 	Sections B, D
Alumni Focus Groups (AS-Qual) ERF B5-1)b	1 – Advising 2 – Class size 3 – Application of MPH Skills to Work	Annually every fall	<ul style="list-style-type: none"> November-December 2018 (n=2 FGDs, 3 IDIs) 	Sections B, H
Workforce & Employer Survey (WES) (formerly Preceptor Survey) ERF B5-1)c	1 – Competencies 2 – Future of Public Health 3 – Workforce Development	First one Nov 2018; Annually every January (next survey 2020)	<ul style="list-style-type: none"> November 2018 - (RR 16%; n = 26/158) 	Section F
Graduating Student Survey (GSS) (formerly Graduate Exit Survey) ERF B5-1)d	1- Employment status, plan for more education 2– Perceptions on class size, advising, teaching, climate, diversity, inclusion 3 – Perceived progress towards achieving competencies	Formerly 3 times / year in students' final semester before graduation; Future: 1 time/ year as part of ILEX course	<ul style="list-style-type: none"> May 2018 (RR 64%; n = 9/14); August 2018 (RR 63%; n = 29/46); December 2018 (RR 33%; n = 5/15) 	Sections G, H
Graduating Student Survey (GSS) Focus Groups ERF B5-1)d	1 – Curriculum 2 - Perceptions on teaching, advising, climate, diversity, inclusion 3 – Service and research	Annually every spring	NA (new)	
Faculty Activity Survey (FAS) ERF B5-1)e	1 – Service activities 2 – Educational development activities 3 – Research activities	Annually every September	NA (new)	Section E

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- 3) Provide evidence of implementation of the plan described in Template B5-1. Evidence may include reports or data summaries prepared for review, minutes of meetings at which results were discussed, etc. Evidence must document examination of progress and impact on both public health as a field and student success.
-

Evidence of the implementation of our evaluation plan described in B5-1 can be found in [ERF B5-1](#), where all survey instruments, data collection methods, implementation plan, and results to date are provided. [ERF B5-3](#) contains the following:

- Implementation Progress Summary Document which includes:
 - Summary of progress & impact on public health and student success
 - Inventory of data collection efforts including location of results in self-study and ERFs
- Other supportive documentation of data sources & results

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- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.
-

As a result of this self-study, we have made great strides in developing solid measures to evaluate and monitor activities that help us achieve our goals to promote student success and advance public health. We have created several new surveys and already have administered some more than once so we have an even clearer picture of where our programmatic needs are. Many improvements have occurred over the last few years to individual courses and curriculum patterns, and the changes have been methodical, based on student evaluations, observations of students' performance, and extensive discussions involving faculty, staff, students, program director, and deans. Appropriate steps have been followed to obtain MPH program and FASONHP curriculum committee approval for changes to curriculum, new course development, and revisions to existing course descriptions and objectives.

We have had gaps in tracking some of our original measures and only recently have we created refined measures and methods and re-established a dedicated MPH Program Evaluation Committee that began meeting twice a month in January 2019. Data collection strategies for some measures will begin this Fall 2019. Due to the concerted effort over the last year we have gathered important data that have generated valuable results, and that have already resulted in myriad programmatic improvements. We are confident that with our new systems in place, we will be able to fully measure and monitor our ongoing efforts to improve our MPH program ensuring student success and advancement of public health.

B6. Use of Evaluation Data

The program engages in regular, substantive review of all evaluation findings, as well as strategic discussions about the implications of evaluation findings.

The program implements an explicit process for translating evaluation findings into programmatic plans and changes and provides evidence of changes implemented based on evaluation findings.

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- 1) Provide two to four specific examples of programmatic changes undertaken in the last three years based on evaluation results. For each example, describe the specific evaluation finding and the groups or individuals responsible for determining the planned change, as well as identifying the change itself.
-

Example 1: Change in how capstone (integrated learning experience-ILEX) and fieldwork (applied practice experience-APEX) are prepared for, offered, and completed

- **Evaluation finding:**
 - Student course evaluation data suggested that the requirements for the APEX and ILEX courses were confusing, that the faculty responsible for grading them was unclear, and that the steps and paperwork for securing placements were daunting and also unclear. The following are a few quotes from course evaluations:
 - *We should have had one class at the beginning telling us what the difference between fieldwork and capstone classes are so we didn't have to keep emailing multiple people to get an answer.*
 - *It's confusing having 2 instructors for this process - it would make more sense to have everything in one class that met regularly*
 - Faculty had noted that some papers completed during the ILEX were not meeting standards for a graduate level, scholarly paper.
 - Some students were needing to spread their APEX over two semesters due to time constraints; at times there were only few students in one semester needing to complete ILEX or APEX.
 - Students had not secured field placements in appropriate time mainly due to not enough help securing placement and uncertain of the process.
- **Group/individual responsible for determining planned change**
 - Faculty discussed these concerns during program meetings and retreats, with agreement that multiple changes needed to occur.
 - Program director and former Associate Dean (AD) for Graduate Students participated in discussions and agreed that changes needed to occur. AD consulted with Dean on various issues and to request support.
 - The APEX & ILEX Task Force was formed to assess the problems with both ILEX and APEX and to recommend changes. The taskforce met informally in 2018, and then formally since January 2019 and comprises three faculty members, one of whom is the fieldwork coordinator. One student has participated in some of the meetings to give input from the student perspective.
- **Specific change & individuals responsible for identification of change**
 - The task force recommended the following re sequence and content of APEX & ILEX and full approval was acquired by MPH faculty & SONHP curriculum committee.
 - Separate the semesters that APEX and ILEX will be taught in order to 1) reduce confusion to students re the objectives of each course; and 2) to facilitate the needed time for ILEX to be focused on as a culminating, integrated experience in the student's final semester.
 - Allow students to complete APEX over 2 semesters; this resulted in APEX I and APEX II courses to be offered in Fall 2 and Spring 2 semesters of the program.
 - Add assignments to APEX I and APEX II courses to create a more comprehensive and reflective experience that aims to contribute to our program mission and goals as well as the student's personal career goals.

- Create an APEX Preparation Module that students complete over multiple semesters prior to starting their actual APEX. This online module will be housed in the MPH Program Online Modules Canvas portal and aims to orient students to the APEX process very early on (starting in Fall 1) including various preparatory steps such as reflecting on career and academic goals, updating CV, reviewing database with APEX site options, completing necessary forms, and ultimately securing APEX placement in the semester before APEX starts. We are excited to launch this with the Fall 2019 admits.
- The task force members created and updated numerous documents, which are further detailed in Section D5 and D7:
 - The ILEX Paper Guidelines describe a standard process for all faculty to use that results in a more consistently rigorous ILEX paper. This also aims to avoid confusion for the student. The guidelines set out the sections that students are required to complete as drafts throughout the semester to keep them on track and to assure that students receive timely feedback from the ILEX faculty.
 - Similar guidelines were also created for the ILEX PPT and Poster.
 - Rubrics were updated for all deliverables, including self-completed inventory of competencies acquired:
 - APEX Products Rubric and Competency Inventory
 - ILEX Paper Rubric and Competency Inventory
 - ILEX Oral Presentation Rubric
- The Dean hired a new Fieldwork Coordinator at 50% of workload who started November 2017, which has helped to smooth out the process for students to identify APEX placements. The Fieldwork Coordinator meets with students, often several times to discuss the process, and ascertain each student's focus, interests, and career goals to help match them with their fieldwork/APEX placement.
- The Fieldwork Coordinator along with the program director worked on updating the Fieldwork Handbook to provide clearer understanding of the steps and process to secure timely placement.
- The former program director proposed to AD a new workload for faculty teaching ILEX and APEX based on per student rather than student credits for the courses. AD approved and received Dean approval for faculty to receive .25 workload for each student for both ILEX and for APEX. This has eased scheduling and resulted in fewer students in each section.

Example 2. Overhaul of advising system

● Evaluation finding

- Results from Graduating Student Surveys & Alumni focus groups/interviews demonstrated low satisfaction with faculty advising.
- Faculty also observed that students sometimes registered for the wrong course given their concentration, fell out of the curriculum pattern sequence, and/or struggled with finding an applied practice experience placement in a timely fashion.
- Previously, the program director assumed advisor role for nearly all students which resulted in inadequate student advising.
- There was no system to assign advisors to students.

● Group/individual responsible for determining planned change

- Faculty, staff, program director, and AD had multiple discussions of student issues during program meetings.
- Faculty and staff agreed that students needed faculty advisors assigned to them upon entry to the MPH program, and the web-based Canvas MPH Student Portal needed updating and revision

● Specific change & individuals responsible for identification of change

- Program director along with staff created spreadsheets of current and new students and distributed them among all MPH faculty.
- Program director received approval from AD and Dean to assign some students to part-time faculty since full time faculty already were assigned a substantial number of advisees.

- Program director informed faculty advisors of the need to introduce themselves via email, have students complete a Course Planning Worksheet every semester to update their course progress, and meet with advisees a minimum of once a semester prior to registration for upcoming semesters, to assure proper course enrollment and progression. Faculty advisors also were recommended to initiate conversations about APEX and career goals to begin students' planning process as early as possible to promote success.
- Program director created a supplemental MPH faculty handbook to help faculty learn the role of advising and to act as a resource for administrative forms.
- Department Supervisor worked with program director to substantially revise MPH student portal, making sure all information needed by students throughout the MPH program duration is accessible and clear.

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

As stated above in B5, changes have been made to individual courses, curricula, processes and procedures in our MPH program over the last few years and in particular, the last year, based on student feedback via surveys, focus groups, interviews, course evaluations and observations, faculty discussions, and a deep shared commitment to our students' success and advancing public health. These changes have already resulted in measurable progress toward our goals. We have a united faculty who are dedicated to these improvements and methodically approaching the changes we make based on feedback from students, graduates, and community members. We are in the process of establishing a solid plan for ongoing program improvement based on our collection and analysis of data and aligned with our mission, vision, and values. The examples given in this section demonstrate our clear commitment to our stated goals.

Our MPH program evaluation plan identifies meaningful measures and data collection methods. We have established an MPH program evaluation committee that has met multiple times this year and has revised our overall evaluation plan and surveys. This committee is actively working on increasing survey response rates and improving all monitoring and evaluation efforts with clear and precise feedback loops. We have assigned the most appropriate people responsible for review, and proposed effective methods to disseminate findings and make the applicable changes. This will result in a more streamlined and well-documented process for making programmatic changes.

C1. Fiscal Resources

The program has financial resources adequate to fulfill its stated mission and goals. Financial support is adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees and ongoing operations.

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- 1) Describe the program's budget processes, including all sources of funding. This description addresses the following, as applicable:
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The MPH Program is set up as a cost center within the School. Tuition is collected and retained at the School level, along with indirect costs recovered from sponsored research.

The budget process for faculty line items is as follows. The University Provost allocates the SONHP annual budget in April. The budget allocation covers full-time MPH Program faculty positions (lines), and any new faculty lines approved during the academic year.

The budget process for the general operating budget (non-salary) is as follows. In early April, the SONHP Director of Operations issues a budget call to the MPH Program Director for general operating (non-salary) budget estimate for the next fiscal year (e.g., June 1 2019 to May 31, 2020). The Director of Operations provides the MPH Program with a spreadsheet with details of historical spending by line item for the previous 10 month period, and budget template. Programs are given three weeks to complete the budget, which includes expenses such as subscriptions and membership dues, event costs, travel, and contracted services. The Program Director meets with the Director of Operations to discuss and negotiate the final budget, which may be adjusted based on competing needs of other programs. The final budget is approved no later than May 31.

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- a) Briefly describe how the program pays for faculty salaries. If this varies by individual or appointment type, indicate this and provide examples. If faculty salaries are paid by an entity other than the program (such as a department or college), explain.
-

Both full-time and adjunct MPH Program faculty salaries and benefits are paid through school funds, which cover effort dedicated to teaching, administrative duties, service, and research. There is no expectation of contribution from sponsored research to support faculty salaries. A normal academic year expectation for a full-time faculty member is 60% (18 units) teaching, 20% (6 units) research, and 20% (6 units) service. Administrative responsibilities may substitute for teaching units (e.g., the Program Director receives work release from teaching for administrative duties).

Full time faculty are paid on a 10 month contract (August – May). If a faculty member is asked to teach in summer and has already met teaching expectations (units) for the academic year, the faculty member may be paid over-base using an average summer rate per unit of teaching. In AY19-20 this rate is \$2,275 per unit.

Adjunct faculty are paid on the basis of the instructor's academic credentials. Adjunct faculty with a Bachelor or Master degree is paid the rate of \$1,880 per workload unit. The pay rate for adjunct faculty who hold a doctorate degree or is in a doctoral program; or is an Emeritus is \$2,275 per workload unit. The rate of \$2,690 per workload unit is provided to a limited number of faculty per the Adjunct Collective Bargaining Agreement and is determined by the Provost (with counsel from the SONHP Associate Dean for Pre-Licensure Programs and Accreditation).

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- b) Briefly describe how the program requests and/or obtains additional faculty or staff (additional = not replacements for individuals who left). If multiple models are possible, indicate this and provide examples.
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The MPH Program Director submits a request for additional faculty to the Dean's Office with justification based on enrollment expectations, course schedule and teaching needs, and program strategy. If approved, the Dean's Office submits the request to the Provost's Office in November of the year preceding the June fiscal year start. Requests for additional staff are made in the first quarter of the calendar year preceding the June fiscal year start.

Additionally, when the SONHP proposes a new academic program, it will submit to the University a business plan that will include a five-year projection. That projection as approved by the University will anticipate and provide for additional faculty and staff depending on the needs of the new program.

When the MPH program began in 2011, there were three full-time MPH faculty. As student enrollment has increased and program needs for teaching, service and administration, and research opportunities have increased in parallel, faculty lines have been added. In the 2013-2014 academic year—the time of the initial USF self-study for CEPH accreditation, the USF MPH program had five full-time faculty on its roster. Currently, there are 11 full-time faculty for the 2018-2019 academic year. As part of the expansion to the OC Campus, we are hiring for one additional full-time faculty member for AY2019-2020.

c) Describe how the program funds the following:

- a. operational costs (programs define "operational" in their own contexts; definition must be included in response)
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Prior to Fiscal Year 2018-2019, the direct operational costs for the MPH program were included with the overhead costs allocated from the Dean's Office and marketing costs related to recruitment efforts. Starting in Fiscal Year 2018-2019, the operating costs for the MPH program were separately accounted and are made up of instructional supplies, computer supplies, membership (e.g., APHA, CEPH), accreditation, travel costs for faculty and staff, and event costs.

The operational costs from the Dean's Office include program support, student services, scheduling, fieldwork placement support, faculty oversight, School accounting & finances, School human resources, and School facilities management. The operational costs from the Dean's Office do not include services provided at the Campus level. These include registration, IT support, and certain functions within student services, accounting & finances, human resources, and facilities management.

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- b. student support, including scholarships, support for student conference travel, support for student activities, etc.
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MPH students are eligible for an aggregate allocation of \$98,000 in scholarships in fiscal year 2018-2019. In fiscal year 2019-2020, the available scholarship funds for MPH students will be \$242,700 of which \$142,700 are unrestricted and \$100,000 are restricted. Scholarship funds are allocated in June to new and continuing students based on statement of need, plans for working with underserved populations, and representation from an underserved group.

Students also may apply for professional development support up to \$300 annually (per student) to attend conferences. These funds are provided through the Population Health Sciences Student Association under the USF Graduate Student Assembly. Students have used this support to pay for conference registration, workshop fees, and to supplement travel costs to public health meetings.

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- c. faculty development expenses, including travel support. If this varies by individual or appointment type, indicate this and provide examples
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The School receives an annual allocation for Faculty Development Funds of approximately \$200,000 per year for full-time faculty and \$30,000 for part-time, adjunct faculty. These amounts are set out in the Collective Bargaining Agreement. There is no set amount earmarked for MPH faculty. Funds are available to both full- and part-time faculty to advance their teaching effectiveness, research, or scholarship. In the academic year 2017-2018, the majority of full-time MPH faculty received USF Faculty Development Funds. Faculty may make individual requests for funds to attend conferences or support research projects, up to three times per year. The FASONHP Faculty Development Fund committee makes the award decisions for full-time faculty, while the Dean decides on awards for adjunct faculty.

Other financial sources of support are available to faculty for further professional development in teaching, learning and scholarship. Examples include the Center for Instructional Technology (CTE), Educational Technology Services (ETS), and the Center for Research, Artistic and Scholarly Excellence (CRASE).

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- d. In general terms, describe how the program requests and/or obtains additional funds for operational costs, student support and faculty development expenses.
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The School may make requests for additional resources of operational costs through the Provost's Office prior to the beginning of the new fiscal year. The written request must include a specific amount (one-time) and justification. If continuing students encounter financial hardship during the academic year and need support to pay a portion of tuition, any remaining scholarship funds may be provided to them.

-
- e. Explain how tuition and fees paid by students are returned to the program. If the program receives a share rather than the full amount, explain, in general terms, how the share returned is determined. If the program's funding is allocated in a way that does not bear a relationship to tuition and fees generated, indicate this and explain.
-

The Provost's Office allocates budget to the School and program based upon the original 5-year pro-forma upon which the Provost's Office approved the initial program. Thereafter, the budget allocation is adjusted for more or less depending upon enrollment in the program. Additionally, the Provost's Office provides opportunities prior to the beginning of each fiscal year for the School to make special requests for additional faculty support and general operating funds. The Provost's Office will evaluate those requests based on demonstrated need of the program and balanced with other University needs and priorities. Depending on the nature of those requests, the additional funding may be for one year or multiple years.

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- f. Explain how indirect costs associated with grants and contracts are returned to the program and/or individual faculty members. If the program and its faculty do not receive funding through this mechanism, explain.
-

When a grant recovers at the Federally negotiated rate (60.1% of Salaries and wages), the School and Principal Investigator (PI) each receive 10% of the indirect costs recovered on the grant. If the sponsor does not allow full indirect costs to be charged, nothing is distributed to the School or PI.

- 2) A clearly formulated program budget statement in the format of Template C1-1, showing sources of all available funds and expenditures by major categories, for the last five years.

Table C1-1) MPH Program Budget					
Sources of Funds and Expenditures by Major Category, 2014 to 2019					
MPH and MSBH program	Year1 FY14-15	Year 2 FY15-16	Year 3 FY16-17	Year 4 FY17-18	Year 5 FY18-19
Source of Funds					
Tuition & Fees	\$1,640,944	\$2,524,880	\$3,917,832	\$4,471,010	\$4,615,310
Total	\$1,640,944	\$2,524,880	\$3,917,832	\$4,471,010	\$4,615,310
Expenditures					
Faculty Salaries & Benefits	\$795,973	\$918,418	\$1,120,136	\$1,293,522	\$1,194,334
Staff Salaries & Benefits	\$132,040	\$136,001	\$163,754	\$168,667	\$182,290
Operations	\$54,010	\$55,631	\$57,299	\$59,018	\$60,789
Student Support (Financial Aid)	\$15,386	\$57,250	\$47,018	\$51,145	\$98,030
University Tax	\$656,378	\$1,009,952	\$1,567,133	\$1,788,404	\$1,846,124
Other - School Overhead	\$216,045	\$244,211	\$295,062	\$334,666	\$316,231
Total	\$1,869,832	\$2,421,462	\$3,250,402	\$3,695,422	\$3,697,798

The financials run from fiscal year 2014-2015 through 2018-2019 and are based upon actual costs for faculty and staff expenditures for that period. The operational costs for 2018-2019 are based upon 2017-2018 actuals. The three prior years' operational costs were adjusted for inflation of 3%. Benefit costs were based upon 37.5% of base salary for full-time faculty and staff and 22% for part-time, adjunct faculty. The tuition and financial aid amounts were from the Campus report Net Tuition by Student College Detail. The School overhead allocation was based upon 22% of direct costs and covers Dean's Office and enrollment/admissions costs. The Campus "tax" is based upon 40% of tuition which is retained by Campus for Campus overhead costs. Note that historically the university and school did not keep separate budgets for the MSBH and MPH. However, in future years the MPH program budget will be presented independently.

- 3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The fiscal and physical resources made available to the school are sufficient to enable it to fulfill its mission and goals across all programs. The budget for the SONHP is sufficient to enable the school to successfully implement all its offerings including the MPH program. The MPH program needs to work to secure additional scholarship and funding opportunities from university resources and through additional teaching and research assistantships. In FY19, SONHP added a Manager of Fund Development to raise funds for scholarships and a building capital campaign. Also during FY19, SONHP successfully recruited a Senior Associate Dean who will start in Summer 2019 to allow the Dean to spend more time externally to raise additional School and program resources.

C2. Faculty Resources

The program has adequate faculty, including primary instructional faculty and non-primary instructional faculty, to fulfill its stated mission and goals. This support is adequate to sustain all core functions, including offering coursework and advising students. The stability of resources is a factor in evaluating resource adequacy.

Students' access to a range of intellectual perspectives and to breadth of thought in their chosen fields of study is an important component of quality, as is faculty access to colleagues with shared interests and expertise.

All identified faculty must have regular instructional responsibility in the area. Individuals who perform research in a given area but do not have some regular expectations for instruction cannot serve as one of the three to five listed members.

- 1) A table demonstrating the adequacy of the program's instructional faculty resources in the format of Template C2-1.

Table C2-1) Adequacy of the Program's Instructional Faculty						
	FIRST DEGREE LEVEL			SECOND DEGREE LEVEL	THIRD DEGREE LEVEL	ADDITIONAL FACULTY+
CONCENTRATION	PIF 1*	PIF 2*	FACULTY 3^	PIF 4*	PIF 5*	
COMMUNITY AND PUBLIC HEALTH PRACTICE	Marie-Claude Couture	Marcianna Nosek	Taryn Vian	N/A	N/A	PIF: 2, Non-PIF: 8
MPH	0.8	0.8	1			
HEALTH POLICY & LEADERSHIP	Courtney Keeler	Barbara Sattler	Richard Callahan	N/A	N/A	PIF: 0, Non-PIF: 5
MPH	1	1	0.5			
BEHAVIORAL HEALTH	Kelly L'Engle	Kelly McDermott	Dorothy Escobar	N/A	N/A	PIF: 0, Non-PIF: 3
MPH	1	1	1			
TOTALS:	Named PIF	9				
	Total PIF	11				
	Non-PIF	14				

-
- 2) Explain the method for calculating FTE for faculty in the templates and evidence of the calculation method's implementation. Programs must present calculation methods for primary instructional and non-primary instructional faculty.
-

USF faculty assignment responsibilities are governed by the USFFA CBA which defines full-time appointment as covering a nine-month academic year, during which the faculty member is responsible for 15 units of effort for each semester. For a full-time appointment, the faculty devotes 9-12 units per semester to teaching (60-80%), 0-3 units per semester to scholarship (0-20%), and 3 units per semester (20%) to service. (Tenured and tenure-track faculty are granted 3 units per semester for scholarship, while term faculty are not.) Faculty may be granted a reduced teaching load based on additional research and/or service responsibilities, in consultation with the Dean.

Summer teaching assignments are additional to the full-time contract. The MPH program is offered over a calendar year. As a result, faculty either allocate their effort over 12 months or receive additional compensation for work in the summer.

All but one Primary Instructional Faculty listed in Table C2-1 are full-time faculty who have at least 80% effort in the MPH program. There is one exception: Rich Callahan is 50% in the MPH program and 50% in the School of Management at USF. Faculty listed at 80% effort teach 1-4 units in another program within the SONHP or the University, with the remaining teaching units in the MPH program.

Primary Instructional Faculty aligned with each MPH concentration are qualified to provide instruction in their concentration area based on their training, research, service, or other experience in the concentration area. In addition, there are a number of full-time SONHP faculty who teach in the MPH program as well as adjunct faculty who bring their expertise to enrich the program. These non-Primary Instructional Faculty teach less than full-time and are qualified to provide instruction and advising in the concentration area.

-
- 3) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates.
-

The majority of full-time MPH faculty teach at least one core MPH course—thus teaching students across our three concentrations. Faculty alignment with concentrations, as show in Tables C2-1 and E1-1, is therefore determined based on faculty training and expertise along with the concentration courses they teach.

-
- 4) Data on the following for the most recent year in the format of Template C2-2. See Template C2-2 for additional definitions and parameters.
-

All MPH students are assigned a faculty advisor on enrollment into the MPH program, as described in Section H1, who provides guidance on course registration, program progress, and career development. While most MPH students are assigned a full-time faculty as their advisor, some students are assigned an adjunct (non-PIF) faculty for advising, as shown in Table C2-2)a below. To the extent possible, advisor assignments are made by matching students in each concentration to the faculty associated with their concentration. Additional career advising is offered by Career Services to all MPH students while they are a student at USF and in perpetuity upon graduation, as described in Section H2.

Table C2-2)a General advising & career counseling			
Degree level	Average	Min	Max
Master's -PIF	24	20	36
Master's -Non-PIF	24.5	24	25

The integrative learning experience (ILEX) takes the form of a culminating capstone paper and is accomplished while the student is enrolled in a required course (MPH 683), as described in Section D7. Faculty advise a small group of students for the ILEX to ensure they have sufficient time to provide guidance while students are in their final semester of the program and just prior to graduation. Furthermore, non-primary instructional faculty teach many of the ILEX (and APEX) course sections, as shown in Table C2-2)b, so that students benefit from the practice knowledge and perspectives brought by these health professionals who work in public health settings.

Table C2-2)b Advising in MPH integrative experience			
	Average	Min	Max
Master's -PIF	0	0	0
Masters -Non-PIF	6.5	1	10

Data for the calculation of Tables C2-2 are show in [ERF C2-2\)a](#).

5) Quantitative data on student perceptions of the following for the most recent year:

- a. Class size and its relation to quality of learning (eg, The class size was conducive to my learning)
-

The Graduating Student Survey ([ERF C2](#) [labeled [ERF B5-1\)d](#)]); previously referred to as Graduate Exit Survey) is administered to students upon graduation. Student perceptions of class size and availability of faculty were added to the survey beginning with August 2018 graduates. Data was collected and combined from 29 respondents (out of 46 graduates; 63% response rate) in August and an additional five respondents (out of 15 graduates; 33% response rate) in December. Students reported the following, with more than 92% agreeing that class size was conducive to learning during their time in the MPH program.

Table C2-5)a Student Perceptions of Class Size in 2018 (N=34)	
	Class size was conducive to learning
Strongly agree	23 (68%)
Somewhat agree	8 (24%)
Neither agree nor disagree	2 (6%)
Somewhat disagree	0
Strongly disagree	1 (3%)

-
- b. Availability of faculty (ie, Likert scale of 1-5, with 5 as very satisfied)
-

In the 2018 Graduating Student Survey ([ERF C2](#) [labeled [ERF B5-1\)d](#)]), the large majority (91%) of students also reported faculty were available for meeting during their time in the MPH program, as shown below.

Table C2-5)b Student Perceptions of Availability of Faculty in 2018 (N=34)	
	Faculty were available for meeting
Strongly agree	21 (62%)
Somewhat agree	10 (29%)
Neither agree nor disagree	0
Somewhat disagree	2 (6%)
Strongly disagree	1 (3%)

6) Qualitative data on student perceptions of class size and availability of faculty.

Qualitative data on student perceptions of class size and availability of faculty were gathered through two sources: open-ended comments provided in the Graduating Student Survey in August and December 2018 (ERF C2 [labeled ERF B5-1)d) and through alumni focus groups and one-on-one interviews conducted in November 2018 (ERF C2 [labeled ERF B5-1)b). Results showed that students appreciated the low ratio of students to professors and how they were able to develop strong relationships with faculty and course instructors. Alumni reported that small classes provided many opportunities for discussion and sharing of perspectives, along with the development of relationships with faculty, whether in-person or online. A variety of comments showed there was the feeling that most faculty were highly available to students for meeting in-person or via videoconference.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The program has sufficient faculty resources including primary and non-primary instructional faculty to fulfill the MPH program mission and goals. The large majority of core and concentration courses are taught by primary faculty in their areas of expertise, and most student advising is provided by primary faculty. Non-primary faculty provide additional depth and breadth of expertise, particularly in advising for the ILEX and APEX, which reflects their public health practice knowledge and experience. The composition of faculty who teach in the MPH program provides students access to a range of public health academic and practice perspectives as well as faculty colleagues with shared interests and expertise.

Data collected from MPH graduates reflect high satisfaction with class size, which is capped at 25 students; occasionally a class will allow a few additional students to enroll but in this situation a teaching assistant will be provided to the faculty. Students also report that MPH faculty are highly available to them for meeting. These data were reflected in quantitative and qualitative data collection with graduates and alumni.

We have noted that improvements are needed in advising, and the MPH faculty and staff have been working to address shortcomings in student advising over the past year. We have been improving advising in three major ways, which are further detailed in Section H1: assignment of a faculty advisor to every student on entry into the MPH program, including clear communication of the assignment to faculty advisors and students; increased time for MPH program orientation to review comprehensive information about the MPH program and including a dedicated session with advisors; and a major revision of the web-based Canvas MPH student portal to provide a single, comprehensive, and accessible resource for students.

Finally, in order to increase response rates on the Graduating Student Survey, we have included this survey as an assignment in the student's ILEX course which is in the last semester of the program. We trust that this will provide us with a hefty response rate.

C3. Staff and Other Personnel Resources

The program has staff and other personnel adequate to fulfill its stated mission and goals. The stability of resources is a factor in evaluating resource adequacy.

-
- 1) A table defining the number of the program's staff support for the year in which the site visit will take place by role or function in the format of Template C3-1. Designate any staff resources that are shared with other units outside the unit of accreditation.
-

Table C3-1) MPH Program Staff Support in 2019	
Role/function	FTE
Department Supervisor	1
Program Assistant	0.75
Faculty Assistant*	1
Program Administrator in Sacramento	0.25
Program Administrator in Orange County	0.25
Graduate Admissions*	2.5
Graduate Recruiting*	3.5
Academic Scheduling Coordinator*	1.0
Student Workers*	0.5
TOTAL*	10.75

**Shared with other units outside of MPH, the unit of accreditation*

-
- 2) Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel.
-

The School of Nursing and Health Professions employs a Health Professions Department Supervisor at 100% FTE and a Graduate Program Assistant at 70% FTE to support the MPH program. In addition, there is a Program Administrator at 25% FTE to support the MPH program in the USF Sacramento location, and in Orange County a Program Administrator at 25% FTE. MPH program support staff are available during office hours to serve as a liaison between students and faculty and ensure all program processes are functioning smoothly. This includes maintaining databases and reporting needs, providing clerical support, etc. The MPH staff attends all MPH department meetings and is responsible for coordinating program events and projects.

The MPH program shares a recruiting team and an admissions team with other SONHP programs. Course scheduling and student registration is handled by the Academic Scheduling Coordinator who works with the entire SONHP.

-
- 3) Provide narrative and/or data that support the assertion that the program's staff and other personnel support is sufficient or not sufficient.
-

Program staff and personnel are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected program outcomes.

-
- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.
-

Overall, the MPH program has sufficient staff and other personnel necessary to fulfill our mission and goals. Because staff are shared across the Health Professions Department and/or SONHP, during busy periods staff may be stretched to dedicate the necessary attention to MPH program needs; however, this happens only occasionally. For example, a few times each year there are recruiting opportunities that marketing is unable to attend due to their multiple commitments across the school, or student success or partnership stories that staff do not have resources to curate for MPH recruitment and marketing materials. In addition, data collection and program evaluation needs for the MPH program are sometimes delayed because Health Professions staff are accountable for multiple priorities.

C4. Physical Resources

The program has physical resources adequate to fulfill its stated mission and goals and to support instructional programs. Physical resources include faculty and staff office space, classroom space, student shared space and laboratories, as applicable.

-
- 1) Briefly describe, with data as applicable, the following. (Note: square footage is not required unless specifically relevant to the program's narrative.)
-

The University of San Francisco has a distributed campus model that includes the Hilltop campus, a 55-acre campus located near Golden Gate Park in the Western Addition neighborhood of San Francisco, four alternative locations (regional campuses) located in Sacramento, Santa Rosa, San Jose, and Pleasanton, a downtown San Francisco campus, and other dedicated program-specific spaces in San Francisco and Orange County.

All full-time faculty have designated office space, computers, and telephones to meet with students and colleagues; additional private faculty offices are expected to be made available to MPH faculty in Fall 2019. Long term plans include the development of an annex to Cowell Hall, SONHP's primary building. The SONHP conference room (Cowell 212) is used primarily for scheduled faculty, student, and administrative meetings and can accommodate approximately 40 people. The Dean's Conference room (Cowell 113) in the SONHP Administrative Suite is booked for faculty and staff meetings and can accommodate 10-12 participants. SONHP faculty and staff also have access, on a "space available" basis, to the conference rooms in University Center, and the auditorium and conference rooms at Lone Mountain and McLaren Center. There is an informal meeting area for students at the entrance to the Cowell Hall. All classrooms are equipped with the latest instructional technology. The campus has its own professionally staffed library and computer labs. Several computers with standard software, printers and scanners are available for research, classroom assignments, and online access to the excellent resources of USF's Gleeson Library. Wireless access is available from most points on campus.

Classrooms and Technology

Classroom space on the San Francisco-Hilltop Campus is allocated centrally, except for program specific laboratory space. Classroom size and predominant use dictates its configuration, but generally classrooms are equipped with "smart" technology that allows the faculty member to access the internet and project materials during class time. Smaller seminar rooms accommodate group discussions and breakout sessions.

An Active Learning classroom with a "student centric" design that supports project-based and collaborative learning is now available in Gleeson Library, and more classrooms are scheduled for this transformation in the future. The AV and the student furniture are all designed to support the learning goals for the Active Learning classroom. The student furniture is flexible seating with a capacity of up to 40 students. Around the perimeter of the room are 6 LCD displays for student workgroups. AppleTV technology is provided, and both students and faculty can connect wirelessly to any display in the room from iOS and MacOS devices. If desired, the presentation on the main AV system can be "pushed" to all the LCD displays if needed. Echo360 technology is available in this classroom as well as 23 additional classrooms on campus, helping to transform classroom lectures into online video content with ease. When students take notes within these videos, the notes easily link to a time within a presentation to provide students the needed context. When students review their notes, they can click on the related time-stamp and quickly jump to the video-context.

Sacramento Campus

USF's Sacramento Campus is located downtown near the state capitol. The campus has five classrooms plus a conference room, with space for up to 28 students in the room, and movable tables and chairs. Each classroom is equipped with a laptop, projector, DVD, wi-fi, and whiteboards, and there

is one copy machine on campus. In addition, there is a “Collaboration Zone” with Apple TVs, large tables for work spaces, portable white boards, and lounge-type seating for students. There are two shared office spaces available for faculty. Students have access to reduced rate parking with ID. Staff are on-site from 8am-5pm, and the building can be accessed from 7am-11pm during the week.

Orange County Campus

USF’s Orange County Campus features three recently renovated classrooms equipped with A/V equipment and wireless Internet, large ceiling-recessed screens, ceiling-mounted projectors, and Apple TV. The classroom architecture, equipment, and furniture are designed to facilitate student learning and accommodate diverse learning pedagogies. Students have access to a Learning Commons area with white boards, projection equipment, etc., as well as a student lounge, conference rooms, computers for student use on campus, and free parking. Students have access to the building from 7:30 a.m. to 9:00 p.m. A Senior Campus Administrator is available from 9 a.m. to 6 p.m.

2) Provide narrative and/or data that support the assertion that the physical space is sufficient or not sufficient.

Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. While space is adequate to meet current needs, the MPH program requires additional space as its student population grows and the program expands with additional concentrations and USF sites.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The SONHP is on track to outgrow its current facilities in San Francisco, given the trend in increasing enrollment, and space challenges are limiting to faculty and student success in a few ways. Several MPH faculty offices are in a separate building that is apart from the main SONHP and the majority of MPH faculty, staff, and school resources and classrooms. In addition, there is a shared office space for MPH faculty and staff that is not accessible to students, and this presents a barrier to students when meeting for faculty office hours or needing support from staff. Classroom space is in high demand, and as result the occasional MPH class may be scheduled until 10:15pm, which presents a challenge to optimal learning and safety concerns for students and faculty. Furthermore, while the university is aiming to upgrade all classrooms, there remain a number of classrooms for MPH students that do not have flexible desks and only a single chalkboard, which limits active learning that is the norm in all MPH courses.

The university/school is working to obtain more space by Fall 2019 by securing a suite of offices on the 4th floor of Cowell Hall, which houses nearly all San Francisco based faculty offices of the School of Nursing and Health Professions. Additionally, there are early conversations about a possible Capital Campaign to construct a new wing of the current Cowell Hall.

C5. Information and Technology Resources

The program has information and technology resources adequate to fulfill its stated mission and goals and to support instructional programs. Information and technology resources include library resources, student access to hardware and software (including access to specific software or other technology required for instructional programs), faculty access to hardware and software (including access to specific software required for the instructional programs offered) and technical assistance for students and faculty.

1) Briefly describe, with data if applicable, the following:

Gleeson/ Geschke Library

Students and faculty have access to the university libraries, which contain print and electronic books, journals, multiple databases, interlibrary loan, as well as a collection of scholarly videos. A USF librarian is dedicated to working with students in the SONHP. The librarian provides workshops on a regular basis to MPH students that teach how to use the USF Gleeson library database to search for scholarly materials and to find data from USF and other sources. The dedicated librarian also has created excellent online resources that explain how to conduct database searches, particularly related to public and behavioral health; these resources are easily accessible to all MPH students via the MPH Canvas student portal. A library workshop is provided during fall orientation.

Gleeson/ Geschke Library services include the following:

- Ask A Librarian – 24/7 Instant Message provides real-time chat to assist students with more complex research questions.
- Borrowing & Renewing
- Course Reserves - provide USF students convenient access to print, electronic, and other types of course materials selected by faculty to supplement the classroom experience. Electronic Reserves are accessed from the course Reserves page.
- Digital Publishing Services - Support electronic submissions through the USF Scholarship Repository. Help departments/programs not currently submitting theses/dissertations/projects to the library set up electronic submission to the USF Scholarship Repository.
- Document Delivery - a library service for USF students, faculty, and staff providing electronic delivery of a wide variety of Gleeson Library materials. In addition, USF students, faculty, and staff with classes Off-Campus (either online or outside the main campus) can also have circulating books and media delivered to them
- Instruction - Librarians are available to meet with faculty, staff, and students one-on-one to assist with your research needs.
- Interlibrary Loan - is based on a general agreement among participating libraries to make certain materials—books, dissertations, journal articles—available to other member libraries upon request.
- Library Liaisons - this program pairs librarians with specific academic programs to better support faculty teaching and research, and to enhance the library's instruction and collection development programs.
- Online & Distance Services – for faculty and students to use especially with the Ask A Librarian and Databases to find books and articles.

To access our USF library to read more, click on this link: <https://www.usfca.edu/library>

Information Technology Services (ITS)

The USF Information Technology Services division provides infrastructure and services in support of our community's teaching, learning, research, and service activities. They are available via phone, and provide 24-hour access to a helpdesk. Student USF Connect accounts, including access to email, are created automatically at the time of admission and login information is sent via USPS and personal

email. Access to auxiliary services, including Canvas learning management system (LMS), and the USF network, is added upon receipt of an admission deposit or space reservation.

All MPH courses are run using the Canvas LMS. Faculty use Canvas to communicate course information and the web-based Canvas Student Portals facilitate common access to all school information for students and faculty. SONHP has a dedicated distance education and Canvas LMS expert, who is frequently consulted and responsive to faculty and student needs. The university's Educational Technology Services (ETS) has a team of instructional designers with video and other technology expertise available to work with faculty on course design (described more fully in Section E). Zoom videoconferencing is another technology supported by ITS and heavily utilized by MPH faculty and students.

ITS provides the option for students to purchase spreadsheet and statistical software at a heavily discounted price (e.g., Microsoft Office and SPSS, discounted 70-90%) and certain software options are free (e.g., R).

MyUSF is a central electronic resource where members of the USF community can access all of the web-based information and services they need. Using a single username and password, students, faculty, and staff can get and send e-mail, keep a personal calendar, access administrative services, access and deliver online course materials, and form dynamic group sites around common interests. **MyUSF:** <https://myusf.usfca.edu/>.

Students have access to eight computer labs on the USF campus and are given a wide variety of opportunities to learn about and use computers. The computer labs throughout the campus provide students' access to both Macintosh and Windows computers. These computers allow students to use a variety of software applications including word processing, database and spreadsheet programs from a number of major software publishers. The computer labs are also part of a University-wide network for which connections are available in every residence hall room.

Full-time faculty are provided a new laptop or desktop every three years. Part-time faculty can access loaner laptops for their USF teaching needs.

To access more information on ITS services, click on this link: <http://www.usfca.edu/its/>

2) Provide narrative and/or data that support the assertion that information and technology resources are sufficient or not sufficient.

Information and technology resources are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected program outcomes.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Information Technology and Library resources at USF are sufficient and serve the needs of faculty and students. There are a variety of resources and experts dedicated to working with MPH faculty and to providing support for students.

We have strong digital resources for students in our MPH online courses and our on-ground program who commute to campus from around the Bay Area. We have looked for ways to make class attendance and student advising easier on everyone. In our student-centric model, advising sessions are rarely during the "normal" workday and faculty are often required to connect with students on evenings or weekends. SONHP was an early adopter of Zoom for video advising sessions. Often, MPH faculty use Zoom to work with students between in-person class meetings and during online courses,

and this has proven to be both efficient and effective. Frequently, we set up cameras in the classroom so that students who are ill or traveling can hear lectures and participate in class activities in real time. Students also use Zoom for group projects; this tool combined with Google docs has enabled students to complete work that would otherwise be impossible given other logistical challenges.

There are some software tools that are not free to faculty or students, such as NVivo and other data analysis tools. The cost issue has been raised by students, and has presented occasional challenges in completing research and involving students in data analysis. Faculty Development Funds may be requested to support software purchases related to research, and this is a viable option for many MPH faculty. For student access in courses, we use free trial versions of software, and may explore the cost of purchasing institutional educational licenses (e.g., Stata) or alternative open source software (e.g. R).

D1. MPH & DrPH Foundational Public Health Knowledge

The program ensures that all MPH and DrPH graduates are grounded in foundational public health knowledge.

The program validates MPH and DrPH students' foundational public health knowledge through appropriate methods.

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- 1) Provide a matrix, in the format of Template D1-1, that indicates how all MPH and DrPH students are grounded in each of the defined foundational public health learning objectives (1-12). The matrix must identify all options for MPH and DrPH students used by the program.
-

Table D1-1) Assessment of Foundational Knowledge for MPH	
	Course number(s) and name(s)*
Profession & Science of Public Health	
1. Explain public health history, philosophy and values	MPH Program Online Module: Public Health History, Philosophy and Values
2. Identify the core functions of public health and the 10 Essential Services	MPH Program Online Module: Public Health Definitions, Core Functions, and Essential Services
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	MPH 621 Epidemiology (quantitative); MPH 636 Program Planning, Management and Evaluation (quantitative & qualitative)
4. List major causes and trends of morbidity and mortality in the US or other community relevant to school or program	MPH 621 Epidemiology
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	MPH 621 Epidemiology
6. Explain the critical importance of evidence in advancing public health knowledge	MPH 621 Epidemiology
Factors Related to Human Health	
7. Explain effects of environmental factors on a population's health	MPH Program Online Module: Environmental Health
8. Explain biological and genetic factors that affect a population's health	MPH 621 Epidemiology
9. Explain behavioral and psychological factors that affect a population's health	MPH 622 Communicating for Healthy Behavior & Social Change
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	MPH 635 Health Policy & Ethics
11. Explain how globalization affects global burdens of disease	MPH 609 Global Perspectives in Public Health
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health)	MPH 621 Epidemiology

-
- 2) Document the methods described above. This documentation must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable.
-

All students meet the requirement for foundational public health knowledge through the above courses and modules listed in D1-1. The foundational knowledge objectives have historically been covered within the MPH courses, and in particular our previous Introduction to Public Health course. However, starting with Fall 2019 admits we have eliminated this course, and instead cover most of the foundational knowledge objectives in our revised core MPH courses except for three objectives which will be covered in our new MPH Program Online Modules. The new online modules cover: #1 Public Health History, Philosophy, and Values; #2 Core Functions of Public Health and the 10 Essential Services; and #7 Effects of Environmental Factors on a Population's Health. The modules will be housed in our online learning platform Canvas, and will be self-paced and self-directed. They will be available for students to begin as soon as they are enrolled into the program and will be due by the 8th week of the Fall 1 semester.

ERF D1-2)a details the assessments specified for each of the 12 foundational public health learning objectives. ERF D1-2)b contains descriptions and objectives for the courses and modules that address the foundational knowledge learning objectives. ERF D1-2)c contains all of the course syllabi that cover foundational knowledge, and ERF D1-2)d contains brief descriptions of the three online modules that cover foundational knowledge objectives #1, #2, and #7.

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- 3) If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.
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Since the inception of our MPH program we have covered the foundational public health knowledge objectives through our MPH graduate level courses. However, upon close examination during this self-study, we noted a few gaps in some of the objectives that had been covered in less depth. For example, the connections between human health and animal health are generally addressed in our Epidemiology course during the lecture and discussion of Zoonosis but we were not addressing One Health specifically. Since Spring of 2019, we started discussing this topic in more depth with a full assignment dedicated to the topic in our core MPH Epidemiology course. The effects of globalization on global burden of disease also was touched upon in our Epidemiology course; however, with our new curriculum starting in Fall 2019, we have included a new course, titled *MPH 609 Global Perspectives on Public Health* which has a specific course objective dedicated to the effects of globalization on health (foundational knowledge # 11).

The new online modules that introduce topics such as history and essentials of public health and environmental effects on health, build students' foundational knowledge as they begin the MPH program. This is especially important given that the sequencing of courses is somewhat different for each concentration and thus the online modules assure that students will be equally prepared. We will continue to monitor and evaluate the impact of these changes on the learning experiences outcomes of our students; however, we do anticipate positive outcomes.

D2. MPH Foundational Competencies

The program documents at least one specific, required assessment activity (e.g., component of existing course, paper, presentation, test) for each competency, during which faculty or other qualified individuals (e.g., preceptors) validate the student’s ability to perform the competency.

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the program must assess *all* MPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc. This requirement also applies to students completing an MPH in combination with another degree (e.g., joint, dual, concurrent degrees). For combined degree students, assessment may take place in either degree program.

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1. List the coursework and other learning experiences required for the program’s MPH degrees, including the required curriculum for each concentration and combined degree option. Information may be provided in the format of Template D2-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each MPH degree.
-

The MPH program meets all 22 CEPH foundational competencies through six core courses that all MPH students are required to complete, plus one course on leadership that varies based on concentration. All MPH students also take a series of courses that accompany the applied practice and integrated learning experiences. Finally, between four to six concentration courses are required for each concentration; the Community and Public Health Practice concentration has two electives that students also complete.

Core Courses taken by All MPH Students

1. Global Perspectives on Public Health
2. Biostatistics
3. Epidemiology
4. Health Policy and Ethics
5. Program Planning, Management, and Evaluation
6. Communicating for Healthy Behavior and Social Change

Leadership Course

1. **CPHP, BH Concentrations:** Leadership and Collaboration
2. **HPL Concentration:** Public Health Leadership and Administration

Applied Practice and Integrated Learning Experience Courses

1. Applied Practice Experience (APEX) I
2. Applied Practice Experience (APEX) II
3. Integrated Learning Experience (ILEX)

The full curriculum pattern for each MPH concentration—Community and Public Health Practice, Health Policy Leadership, and Behavioral Health—is shown in Tables D2-1)a-c, below.

Table D2-1)a MPH-Community and Public Health Practice concentration		
Credits	Course #	Course Name
Meeting Core Competencies		
3	MPH 609	Global Perspectives on Public Health
4	MPH 612	Biostatistics
4	MPH 621	Epidemiology

4	MPH 635	Health Policy and Ethics
4	MPH 636	Program Planning, Management, and Evaluation
4	MPH 622	Communicating for Healthy Behavior and Social Change
3	MPH 640	Leadership & Collaboration
Concentration Courses		
2	MPH 648	Project Management in Healthcare
4	MPH 632	Environmental and Occupational Health
3	MPH 663	Research Methods in Public Health
2	MPH 633	Community Based Participatory Research and Practice
2		Elective 1
2		Elective 2
APEX and ILEX		
1	MPH 681	Applied Practice Experience I
1	MPH 682	Applied Practice Experience II
2	MPH 683	Integrated Learning Experience
45		TOTAL CREDITS REQUIRED

Table D2-1)b MPH-Health Policy Leadership concentration		
Credits	Course #	Course Name
Meeting Core Competencies		
3	MPH 609	Global Perspectives on Public Health
4	MPH 612	Biostatistics
4	MPH 621	Epidemiology
4	MPH 635	Health Policy and Ethics
4	MPH 636	Program Planning, Management, and Evaluation
3	MPH 622	Communicating for Healthy Behavior and Social Change
4	MPH 631	Public Health Leadership and Administration
Concentration Courses		
3	MPH 638	Public Health Strategic Planning and Implementation
3	MPH 632	Environmental and Occupational Health
3	MPH 667	Health Economics for Policy Applications
3	MPH 668	Political and Policy Analysis
APEX and ILEX		
1	MPH 681	Applied Practice Experience I
1	MPH 682	Applied Practice Experience II
2	MPH 683	Integrated Learning Experience
42		TOTAL CREDITS REQUIRED

Table D2-1)c MPH-Behavioral Health concentration		
Credits	Course #	Course Name
Meeting Core Competencies		
3	MPH 609	Global Perspectives on Public Health
4	MPH 612	Biostatistics
4	MPH 621	Epidemiology
4	MPH 635	Health Policy and Ethics
4	MPH 636	Program Planning, Management, and Evaluation
4	MPH 622	Communicating for Healthy Behavior and Social Change
3	MPH 640	Leadership & Collaboration
Concentration Courses		
2	MPH 670	Health Education and Promotion Planning
2	MPH 671	Health Education and Promotion Lab
2	MPH 672	Professionalism in Health Education and Promotion
3	MPH 674	Chronic Conditions
3	BH 603	Applied Research Methods
3	PsyD728	Integrated Behavioral Health in Primary Care
APEX and ILEX		
1	MPH 681	Applied Practice Experience I
1	MPH 682	Applied Practice Experience II
2	MPH 683	Integrated Learning Experience
45		TOTAL CREDITS REQUIRED

2. Provide a matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies. If the program addresses all of the listed foundational competencies in a single, common core curriculum, the program need only present a single matrix. If combined degree students do not complete the same core curriculum as students in the standalone MPH program, the program must present a separate matrix for each combined degree. If the program relies on concentration-specific courses to assess some of the foundational competencies listed above, the program must present a separate matrix for each concentration.

Table D2-2) Assessment of Foundational Competencies for MPH Program		
Competency	Course number(s) and name(s)	Describe specific assessment opportunity
Evidence-based Approaches to Public Health		

1. Apply epidemiological methods to the breadth of settings and situations in public health practice	MPH 621 Epidemiology	Final Exam (covers: disease frequency, descriptive epi, study design (case control, cohort, experimental), error, bias, confounding, causation, screening).
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	MPH 636 Public Health Program Planning, Management and Evaluation	Section 3 of G4G Proposal: Develop Formative, Process, and Outcome Evaluation Plans including quantitative and qualitative data collection methods.
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	Quant: MPH 612 Biostatistics in Public Health; Qual: MPH 636 Public Health Program Planning, Management and Evaluation	Quant: Section *LC: Homework # 3: Hand calculation problems from the book and Stata problems using programming to assess binomial probabilities. Section *KM: Use Stata to conduct descriptive and inferential statistics on quantitative data set. Qual: Section 1 of G4G Proposal: Analyze interviews with community members or experts using excel to document themes related to community assets and community challenges.
4. Interpret results of data analysis for public health research, policy or practice	MPH 621 Epidemiology	Section *EG: Practical Assignment #2: Analysis of data from the SEER registry and other data analysis methods to interpret results to determine if there is an association between an exposure and an outcome.
		Section *MC: Journal Club on cohort studies: interpret and critique results from peer-reviewed articles that use a cohort study design.
Public Health & Health Care Systems		
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	MPH 609 Global Perspectives on Public Health	Discussion Post: Case study on universal health coverage comparing the basic package of health services in Vietnam and Ukraine. Discuss expansion to cover additional services, comparing how stakeholders in the two countries will evaluate the decision given health benefit maximization, priority for the worst off, and financial risk protection.
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	MPH 609 Global Perspectives on Public Health	Discussion Post on disparities in obstetric and newborn health outcomes for African American mothers and babies. Describe how to begin to identify and develop partnerships, strategies, and initiatives to address these disparities through a collective impact project by applying the five principles of Kania and Kramer's collective impact model to this topic within the local community.
Planning and Management to Promote Health		

7. Assess population needs, assets and capacities that affect communities' health	MPH 636 Public Health Program Planning, Management and Evaluation	Section 1 of G4G Proposal (Community Analysis assignment): Conduct community analysis based on primary and secondary data: Identify and report highlights from secondary data sources relevant to health issue; select and apply appropriate primary data collection methods such as key informant interviews, windshield tour, etc.; create community assessment map.
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	MPH 636 Public Health Program Planning, Management and Evaluation	Section 2 of G4G Proposal: Identify and specify how your team will culturally adapt an evidence-based intervention to address a community health issue in a priority population.
9. Design a population-based policy, program, project or intervention	MPH 635 Health Policy & Ethics	Final Policy Fact Sheet on topic selected by student. This policy fact sheet develops and advocates for a policy that addresses a current public health issue using evidence from the literature and an understanding of where this policy fits within the legislative environment.
10. Explain basic principles and tools of budget and resource management	MPH 636 Public Health Program Planning, Management and Evaluation	Section 2 of G4G Proposal: Develop excel budget and write budget narrative for grant proposal, including three years of funding with 5% increase over previous year and detailing direct and indirect costs.
11. Select methods to evaluate public health programs	MPH 636 Public Health Program Planning, Management and Evaluation	Section 3 of G4G Proposal: Develop Outcome Evaluation Plan including selection of study design, population and sampling approach, data collection methods, and measures.
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	MPH 635 Health Policy & Ethics	Discussion post # 4 (trade off between rights and responsibilities), which allows students to contemplate the role of policy makers from the ethical juxtaposition of whether the government amplifies rights of a population or the social responsibilities of a population. Students discuss policy-making within this ethical framework and apply this to policy areas discussed in class using the evidence presented along with the ethical framework related to rights/responsibilities being amplified in these policies.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	MPH 640 Leadership & Collaboration	Stakeholder Analysis for group project topic. Students conduct an in-depth analysis on stakeholder type, interests, power level, power type, and strategic approaches towards a health policy or initiative. Results are summarized in a written report and a power versus interest grid.

	MPH 631 Public Health Leadership and Administration	County Strategic Planning Process Analysis. Analyze practices and effective mechanisms that LA county used to engage diverse communities in stakeholder analysis. Work in small groups in class and prepare a five-minute report-out to whole class. Compare and contrast findings between small groups. End with a class debriefing on three questions: surprises, future applications and learnings.
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	MPH 635 Health Policy & Ethics	Final Policy Advocacy Pitch (on their chosen policy issue). Students record a video presenting their advocacy pitch on a particular policy to a specific targeted decision maker/policy maker. They use evidence and stories to explain how their specific policy will address a public health issue in a particular population.
15. Evaluate policies for their impact on public health and health equity	MPH 635 Health Policy & Ethics	Policy Analysis: Use the Eightfold Path for analysis of a chosen policy, by defining a problem, explaining goals, examining arguments, and analyzing implementation; then use set criteria to assess whether the policy will be successful.
Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	MPH 640 Leadership & Collaboration	Case Study Analysis. Students will read a case study on a coordinated cross-sectoral response to a public health issue. In a written assignment, students will assess agenda setting, vision, decision-making, action plan, and collaborative strategies.
	MPH 631 Public Health Leadership and Administration	Paper analyzing issues of leadership in an actual public health department, division, or public sector public health program. Paper is informed by prior written assignments on best practices for leadership, public health governance, management, decision making, working in collaboration, and addressing community needs. Also includes discussion on health leader's management and leadership in addressing community public health needs.
17. Apply negotiation and mediation skills to address organizational or community challenges	MPH 640 Leadership & Collaboration	Negotiation Simulation Activity. Students are assigned instructions on a public health scenario, roles, readings, and preparation questions before class. In class, students are paired up and negotiate how funding will be allocated to different programs. Following the activity, there is a full group debrief, and each student writes an individual summary reflection on their experience and the skills they applied.

	MPH 631 Public Health Leadership and Administration	Negotiation Simulation Activity. Students are assigned different sides in a case study on mental health funding for a community clinic. Students then read Getting to Yes and discuss negotiation strategies in their case study. Following the activity, there is a full group debrief and students write an individual reflection on the negotiation experience.
Communication		
18. Select communication strategies for different audiences and sectors	MPH 622 Communicating for Healthy Behavior and Social Change	Section *KL: Communication Plan for Social Marketing Campaign: Based on in-depth audience analysis for social marketing campaign, select and describe communication channels and partners, and develop materials for primary and secondary audiences.
		Section *MN: Module 4, Assignment #2; Students have a choice to either a) create a preliminary draft of an infographic or b) a brief description of a text novel, telenovela, or play , etc. to deliver a message to the target population chosen for their social marketing proposal. Students also consider the channel that would best reach the target population
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	MPH 622 Communicating for Healthy Behavior and Social Change	Section *KL: Written Creative Strategy Statement for a social marketing campaign, and give slide presentation on campaign and class vote on Best Audience, Best Change Agent, Best Messaging, etc. following presentation.
		Section *MN: Social Marketing Proposal/One Page Article Critique & PPT Presentation: Students write a group social marketing proposal & each individual writes a one-page article critique. Proposal includes description of their target population for whom the social marketing campaign will be tailored. Oral: Students present a PPT in groups on an article that addressed the topic of their social marketing campaign and applied the social/behavioral theory covered that week.
20. Describe the importance of cultural competence in communicating public health content	MPH 622 Communicating for Healthy Behavior and Social Change	Section *KL: Week 11, Lecture on Health Messaging , followed by activity on writing health messages to be culturally competent and use plain language. Students then write a discussion post on this activity and critique messages on language, cultural competence and relevance, tone, and actionability.

		Section *MN: Module 2, Assignment #2: Create a fact sheet applying constructs of HBM, TRA/TPB or TTM as well as incorporating health literacy and/or cultural issues to address a health issue within a specific population.
21. Perform effectively on interprofessional teams	MPH 681: Applied Practice Experience 1	Case Study: "Oral Rapid HIV Testing in University Based Dental Clinics in Metro New York City" based on a research study led by an interprofessional team of dentists, dental hygienist, HIV clinicians and public health scientists and educators. Students answer questions regarding case study in discussion post.
Systems Thinking		
22. Apply systems thinking tools to a public health issue	MPH 640 Leadership & Collaboration	Quiz questions on systems thinking concepts , including complex adaptive systems, inputs, outputs, processes, environmental influences, and feedback loops.
	MPH 631 Public Health Leadership and Administration	Reading of & Discussion on Systems Thinking from Peter Senge. In small group analyze and present a map of the systems concepts applied to Los Angeles County Department of Public Health cases. Also, in the individual presentation in the final two class sessions, students are expected to apply systems thinking to analyze an actual public sector, public health program.

***Footnote** on Description of Specific Assessment Opportunity: Different faculty may have different assessment opportunities for a single competency. For example in Competency #4, Section EG (Erin Grinshteyn) uses a practical assignment while Section MC (Marie-Claude Couture) uses a journal club for students to demonstrate mastery of the competency.

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3. Include the most recent syllabus from each course listed in Template D2-1, or written guidelines, such as a handbook, for any required elements listed in Template D2-1 that do not have a syllabus.
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Course syllabi for the courses listed in Template D2-2 are located in [ERF D2-3\)a](#).

Assessments for each of the foundational competencies listed in Template D2-2 are located in [ERF D2-3\)b](#) by competency number.

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4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.
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All MPH students meet the foundational competencies through completing six core MPH courses: Global Perspectives on Public Health; Biostatistics; Epidemiology; Health Policy and Ethics; Program Planning, Management, and Evaluation; and Communicating for Healthy Behavior and Social Change. Students also complete one course in leadership depending on their concentration: either Leadership and Collaboration (CPHP and BH concentrations) or Public Health Leadership and Administration (HPL concentration). These seven courses with the addition of one course for the Applied Practice Experience fully meet the 22 foundational competencies.

The core courses were originally designed to meet pre-2016 CEPH competencies and have been updated to fully and intentionally meet the revised CEPH competencies, as follows. (Please note that the syllabi for the original MPH courses are provided in [ERF D2-4](#) for reference).

Table D2-4) Course Revisions to Meet CEPH Competencies	
Original Course(s)	Course Transition/Revision
<i>MPH 611 Introduction to Public Health</i>	<i>NEW Course: MPH 609 Global Perspectives on Public Health</i> – increased focus on public health in international settings (competency #5), social influences on health equity (competency #6), and globalization (foundational knowledge #11).
<i>MPH 612 Biostatistics</i>	--
<i>MPH 621 Epidemiology</i>	--
<i>MPH 635 Health Policy</i>	Additional policy analysis assignment focused on health equity (competency #15).
<i>MPH 636 Program Planning, Management, and Evaluation</i>	Additional analysis of qualitative data (competency #3).
<i>MPH 622 Communicating for Healthy Behavior and Social Change</i>	--
<i>MPH 631 Public Health Leadership & Administration</i>	<i>Revised for HPL Concentration; Replaced with NEW Course: MPH 640 Leadership & Collaboration for CPHP and BH Concentrations</i> —increased focus on stakeholders and partnership (competency #13), leadership development (competency #16), negotiation and mediation (competency #17), and systems thinking (competency #22).
<i>MPH 641 Fieldwork</i>	<i>NEW Course: MPH 681 Applied Practice Experience (APEX) I</i> —addresses interprofessionalism (competency #21).

Starting in Fall 2019, new MPH students will take *MPH 609 Global Perspectives on Public Health*. This new course is designed to explicitly address one area of foundational public health knowledge and two foundational competencies, and it is a partial replacement for Introduction to Public Health which will no longer be offered. The new course will provide an in-depth focus on issues of globalization and public health in international settings, as well as support students to develop strong writing skills—both of these areas were identified by students, alumni, faculty, and the public health workforce as meriting increased attention in the MPH curriculum.

These courses provide a strong foundation in the core concepts, methods, and practice of public health, while preparing students to pursue additional expertise in specialized concentration areas.

While most of the competencies are assessed through individual assignments, several are met via group projects. In this case, three sources are used to assess the individual students in group projects, with faculty assigning the final grade in consideration of these assessments: 1) the team grade on the project, 2) each student's self-evaluation of contributions and skills gained during the team project, and 3) team members' peer evaluation of contributions and skills gained by the individual student. The Team Score sheets used for self- and peer-evaluations for the corresponding course are provided in [ERF D2-3\)b](#).

D3. DrPH Foundational Competencies

Not Applicable

D4. MPH & DrPH Concentration Competencies

The program defines at least five distinct competencies for each concentration or generalist degree at each degree level in addition to those listed in Criterion D2 or D3.

The program documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each defined competency, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the competency.

If the program intends to prepare students for a specific credential (eg, CHES/MCHES) that has defined competencies, the program documents coverage and assessment of those competencies throughout the curriculum.

- 1) Provide a matrix, in the format of Template D4-1, that lists at least five competencies in addition to those defined in Criterion D2 or D3 for each MPH or DrPH concentration or generalist degree, including combined degree options, and indicates at least one assessment activity for each of the listed competencies. Typically, the program will present a separate matrix for each concentration.

Table D4-1)a Assessment of Competencies for MPH Community and Public Health Practice Concentration		
Competency	Course number(s) and name(s)	Specific assignment(s) that allow assessment
1. Evaluate the uses of different asset identification methods in helping communities address public health and environmental issues.	MPH 633 Community-based Participatory Research and Practice	Skill-building assignment: Complete a walking tour, photo voice project, and community asset map of a chosen location.
2. Analyze how issues of power, race and ethnicity, sex and gender identify, and socioeconomic factors affect the development, implementation, and evaluation of community-based projects.	MPH 633 Community-based Participatory Research and Practice	Critical Thinking: Review the readings on White privilege, microaggressions, and alternative epidemiology. Prepare thoughtful responses to the discussion questions (300-500 words). Respond to at least two of your classmates' contributions.
3. Develop a research project proposal using mixed methods to address a public health problem	MPH 653 Applied Research Methods	Final research proposal with sections on problem statement, research question and hypotheses, measures, study design, population and sampling, informed consent, statistical analysis plan, and results mock-up.
4. Apply project management strategies to improve the quality of programs and services in public health settings	MPH 648 Project Management in HealthCare	Create a health quality improvement project plan using a project narrative approach to detail the project life cycle, including stakeholder analysis, making the business case, budgeting, implementing, and close-out and handover.
5. Identify environmental health risks in vulnerable communities and examine strategies to reduce exposures	MPH 632 Environmental and Occupational Health	Students identify their own personal risks of exposures to potentially toxic personal care products, household products, and pesticide residues on their food and then consider how they could address environmental health policies that will protect all people from these exposures.

Table D4-1)b Assessment of Competencies for MPH Health Policy Leadership Concentration		
Competency	Course number(s) and name(s)	Specific assignment(s) that allow assessment
1. Apply economic concepts to understand the effect of changes in policies at the government, health systems, and public health sectors	MPH 667 Health Economics for Policy Applications	Fact sheet: Create a one-page fact sheet for a specific audience. The fact sheet should apply a specific economic concept (e.g., moral hazard) in the context of a specific policy or program (e.g, ACA), to explain how the policy or program will influence or affect risks and drivers of health outcomes.
2. Synthesize economic concepts to assess equity and efficiency in making health policy recommendations in underserved communities	MPH 667 Health Economics for Policy Applications	Case analysis where students (1) identify articles and describe a health issue of interest where there are clear market failures; and (2) write a paper analyzing the issue using economic tools and methods to address the issue, population, barriers to effective delivery, and impact on supply and demand.
3. Formulate efficient health policy change recommendations through the analysis of proposed health policy initiatives that could affect health outcomes of vulnerable populations	MPH 668 Political and Policy Analysis	Students will analyze a proposed policy (using a policy currently in either chamber of the state legislature or a regulatory agency) using policy analysis techniques to assess effectiveness and make recommendations, using the Eightfold path as the method of analysis.
4. Develop recommendations to improve organizational strategies and capacity to implement health policy	MPH 638 Strategic Planning and Implementation	Applied strategy framework – Power point presentation analyzing a public or nonprofit sector organization or program, applying any of the course strategy frameworks. Include your recommendations for improving organizational strategy for improving health policy, particularly access and service delivery. Students will create a focused strategy analysis and recommendations presentation not to exceed 10 minutes, including a one-page handout for classmates.
5. Analyze policy options to address environmental health needs at the local, state, and federal levels	MPH 632 Environmental and Occupational Health Issues in Public Health	Final Project: Create an oral presentation on an environmental health topic of student's choice. For a previous assignment, students will have completed a lit review on the same topic. Students must look at what agencies (local, state, federal, and international) are responsible for this issue and specifically what are the guidelines, statutes, regulations, and/or treaties

Table D4-1)c Assessment of Competencies for MPH Behavioral Health Concentration		
Competency	Course number(s) and name(s)	Specific assignment(s) that allow assessment
1. Plan a health education training, curriculum, or workshop including stakeholder identification, resource planning and timeline, volunteer recruitment and marketing, strategy selection, and monitoring process.	MPH 670 Health Education and Promotion Planning	Design a health education training or workshop for a specific population, and plan for recruitment and training of volunteers and how it will be launched in collaboration with community partners.
2. Effectively deliver evidence-based health education and behavior change intervention skills such as motivational interviewing, health coaching, peer education, mindfulness, or social media messages to individuals or groups.	MPH 671 Health Education and Promotion Lab	Provide one-on-one health education based on principles of motivational interviewing and behavior change for basic nutrition, tobacco, alcohol and other drugs, sexual health, and/or stress management.
3. Analyze the impact of chronic conditions and propose strategies to address prevention and management across all levels of the Socioecological Model.	MPH 674 Chronic Conditions	Interview a client or provider about the impacts of chronic illness and develop patient-centered strategies at multiple intervention levels.
4. Formulate strategies for mental health and substance abuse prevention and treatment in community settings.	PsyD 728 Integrated Behavioral Health in Primary Care	Develop a behavioral health program for an identified patient population that incorporates culturally appropriate and evidence-based intervention models.
5. Develop a data collection and analysis plan including measures and methods for research on behavioral health.	BH 603 Research Methods in Behavioral Health	Create a survey and interview guide or other qualitative instrument and data collection plan to assess the independent, dependent, and extraneous variables for research on a behavioral health topic.
6. Create a professional development plan that outlines goals and strategies for becoming a highly skilled health education specialist and leader in health promotion.	MPH 672 Professionalism in Health Education and Promotion	Develop a job description for a health education program manager.

- 2) For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the program must present evidence, including policies and sample documents, that demonstrate that each student and advisor create a matrix in the format of Template D4-1 for the plan of study. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file. N/A

Not Applicable

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- 3) Include the most recent syllabus for each course listed in Template D4-1, or written guidelines for any required elements listed in Template D4-1 that do not have a syllabus.
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Course syllabi for the concentration courses are located in [ERF D4-3](#). Subfolders provide syllabi for concentrations in Community and Public Health Practice, Health Policy Leadership, and Behavioral Health.

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- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.
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The MPH program has recently transitioned to concentrations, and therefore developing the distinct concentration competencies has been a major focus for faculty. Specific competencies were developed based on needs of the public health workforce, and input from public health practice professionals, alumni, and current students. We used an intentional design approach to first determine the competency essential for the concentration focus, then the associated course, and finally the major assignment for assessment of the competency.

Community and Public Health Practice: The goal of the CPHP concentration is to prepare future leaders to address public health issues in local and global communities using scientific, evidence-based, and community-driven strategies. This concentration evolved from the original MPH program which maintained a generalist perspective and was designed to train public health professionals for a variety of employment opportunities in the field. The CPHP concentration is focused on designing and implementing community-driven strategies and interventions.

Health Policy Leadership: The goal of the HPL concentration is to prepare future leaders to address public health issues in local and global communities using principles of good governance, organizational leadership, economic analysis, and policy implementation. The self-study process has resulted in a refinement of the HPL curriculum pattern to better emphasize the foundational aspects of health policy leadership while training public health professionals in core public health competencies.

Behavioral Health: The goal of the BH concentration is to prepare future leaders to address behavioral health issues in local and global communities within a public health framework, using evidence-based, theory-informed, integrated and holistic, social justice approaches. This concentration was added to the USF MPH program in response to demand from community stakeholders and alumni of the MSBH and MPH-MSBH combined degree programs. The concentration courses provide training in behavioral health, health promotion, and integrated service delivery for vulnerable populations. Students in this concentration also are prepared and eligible to take the Certified Health Education Specialist (CHES) exam; [ERF D4-1](#) shows preliminary coverage and assessment of the Seven Areas of Responsibility and Competencies for the Health Education Specialists throughout the curriculum.

D5. MPH Applied Practice Experiences

MPH students demonstrate competency attainment through applied practice experiences.

The applied practice experiences allow each student to demonstrate attainment of at least five competencies, of which at least three must be foundational competencies (as defined in Criterion D2). The competencies need not be identical from student to student, but the applied experiences must be structured to ensure that all students complete experiences addressing at least five competencies, as specified above. The applied experiences may also address additional foundational or concentration-specific competencies, if appropriate.

The program assesses each student's competency attainment in practical and applied settings through a portfolio approach, which demonstrates and allows assessment of competency attainment. It must include at least two products. Examples include written assignments, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos or other digital artifacts of learning. Materials may be produced and maintained (either by the program or by individual students) in any physical or electronic form chosen by the program.

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- 1) Briefly describe how the program identifies competencies attained in applied practice experiences for each MPH student, including a description of any relevant policies.
-

Starting with Fall 2019 admits, every MPH student will be required to complete 250 hours of applied practice experience (APEX) (formerly referred to as 'Fieldwork') in a public health agency setting. The 250-hour requirement differs from Fall entry 2018 and prior MPH students who were required to complete 200 hours (HPL) or 300 hours (all other MPH students), with the decision based in part on aligning concentration requirements. Students will complete their APEX over two semesters and enroll in the MPH 681 APEX I in Fall 2 semester, and MPH 682 APEX II in Spring 2 semester while completing the hours.

Under the guidance of his or her preceptor based at the public health agency, and reviewed by the course faculty, the student develops a detailed workplan that includes goals, objectives, activities and timelines for the APEX at the fieldwork agency. The workplan also requires the student to prospectively specify a minimum of two final products that will be completed for the agency. In addition, from the list of the 22 foundational competencies and the competencies for their concentration, the student will identify five competencies (at least three of which are foundational) that will be addressed in the APEX project and ultimately in the two products they will produce and submit to faculty for review at the conclusions of the APEX.

Throughout both semesters, students complete a journal that is submitted regularly to their fieldwork faculty to track progress on required hours, specific activities, challenges, personal growth as a public health practitioner, and/or any need to adjust competencies. Students submit their final work products, the table that **lists the products and competencies**, and a separate table **describing how competencies** were achieved. These are all reviewed and graded by the APEX faculty using the APEX Product Rubric to determine if the competencies have been met. Additional assignments and deliverables are required of all students in APEX I and APEX II courses.

-
- 2) Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience.
-

Starting with Fall 2019 admits, all MPH students will be required to complete the Online APEX Preparation Module. The aims of this module are: 1) to prepare the student for professional conduct during the MPH program and APEX in the community; and 2) to facilitate the student's process in securing an APEX internship in a timely fashion. The module will have multiple assignments due over the first three semesters, with the ultimate goal for the student to have all paperwork completed and

their APEX site secured by Fall 2 when they will begin their APEX. (See [ERF D5-2\)b](#) for module description, objectives, and list of assignments).

All USF MPH students have access to a web-based Canvas portal for APEX. This provides information about applied practice experience opportunities in various agencies, required forms, and examples of work from previous students.

Main documents for the APEX are found in [ERF D5-2](#) as follows.

- [ERF D5-2\)a](#) Culminating Experiences APEX-ILEX Handbook
- [ERF D5-2\)b](#) APEX Preparation Module Description/Objectives & Assignments
- [ERF D5-2\)c](#) MPH 681 APEX I Syllabus which includes as appendices:
 - APEX Projected Competencies Table
 - List of Foundational & Concentration Competencies
- [ERF D5-2\)d](#) APEX Scope of Work Template
- [ERF D5-2\)e](#) MPH 682 APEX II Syllabus which includes as appendices:
 - APEX Competency Inventory
 - List of Foundational & Concentration Competencies
- [ERF D5-2\)f](#) APEX Product Table
- [ERF D5-2\)g](#) APEX Product Evaluation Rubric
- [ERF D5-2\)h](#) APEX list of previous placement sites

-
- 3) Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined degree programs, if applicable. The program must provide samples of complete sets of materials (ie, Template D5-1 and the work products/documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the program has not produced five students for which complete samples are available, note this and provide all available samples.
-

We have provided a total of 11 student portfolios of applied practice experience samples from the past three years. Five samples are from students completing the Health Policy Leadership concentration; and the remaining six are from our former Generalist concentration, including two from MSN-MPH dual degree students, one from the MSBH-MPH dual degree program, and three from the former Generalist program. Samples of practice-related materials are provided in [ERF D5-3](#) with a table listing all products.

-
- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.
-

Since the inception of the program, the USF MPH Fieldwork/APEX has provided students with invaluable experiences in a wide range of agencies. Students have produced a great number of useful work products and acquired many competencies through the well-planned, engaging, and relevant activities under the mentorship of highly-qualified, dedicated public health practitioners. In addition to the preceptors, each student has an APEX faculty advisor who also guides them through their APEX, helping them navigate the challenges of work in public health.

Students complete a self-assessment of their achievement of competencies met through their projects. We have included in [ERF D5-1](#) samples of products to demonstrate the high quality of our students' work. We feel strongly that the experiences our students receive during this practice experience is a cornerstone of our students' success. In fact, many graduates have been hired at the site of their APEX upon graduation.

This self-study has enabled us to apply the CEPH 2016 foundational competencies as outlined in this criterion. We have updated our previous competencies list with the new CEPH 22 foundational and five

USF concentration competencies, and we are now collecting the products the students create for their agencies as a condition of their fulfillment of the course. Starting Spring 2019, we will be using the new APEX rubric to enable faculty to standardize the assessment of the accomplishment of stated competencies as demonstrated by the submitted products. In addition, starting with Fall 2019 admits, students will begin completing their APEX Preparation Module in their first semester, which will afford students the opportunity to begin the process early to reflect on their career goals, learn about the APEX options that are available, the crucial steps needed to secure placements, and the nuances of professional conduct. We believe this will result in a more streamlined process for students, faculty, and administration alike, and will ultimately result in a more successful experience for students (and community partners). In addition, spreading APEX over two semesters as well as separating it from the ILEX will provide the student with sufficient time to synthesize and integrate their learning outcomes. We continue to monitor and evaluate the changes made with the ultimate goal of preparing our students for public health practice and career advancement.

D6. DrPH Applied Practice Experience

Not Applicable

D7. MPH Integrative Learning Experience

MPH students complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student's educational and professional goals.

Professional certification exams (eg, CPH, CHES/MCHES, REHS, RHIA) may serve as an element of the ILE, but are not in and of themselves sufficient to satisfy this criterion.

The program identifies assessment methods that ensure that at least one faculty member reviews each student's performance in the ILE and ensures that the experience addresses the selected foundational and concentration-specific competencies. Faculty assessment may be supplemented with assessments from other qualified individuals (eg, preceptors).

-
- 1) List, in the format of Template D7-1, the integrative learning experience for each MPH concentration, generalist degree or combined degree option that includes the MPH. The template also requires the program to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies.
-

Table D7-1) MPH Integrative Learning Experience for All MPH Concentrations

USF MPH D7-1	
MPH Integrative Learning Experience for All MPH Concentrations	
Integrative learning experience (list all options)	How competencies are synthesized
	All students synthesize Competency #19: Communicate audience-appropriate public health content, both in writing and through oral presentation
ILEX Paper	In addition to Competency #19, students self-identify a minimum of 4 more competencies (1 of which must be from their concentration) that will be synthesized in their ILEX paper either based on 1) activities performed in their applied practice experience (APEX); or 2) a different topic of choice approved by their ILEX faculty. At a minimum, all ILEX papers require an in-depth literature review of a public health problem and related evidence-based interventions or solutions. Some, but not all, may include primary data collection and analysis, application of social behavioral or organizational change theories, and/or policy analysis. Each paper is individually tailored to the student's academic and career interests and goals.
Oral Presentation (podium or poster)	In addition to the paper, students synthesize the competencies identified for the ILEX paper, but per choice of the student, he or she will create an oral podium or poster presentation to be presented during our Health Professions Day (HPD) held annually each August.

-
- 2) Briefly summarize the process, expectations and assessment for each integrative learning experience.
-

Students in all concentrations will complete their integrated learning experience (ILEX) in their last semester of the program while enrolled in MPH 683 Integrated Learning Experience. Students are provided a standardized syllabus with detailed guidelines and assignments related to the crafting of their scholarly ILEX paper and presentation, which are the same for all MPH students regardless of concentration. Students choose to either address the APEX project completed in the previous semester, or a different topic. The topic, specific structure of paper, and proposed competencies to

synthesize are all decided on in consultation with the ILEX faculty. All students will be synthesizing Foundational Competency #19: **Communicate audience-appropriate public health content, both in writing and through oral presentation.** In the 1st assignment of the course, the student will choose a minimum of four more foundational and concentration competencies they aim to synthesize in their ILEX, one of which must be from their concentration. Upon final submission of the paper, the student includes an inventory of identified competencies in an appendix of the paper and a brief description of how each was met by describing related activities.

In addition to the paper, as a condition of the completion of the ILEX, students will address the same competencies identified in their ILEX paper through either a professional podium or poster presentation at Health Professions Day (HPD) that functions as our annual 'professional conference' event held in August of each year. Starting with Fall 2019 admits, the ILEX course will only be offered in Summer 2, the final semester of the program. Therefore, HPD will be the only option for the oral presentation. (Previously, some students were able to finish in Spring or Fall semesters, so they presented a poster during our Graduate Student Poster Presentation day held in May and December of each year.) These are interprofessional events that include students from other SONHP programs, and preceptors, family members, and alumni are invited to attend. Our HPD is a gala event with keynote speakers who are active practitioners from the community and inspire our graduates to start or continue their careers and advance public health.

To assess the synthesis of selected competencies, ILEX course faculty use the ILEX Paper and Oral Presentation Rubrics to assess the student's ability to adequately integrate and synthesize competencies as demonstrated by the content and quality of the paper and podium or poster presentation matched with the Competencies Inventory table submitted by each student. Online students have the option of presenting in-person or pre-recording their podium presentation to be played during an HPD break-out session.

3) Provide documentation, including syllabi and/or handbooks that communicates integrative learning experience policies and procedures to students.

ERF D7-3) provides the following documentation:

- ERF D7-3)a. MPH 683 Integrated Learning Experience (ILEX) syllabus which includes as appendices:
 - ILEX Paper Guidelines
 - ILEX PPT Guidelines
 - ILEX Poster Guidelines
 - ILEX Projected Competencies Table
 - ILEX Competencies Inventory Table
 - List of Foundational & Concentration Competencies
- ERF D7-3)b. ILEX PPT Template
- ERF D7-3)c. ILEX Poster Templates

4) Provide documentation, including rubrics or guidelines that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students' demonstration of the selected competencies.

ERF D7-4) provides the following documentation:

- ERF D7-4)a. ILEX Paper Rubric
- ERF D7-4)b. ILEX Oral Presentation Rubric
- ERF D7-4)c. ILEX Competencies Inventory

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- 5) Include completed, graded samples of deliverables associated with each integrative learning experience option from different concentrations, if applicable. The program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.
-

Samples of previous students' capstone (ILEX) papers and PPT or poster presentations are presented in [ERF D7-5](#), organized by year of completion for 2016-18. A table listing all papers in the ERF also is provided, showing that five papers from 2016 graduates, seven papers from 2017 graduates, and seven papers from 2018 graduates are presented in the ERF.

-
- 6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.
-

Similar to the APEX, the integrated learning experience (ILEX) is a rigorous process involving critical thinking and synthesis of program outcomes as well as foundational and concentration competencies. All students are expected to produce high quality, scholarly papers and presentations, with faculty supporting their transition to public health practice. We uphold a high standard for the quality of writing, recognizing that each section of the capstone paper demonstrates the student's ability to synthesize a range of knowledge and competencies acquired during the MPH program. The papers are rich with public health methods with a wide range of application of behavioral and social health theories, social marketing principles, policy analyses, quantitative and qualitative data collection and analyses (including survey development), and interprofessional collaboration. Moreover, many address public health issues and concerns influenced by social determinants and that impact the underserved and marginalized. This reflects our USF MPH program mission, vision and goals.

The podium presentation historically has been a key event in the MPH program where students have the opportunity to professionally present their work to a captivated audience. The addition of the poster presentation option has been a recent development and has been equally as successful as students prepare professional posters and a brief oral summary to share with multiple viewers present at the event. Both the podium and poster presentations mimic professional conference options to disseminate scholarship.

We have learned through this self-study process that this high-quality ILEX work could be a product created for the fieldwork agency so we aim to investigate how to include this as a viable option for students which would more directly help advance the field of public health and assist the goals of partner agencies. Additionally, faculty are considering various options for the ILEX paper, such as development and submission of a journal article or a case study approach of a high-priority public health problem. The APEX & ILEX taskforce created during the self-study process will continue to work on these ideas which will be brought to the general faculty to discuss and approve before all options will be offered to students. We realize this process of full faculty input takes time but we honor the expertise, creative ideas, and shared governance of all our faculty.

We have greatly improved the quality of our ILEX since the inception of our program and this was the result of many dedicated faculty putting much time, care, and effort into increasing the rigor of the course, and thus the final products—the ILEX paper and oral presentation. We have had multiple iterations of the course and we are dedicated to robust monitoring and evaluation of changes and using these data to continuously make improvements. Incorporating standardized rubrics to assess students' work, and conducting the ILEX course in the final semester following completion of the APEX (new for Fall 2019 admits) are a few improvements.

D8. DrPH Integrative Learning Experience

Not Applicable

D9. Public Health Bachelor's Degree General Curriculum

Not Applicable

D10. Public Health Bachelor's Degree Foundational Domains

Not Applicable

D11. Public Health Bachelor's Degree Foundational Competencies

Not Applicable

D12. Public Health Bachelor's Degree Cumulative and Experiential Activities

Not Applicable

D13. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences

Not Applicable

D14. MPH Program Length

An MPH degree requires at least 42 semester-credits, 56 quarter-credits or the equivalent for completion.

Programs use university definitions for credit hours.

-
- 1) Provide information about the minimum credit-hour requirements for all MPH degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form.
-

Credit hour requirements for the MPH program are as follows:

- Community and Public Health Practice concentration: 45 credit hours
- Health Policy Leadership concentration: 42 credit hours
- Behavioral Health concentration: 45 credit hours

The core courses taken by all MPH students regardless of concentration, consist of seven classes for 26 credits total. The remaining credits are filled through three applied and integrated practice experience courses, concentration courses, and electives for just the CPHP concentration.

-
- 2) Define a credit with regard to classroom/contact hours.
-

According to USF policy, one semester credit hour is given for one 50-minute class per week for 15 weeks or the equivalent. Fall and spring semesters are generally 15 weeks long. A course offered in fewer than 15 weeks must contain the same total hours- contact hours, preparation time, content, and requirements - as the same course offered in the standard 15- week semester. The summer session is 12 weeks in length, and contact hours for the summer are adjusted by adding 10 minutes to the length of the class so that one semester credit hour is given for a 60-minute class per week or the equivalent. This definition is applied throughout the University and has been approved by our regional accreditor, WSCUC.

One unit of credit in lecture, seminar, and discussion work should approximate one hour of direct faculty instruction and a minimum of two hours of out-of-class student work per week through the 15-week semester. Alternately, if the time is wholly occupied with either the seminar, studio, field, clinical or laboratory work, or internships, service learning, directed study or intensive semester (e.g. summer, online or courses offered in shorter form), a minimum of 45 hours of student work is expected for each unit of credit.

D15. DrPH Program Length

Not Applicable

D16. Bachelor's Degree Program Length

Not Applicable

D17. Academic Public Health Master's Degrees

Not Applicable

D18. Academic Public Health Doctoral Degrees

Not Applicable

D19. All Remaining Degrees

Not applicable.

D20. Distance Education

If this criterion is not applicable, simply write "Not applicable" and delete the criteria language and documentation requests below.

1) Identify all public health distance education degree programs and/or concentrations that offer a curriculum or course of study that can be obtained via distance education. Template Intro-1 may be referenced for this purpose. (self-study document)

The MPH concentration in Community and Public Health Practice is offered online (see Template Intro-1). Enrollment is restricted to residents in the following states: Arizona, California, Florida, Hawaii, Nevada, Oregon, Texas, and Washington.

2) Describe the public health distance education programs, including

a) an explanation of the model or methods used,

The online program is completed by students through online coursework plus field work/APEX. The MPH applied practice experience is supported by USF faculty but takes place in the students' home communities. The online MPH program is identical to the current on-site MPH Community and Public Health Practice concentration in content and two-year course schedule. The MPH online program requires the satisfaction of the same requirements as the CPHP concentration.

SONHP faculty are trained in online course design and pedagogy and work with instructional designers to adapt curriculum into modules that incorporate engaging, active online activities. (See Section E3-3 for documentation of university support for developing online and technology-rich courses, as well as extensive MPH faculty involvement in related trainings and collaboration with instructional designers for course development.) Course discussions include presentations through video conference software and threaded discussion boards where faculty and students engage through regular asynchronous postings. Synchronous office hours and student meetings are held as needed.

Online students are invited to on-campus MPH events and colloquia and invited to participate in student activities through videoconference, Canvas (the USF learning management system) discussion boards, and other technologies. Furthermore, online MPH students have the option to join on-site students in extra-curricular activities on campus and serve as members and Officers of the Population Health Sciences Student Association (PHSSA).

b) the program's rationale for offering these programs,

The current on-site MPH program is geographically restricted to students who reside in San Francisco or are willing to relocate. The online program appeals to a broader geographic and professional demographic. There are an estimated 450,000 full-time employees who constitute the national public health workforce and a projected shortage of 250,000 public health professionals (30,000 in California), with 50% of the current workforce expected to retire within the next five years. The inability to pursue a degree full time coupled with the dearth of trained public health professionals creates an incentive for the institution and the workforce to take advantage of the flexibility of an online program to train the next generation of public health practitioners. An online MPH program is a perfect fit for the SONHP at the University of San Francisco, modeled on a successful on-site program and devoted to advancing public health learning, research, scholarship, and service.

The MPH online program is restricted to enrolling students from eight states, including California. In each of these states, USF must obtain a business license and pay annual fees, establish a marketing and recruitment presence, and submit annual compliance reports. Given the cost, university leadership must make strategic financial decisions regarding which states we enroll students in our distance learning programs, and therefore we are limited to offering the online program in certain locations.

c) the manner in which it provides necessary administrative, information technology and student support services,

MPH online students are assigned a faculty advisor when they begin the MPH program. The faculty advisor is available to students throughout their progress in the MPH program, and holds office hours and student meetings as-needed via Zoom videoconferencing. Staff support also is available to online students via phone, email, and videoconference. The web-based MPH Student Portal is available and easily accessible to all MPH students including those in the online program, and email and phone support is available around the clock.

Services that are available on the USF campus can also be accessed remotely. For example, students have online access to the library databases for downloading articles or viewing the extensive collection of streaming educational videos. The library's 24/7 Online Chat is a great service available to all students to ask questions of a librarian from various affiliated universities. Virtual appointments are available to talk with reference librarians, and the USF librarian specifically assigned to SONHP is available via email or Zoom for one-on-one assistance to all students. Students can freely use RefWorks reference manager with their University login, as well as Zotera online reference manager.

Online students can receive tutoring through the Learning, Writing, and Presentation Center. Writing consultants will work with students either through Skype or over the telephone. Regarding career services, students have online access to the Handshake database for job searches, can use the Career Planning Live Chat to ask questions, and can make virtual appointments to meet with a career planning staff member who specializes in serving graduate students. Career planning checklists, handouts, and instructional videos are all available online. Career Planning also offers Zoom livestream workshops. Furthermore, students have 24/7 phone access to Counseling and Psychological Services (CAPS) that also provides referrals for local area therapists should the student want to talk in person. Students are able to receive 24/7 online IT support, and receive information security training online.

Students in our online program have the same access to the MPH Fieldwork/APEX Coordinator who assists students with identifying appropriate agencies in their communities for the students to complete their applied practice experiences. At this point in time, the APEX courses are taught fully online and students receive individual attention from the faculty they are assigned to, so this does not differ from other MPH students. For the integrated learning experience, each student has a faculty responsible for guiding them through their synthesis process with ongoing and individual one-on-one support throughout the semester via email, Zoom sessions, and iterative feedback for final projects.

Regarding technical support, all syllabi provide the following information:

Technological Requirements and Troubleshooting

- **Special Software/ Hardware:** Our programs support all browsers but we recommend Firefox for both PC and MAC operating systems.
- **Browser/Plugin/ Viewer Info:** For the most current plugin/viewer information, go to Canvas Guides Browser page (<http://guides.instructure.com/s/2204/m/4214/1/41056-which-browsers-does-canvas-support>).

- Canvas and Technical Support: For questions about Canvas, please call: (+1) 415-422-6668 or email: canvas@usfca.edu. For Technical Support (24/7) please call: (+1) 415-422-6668 or email: itshelp@usfca.edu.
- Course Access and Navigation: All course-related information is posted on the Canvas e-learning platform and can be accessed through the MyUSF portal (<https://myusf.usfca.edu>).

d) the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the university, and

The MPH online program is monitored similarly to our on ground program in that we assert a diligent effort to assure that students achieve the learning outcomes of each MPH course and the MPH program through tracking graduation and employment rates, perceptions of teaching and advising effectiveness, achievement of competencies, and other indicators. We use these data to improve course delivery and content and maintain rigor of the program. In addition, our instructional designers review online courses periodically and work with core faculty to improve the learning platform as needed.

e) the manner in which it evaluates the educational outcomes, as well as the format and methods.

Course evaluations of the MPH online courses are administered in the same manner as the course evaluations for all MPH classes and classes at USF: an automatic link to the BLUE evaluation is generated near the end of each semester, and communicated to each student in every course and section for completion. (See Section E3-2 for details on course evaluations). There are additional questions embedded in online courses regarding the structure and ease of use of the Canvas course site, that faculty may choose to administer to students.

In the focus groups with alumni conducted annually, we have begun to ask for opinions about online classes and activities.

3) Describe the processes that the university uses to verify that the student who registers in a distance education course (as part of a distance-based degree) or a fully distance-based degree is the same student who participates in and completes the course or degree and receives the academic credit.

We require a secure student login and password credential to access the Canvas Learning Management System (LMS). We also use multi-factor authentication (MFA), which supplements a user-controlled password with a one-time password (OTP) or code generated or received by a device (e.g. a security token or smartphone) that only the user possesses. Students receive a push, sent by the Duo Mobile authentication app, which the user must approve to verify their identity. Federal law requires institutions to verify the identities of distance education students and this MFA is in compliance with federal law.

In addition to secure login systems, we make efforts to control for fraud through several other means. First, the program focuses on Jesuit values and integrity of human development, thus fostering a responsible community of trusted learners. We also require completing an academic integrity module as part of each student's orientation to the program. We believe our small course size allows faculty to know students' work more deeply, and to recognize variations in quality of work that could indicate cheating. Our Education Technology Services (ETS) in collaboration with coordinators of our online learning platform, Canvas, frequently develop new methods to address some of the issues with online assessments. For example, some faculty use Turnitin, a plagiarism checker, and we have a new feature on Canvas called, "Respondus Lockdown Browser," which allows the instructor to prevent students from toggling between resources while taking a quiz. We can also require an access code that

is administered right before a quiz. (See [ERF E3-4](#))b for further details and an example of ETS services).

It is noteworthy that during the WASC Senior College and University Commission (WSCUC) onsite review of USF in October 2018, the external reviewers completed a Distance Education Review of federal guidelines compliance. This includes the guideline related to integrity ('The institution assures the integrity of its online learning offerings.'). We were found to be in compliance, and WSCUC reaccredited USF on March 4, 2019 for 10 years with a mid-cycle review in five years.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

In the November 2018 focus groups and interviews with MPH alumni ([ERF B5-1](#))b), we collected some qualitative data about online learning. In the discussion, alumni noted that they appreciated the flexibility of being able to take online classes and the different learning pedagogy required for online activities. However, one alumnae also shared that she found it more difficult to engage with online coursework. Faculty for online courses have similarly noted that course evaluations for online courses are sometimes lower in student engagement than campus-based courses. To directly address this challenge, MPH faculty have been working closely with instructional designers from SONHP and Education Technology Services (ETS) to increase the quantity and quality of interactive, active learning assignments in online classes. We hope these efforts will support higher student engagement in MPH online courses.

E1. Faculty Alignment with Degrees Offered

Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their education and experience.

Faculty education and experience is appropriate for the degree level (bachelor's, master's, doctoral) and the nature of the degree (research, professional practice, etc.) with which they are associated.

- 1) Provide a table showing the program's primary instructional faculty in the format of Template E1-1. The template presents data effective at the beginning of the academic year in which the final self-study is submitted to CEPH and must be updated at the beginning of the site visit if any changes have occurred since final self-study submission. The identification of instructional areas must correspond to the data presented in Template C2-1.

Table E1-1) Primary Instructional Faculty Alignment with Degrees Offered						
Name*	Title/ Academic Rank	Tenure Status or Classifica tion^	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
Callahan, Richard	Professor	Tenured	MPA, DPA	USC	Public Administration	Health Policy Leadership
Chyu, Laura	Assistant Professor	Term	MA, PhD	Stanford University, UCLA	Community Health Sciences	Community and Public Health Practice
Couture, Marie-Claude	Associate Professor	Tenured	MS, PhD	McGill University, Université de Montréal	Epidemiology	Community and Public Health Practice
Escobar, Dorothy	Assistant Professor	Term	MA, PhD	Manuel Luis Escamilla University, El Salvador; Walden University	Community Health	Behavioral Health
Grinshteyn, Erin	Assistant Professor	Tenure Track	MS, PhD	UCLA, Harvard	Health Services	Community and Public Health Practice
Keeler, Courtney	Associate Professor	Tenured	MS, PhD	University of North Carolina at Chapel Hill, UC Berkeley	Health Policy and Management	Health Policy Leadership
L'Engle, Kelly	Associate Professor	Tenured	MPH, PhD	Emory University, University of North Carolina at Chapel Hill	Health Behavior and Health Education	Behavioral Health
McDermott, Kelly	Assistant Professor	Term	MA, PhD	George Washington Univ.; Univ. of Washington; UCSF	Health Services Research	Behavioral Health

Nosek, Marcianna	Associate Professor	Tenured	MPH, MS, PhD	UC Berkeley, UCSF, UCSF	Nursing	Community and Public Health Practice
Sattler, Barbara	Professor	Tenure Track	MPH, DrPH	Johns Hopkins University	Occupational & Environmental Health	Health Policy Leadership
Vian, Taryn	Professor	Tenured	SM, PhD	Harvard School of Public Health, Boston University	Public Policy and Global Health	Community and Public Health Practice

2) Provide summary data on the qualifications of any other faculty with significant involvement in the program's public health instruction in the format of Template E1-2. Programs define "significant" in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students' practice experience (preceptors, etc.) is not required. The identification of instructional areas must correspond to the data presented in Template C2-1.

Table E1-2) Non-Primary Instructional Faculty Regularly Involved in Instruction							
Name	Academic Rank	Title and Current Employment	FTE or % Time Allocated	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
Alongi, Jeanne	Adjunct Faculty	Managing Partner, The Pump Handle Group. Senior Consultant, National Association of Chronic Disease Directors		MPH, DPH	George Washington University, University of North Carolina Chapel Hill	Epidemiology /biostatistics, Health Leadership	Health Policy Leadership
Arana, Erica	Adjunct Faculty	Assistant Professor, USF		RN, DNP, CNS, CNL, PHN	USF	Nursing	Community and Public Health Practice
Catanzaro, Lisa	Adjunct Faculty	Health Strategist, Center for Advanced Technology in Health and Wellbeing		MPH, MArch	USF, University of Florida	Public Health and Architecture	Community and Public Health Practice

Chimezie, Raymond	Adjunct Faculty	Adjunct Faculty, USF		MA, PH.D	Argosy University, Walden University	Education (Instructional Leadership), Community Health Education & Promotion	Community and Public Health Practice
De La Cruz, Monica	Adjunct Faculty	Program Manager, Pediatric Advocacy Program at the Stanford University School of Medicine		MPH	USF	Public Health	Community and Public Health Practice
Gonzalez, Trina	Adjunct Faculty	Director, Community Integration at UC Davis Health		MA	University of Hawai'i at Manoa, Princeton University	Political Science, Public Policy	Health Policy Leadership
Harb, Kamal	Adjunct Faculty	Director of USF Health Promotion Services		MPH, Ed.D	San Jose State University, University of San Francisco	Public Health, Organization and Leadership Studies	Behavioral Health
Hsu, Lee-Nah	Adjunct Faculty	Adjunct Faculty, USF		MS, MPH, ScD, JD	Yale, Harvard, La Salle Univ.	Health Policy Management	Health Policy Leadership
Hua, William	Adjunct Faculty	Staff Psychologist at SF VA Medical Center. Assistant Clinical Professor at UCSF Department of Psychiatry, School of Medicine		Ph.D	University of North Texas	Clinical Health Psychology & Behavioral Medicine	Behavioral Health
Marlow, Elizabeth	Adjunct Faculty	Family Nurse Practitioner, San Francisco County Jail Health Services		MSN, PhD, Postdoctoral	Yale University UCSF UCLA	Nursing	Community and Public Health Practice
Penner, Susan	Adjunct Faculty	Author, Springer Publishing		MN, MPA,	Wichita State Univ.	Health Policy and	Community and Public

		Company		MPH, DrPH	UC Berkeley	Administratio n	Health Practice /Health Policy Leadership
Rowniak, Stefan	Adjunct Faculty	Assistant Professor, USF		PhD, MSN, BSN	USF; BSN SFSU	Nursing	Community and Public Health Practice
von Friedrichs- Fitzwater, Marlene	Adjunct Faculty	Founder/Executi ve Director, The Health Communication Research Institute, Inc		MPH, PhD	Walden Univ., Univ. of Utah	Community Health	Health Policy Leadership
Watson, Erin	Adjunct Faculty	Staff Psychologist at SF VA Medical Center. Research Staff at UCSF Department of Psychiatry. National Motivational Interviewing Consultant at Veterans Health Administration		MA, PsyD	Chicago School of Professional Psychology, Adler University	Counseling Psychology, Clinical Psychology	Behavioral Health

3) Include CVs for all individuals listed in the templates above.

CVs of all primary and non-primary instructional faculty listed in tables E1-1 and E1-2 are available in [ERF E1-3\)a](#) for Primary Instructional Faculty and [ERF E1-3\)b](#) for Non-Primary Instructional Faculty.

4) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates.

All primary instructional faculty shown in table E1-1 (and C2-1) are hired by USF at 100% effort, whether tenure-track, tenured, or term. The majority of effort (60-80%) is devoted to teaching, 20% is dedicated to service, and 20% is allocated to research for tenure-track and tenured faculty only. Primary Instructional Faculty aligned with each MPH concentration are qualified to provide instruction in their concentration area based on their training, research, service, or other experience in the concentration area.

Non-primary faculty listed in table E1-2 teach less than full-time in the MPH program. These faculty may hold full-time, primary appointments in the SONHP but are aligned with a different department within the school, or they may teach on a part-time or adjunct basis. The MPH department seeks out public health professionals for part-time teaching who are actively employed in public health practice

and they are hired by the MPH Program Director with input from faculty to teach specific courses. These faculty are qualified to provide instruction and advising in the concentration area and bring their training and extensive expertise to enrich the program.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The primary MPH faculty have breadth and depth of training and expertise to cover the core knowledge areas and competencies in public health, and to provide focused expertise in the concentration areas of community and public health practice, health policy leadership, and behavioral health. Part-time faculty provide expertise in additional areas that complement full-time faculty to ensure that comprehensive coverage of public health topics and practice-based perspectives are brought into the academic setting. The number of full-time faculty aligned with the MPH program as well as the number of part-time instructional faculty have increased in parallel with MPH program enrollment, so that faculty alignment with the MPH concentration offerings is robust. The health policy leadership and behavioral health concentrations are newer than the community and public health practice focus of the USF MPH program, so we will continue to monitor faculty alignment with the MPH program and concentrations and seek to hire new faculty if and when gaps are identified.

E2. Integration of Faculty with Practice Experience

To assure a broad public health perspective, the program employs faculty who have professional experience in settings outside of academia and have demonstrated competence in public health practice. Programs encourage faculty to maintain ongoing practice links with public health agencies, especially at state and local levels.

To assure the relevance of curricula and individual learning experiences to current and future practice needs and opportunities, programs regularly involve public health practitioners and other individuals involved in public health work through arrangements that may include adjunct and part-time faculty appointments, guest lectures, involvement in committee work, mentoring students, etc.

-
- 1) Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if applicable. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.
-

The MPH program integrates perspectives from the field of practice by employing part-time faculty who work in public health agencies and settings and full-time faculty who have been actively involved in service and practice. These faculty bring knowledge of public health practice in a variety of settings, from local public health departments to international multilateral agencies. Examples of non-primary (part-time or affiliate) faculty who meet this criterion include:

- a) Elizabeth Marlow, Family Nurse Practitioner for San Francisco County Jail Health Services, for more than 20 years has provided clinical care and chronic disease management and addiction treatment to homeless and vulnerable populations in community settings. She also founded The Gamble Institute, a non-profit that serves previously incarcerated persons. *Teaches MPH 633 Community-Based Participatory Research & Practice, and APEX and ILEX*, making references to public health and clinical issues from her practice to illustrate public health concepts and skills, e.g. developing a jail-to-community buprenorphine maintenance program for patients with opiate use disorder to demonstrate the role of community linkages in addressing population/public health problems like addiction.
- b) Lee-Nah Hsu, works with the International Labor Organization, the World Bank, the Global Fund, UN Agencies, the World Health Organization, and other quasi-governmental international organizations for nearly 30 years. *Teaches MPH 654 Global Health Policy: At the Intersection of Policy, International Law, and Epidemiology*, using her health practice experiences as illustrative examples or as case studies for tackling policy development for national, regional, and international health policy, for example. In her course assignments, she uses a variety of scenarios from actual public health challenges so students have a chance to be challenged with the dilemma (ethical, political, economical, etc.) in a safe learning environment.
- c) Stefan Rowniak, SONHP tenured faculty provides care as a Nurse Practitioner in the STD Control division of the San Francisco Department of Public Health and has worked in the Department of Public Health for approximately 30 years. *Teaches MPH 645 Sexual Health in Public Health Practice*, using his experience as a clinician to educate students about the latest innovations in prevention, diagnosis, and treatment of HIV and STIs and the provision of reproductive health care for patients. In addition, he brings to the classroom current and complex issues of caring for potentially marginalized populations such as LGBTQ and trans gender persons.
- d) Erin Watson, Staff Psychologist at the San Francisco Veterans Affairs, also serves as a Research Staff and Clinician in the Department of Psychiatry at UCSF and serves as a National Motivational Interviewing Consultant. *Teaches PsyD 728 Integrated Behavioral Health Practice in Primary Care Settings*, using her experiences with veterans and patients to inform the scenarios and case studies she discusses and analyzes with students in her course.
- e) Jeanne Alongi, Senior Consultant for the National Association of Chronic Disease Directors and Managing Partner of the Pump Handle Group that designs and facilitates public health practice in state and national organizations, also has worked with in the Epidemiology Branch of the Centers

for Disease Control and for the Public Health Prevention Service. *Teaches MPH 635 Public Health and Ethics.*

- f) Erica Arana, SONHP faculty worked as a registered nurse in a variety of public health settings for the Public Health Departments in San Francisco and Alameda Counties. *Teaches MPH 693 Cultural and Linguistic Preparation for Healthcare.*

Another method by which practice perspectives are represented is through professionals who typically work full time in public health practice settings and serve as preceptors for MPH students during their fieldwork (APEX) experience. Preceptors oversee the student's field experience work in the public health setting. Preference is given to preceptors who have an MPH degree or other advanced training so that mentoring in public health practice is assured for each MPH student.

The placements for fieldwork/APEX are representative of the kinds of settings where public health practice is conducted. This includes universities and colleges, local and state health departments, governmental agencies with jurisdiction over public health (NIH, CDC, etc.), non-profit organizations with a public health mission (American Lung Association, etc.), and managed care and health maintenance organizations with population focused programs (such as the Kaiser Wellness Program), etc. A list of MPH Fieldwork sites and the populations they serve is provided in [ERF D5-2\)h](#).

Many full-time MPH faculty also maintain ongoing practice links with public health agencies. The USFFA CBA mandates that full-time faculty are allocated six units of "service" for the academic year, which may include community service that is directed toward local, state, or national groups. See Section H5 for more discussion of faculty extramural service.

Guest lectures and involving practitioners in course delivery provide another opportunity to incorporate public health practitioner perspectives. Examples of this in MPH classes include:

- a) A panel of six previously incarcerated men and women from The Gamble Institute annually speak in *MPH 622 Communicating for Healthy Behavior and Social Change*, discussing community based participatory research and bias and prejudice in healthcare.
- b) Kimberly Scott, Nurse Manager at Kaiser Permanente; Martin Rivarola, Director of Community Programs for Nor Cal Center for Well-Being; Kelvin Quan, Director of Operations in the SONHP at USF. Diversity in Health Care Panel Discussion in *MPH 693 Cultural and Linguistic Preparedness for Health Professionals*.
- c) Jeffrey Schmidt, RN, MPH alum and Director of Clinical Operations at Zuckerberg San Francisco General Hospital, guest lectured in *MPH 630 Disaster Preparation and Response*, talking about the role that city/county health facilities play in the overall disaster plans for the city/council.
- d) Dance Generations, an intergenerational dance company from the local community, conducted a panel discussion on aging and physical activity and then led students in dance exercises for *MPH 628 Aging in Public Health*.
- e) Gail Wadsworth, Executive Director of the California Rural Studies Institute, regularly lectures in *MPH 632 Environmental and Occupational Health*, discussing farmworker health and safety.

Furthermore, the annual Health Professions Day in August that honors MPH and Health Professions graduates, includes a celebrated keynote speaker that presents to an audience of approximately 100 people. In the last three academic years, the speakers have included the following:

- August 2017: Barry Stenger, PhD, Executive Director at St. Anthony's Foundation
- August 2018: Maria Martinez, MPA, Director of Whole Person Care for the City & County of San Francisco
- August 2016: Arthur Bretschneider, MBA, Founder and CEO Seniorly, Inc

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- 2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.
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The MPH program uses a variety of different methods to integrate faculty with practice experience. Our part-time and affiliate faculty have demonstrated competence in public health practice settings outside of the university setting, and several of our full-time faculty maintain strong practice links with public health agencies at global, national, state, and local levels. Public health professionals who serve as Fieldwork/APEX preceptors for students in public health agencies and Guest Lecturers in the classroom setting and at the annual Health Professions day further assure relevance of the student learning experience for future needs of the public health practice workforce. These methods support progress in achieving in particular, the MPH program goal 2: to enable students and alumni to apply public health skills and knowledge to improve the health and well-being of diverse and vulnerable populations.

We are seeking to re-establish the Advisory Board and have recently sent invitations to local public health stakeholders to provide additional input into the MPH program and particularly workforce development. We see this as another valuable avenue for assuring the MPH program at USF stays relevant for current and future workforce needs.

E3. Faculty Instructional Effectiveness

The program ensures that systems, policies and procedures are in place to document that all faculty (full-time and part-time) are current in their areas of instructional responsibility and in pedagogical methods.

The program establishes and consistently applies procedures for evaluating faculty competence and performance in instruction.

The program supports professional development and advancement in instructional effectiveness.

-
- 1) Describe the means through which the program ensures that faculty are informed and maintain currency in their areas of instructional responsibility. The description must address both primary instructional and non-primary instructional faculty and should provide examples as relevant.
-

Three ways in which the program tracks faculty involvement in efforts to stay current in their areas of expertise include the ACP, sabbatical leave proposals, and the Faculty Activity Survey.

The Academic Career Prospectus (ACP; [ERF E3-1](#)) provides the opportunity each year for faculty to review the achievement of their goals set the prior year, and to discuss and establish goals in teaching, research, and service for the next year. During the meeting to discuss the ACP, the faculty member and Dean discuss professional development that will support faculty in maintaining currency in their areas of instructional effectiveness (along with research/scholarship and service). The Dean may help the faculty member identify potential collaborators, networking opportunities, or areas of focus for continuous learning in light of teaching (and research and service) responsibilities. Funds are available to support professional development based on an application process; for example, a faculty member may request funds to attend training in a new data analysis software application or a professional conference. The actions expected of the faculty member or the Dean are specified in the ACP to promote accountability.

Secondly, faculty are eligible for sabbatical leave after six years of continuous full-time service (in seventh year), and every seventh year thereafter. A sabbatical leave is awarded for the intellectual and academic enrichment of the faculty member and for the benefit of the University through improved teaching and scholarship. The faculty member submits a proposal for the sabbatical including specific goals and activities. The Dean will then work with the faculty member to achieve a mutually agreed upon plan, and on completion of the sabbatical the faculty members reports on their progress in a written report.

Third, the Faculty Activity Survey will be implemented annually beginning in Fall 2019, to assess progress in meeting MPH program goals. Full and part-time faculty will be asked to report their university and extramural service activities, educational development activities that support excellence in teaching and course development and currency in areas of instructional responsibility, and research activities. Faculty report attendance at classes, workshops, and retreats in the Faculty Activity Survey, and survey results are summarized and discussed in MPH program meetings. This discussion also helps to inspire other faculty.

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- 2) Describe the program's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable.
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First, Faculty instructional effectiveness is evaluated through standardized student course evaluations, termed "BLUE" evaluations. BLUE evaluations are completed by students for each course they take, each semester. Through course evaluations, students provide feedback regarding course content, learning resources, and teaching methods. A link to the course-specific evaluation are automatically

generated and sent to students' USF email two weeks before the course is scheduled to conclude. The results become available to faculty shortly after final grades are submitted at the end of each semester.

BLUE course evaluations were implemented in 2014 at USF following extensive review of research literature, survey of USF faculty, and course evaluation committee discussions. Four teaching effectiveness constructs are included in the instrument: instructional practices, instructional design, student engagement, and student learning. Each item is scored a 6-point Likert scale from strongly disagree (1) to strongly agree (6). Extensive testing of the BLUE instrument has demonstrated that these are four reasonable, meaningful, and defensible constructs that all have demonstrated statistical relationships to student learning (see [ERF E3-2](#)). Text boxes for comments are provided after each item and at the conclusion of the quantitative indicators.

Construct #1: Instructional Practices is about the instructor's class-comportment and presentation of course content. Instructional delivery is what is seen by students when they attend the instructor's class. Three items are:

- a) The course's subject matter was covered in a clear manner.
- b) Course sessions were well prepared.
- c) Feedback in this course was constructive.

Construct #2: Instructional Design is not about the instructor but rather about the observable features of instruction. It refers to the structure and organization of the instructor's course, and whether the course possesses instructional features commonly viewed as being important to student learning. Four items are:

- a) The learning outcomes for this course are clearly stated.
- b) Student responsibilities in this course were clearly defined.
- c) The course schedule was clearly laid out.
- d) Criteria for assessing performance in this course were clearly stated.

Construct #3: Student Engagement refers to the instructor's willingness to engage and help students with the course materials and discussion. Three items are:

- a) Instructional activities contributed to my desire to engage in this course.
- b) This course stimulate my interest in the subject matter.
- c) This course motivated me to learn.

Construct #4: Student Learning refers to the student outcomes of the course, regarding both new knowledge and thinking or reasoning skills. Three items are:

- a) I increased my knowledge in this subject as indicated by the course learning outcomes.
- b) Strategies for learning (learning how to learn) in this course are transferable to other subjects.
- c) This course contributed to my understanding of the subject matter.

Second, Faculty also may obtain student input on teaching effectiveness at other times during the semester. For example, many faculty administer informal mid-semester surveys to see what course corrections needed to be made for the rest of the semester.

Third, the Center for Teaching Excellence (CTE) provides confidential, peer-to-peer Peer Coaching for faculty who would like additional assistance with evaluation of their teaching. A peer coach from outside the MPH program visits and observes class, paying special attention to three focal areas identified by the faculty, and then shares his or her observations and strategizes effective solutions together. A MPH faculty member (L'Engle) serves as a Peer Teaching Coach with the CTE.

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- 3) Describe available university and programmatic support for continuous improvement in faculty's instructional roles. Provide three to five examples of program involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty.
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Pedagogical development for full and part-time faculty is supported by several university centers. The Tracey Seely Center for Teaching Excellence (CTE) provides support for faculty to improve and innovate in the classroom setting. The CTE is inspired by a core principle of Ignatian pedagogy: *cura personalis*, or care of the whole person; programs, events, and community conversations are created each semester to meet the changing needs of faculty, with the understanding that teaching is a form of caring. CTE offers ongoing programs like peer coaching, a summer book club, open classrooms, faculty learning communities, workshops for newish faculty, intensive workshops focusing on certain pedagogical topics, and the annual teaching retreat. Faculty Learning Communities facilitate discussion of higher education trends and their impact on teaching and learning. Discussion topics have included improving student engagement, incorporating new technologies into the classroom, and effectively engaging international students. Each semester they also offer several hour-long workshops with faculty presenters who share their experiences and successes on specific teaching issues and inquiries. CTE Website for full offerings: <https://www.usfca.edu/teaching-excellence>.

Educational Technology Services (ETS) provides workshops and training for use of technology in the classroom, including a 12-week course in online teaching. Their main offerings include: professional development and training, consultations for course design in hybrid and online formats, training on educational technology tools, and peer-to-peer learning opportunities. Trainings include a three-day Faculty Tech Intensive workshop; Design workshops for online learning, active learning, learning experience design, and multimedia design; Faculty and guest lectures on technology and pedagogy for an engaging classroom learning experience; Peer2Peer Teaching with technology sessions where USF faculty lead a one-hour presentation and discussion; annual EdTech Expo in collaboration with Bay Area universities; Technology Awards for Innovation, and a new Certificate Program. Consultations are offered one-on-one with an instructional designer or a course multimedia developer. Many educational technologies are available to faculty along with in-person and online resources for these technologies; popular offerings are Zoom, Canvas, Qualtrics, Turnitin, Poll Everywhere, Echo360, Digication, and USF Blogs. ETS Website for full offerings: https://myusf.usfca.edu/ets/development_training, and example of ETS services are available in [ERF 3-3\)a](#).

The Center for Research and Artistic Excellence (CRASE) supports short or long-term Faculty Research Circles on a shared topic discussed by faculty across the university. Most of these opportunities are available to full and part-time faculty, to support faculty in staying up to date in their areas of instructional responsibility.

At the school level, the Faculty Development committee sponsored by FASONHP has a stated purpose to facilitate faculty scholarship and professional effectiveness activities, as follows:

- a) Scholarship: Financially support faculty scholarship activities and the dissemination of associated findings; Funds occasional weekend writing retreats for SONHP faculty
- b) Professional Effectiveness: Fund faculty presentation/attendance at continuing education conferences, workshops and other faculty development opportunities.
- c) Conducts informal networking events where faculty are invited to present their research to other SONHP faculty

Faculty Development Funds are disbursed by the university to each school based on the number of faculty (see Section C1 for details). The majority of full-time faculty apply for and receive Faculty Development Funds every year to support conference attendance and presentations, trainings, software purchases, funding for research assistants, transcription service, etc. FDF awards also are available to part-time faculty for professional development activities related to course development and student learning. See [ERF E3-3\)b](#) for a table of MPH faculty activities supported by Faculty Development Funds during the last three academic years, such as for attendance at the American Public Health Association annual meeting.

The Digital Teaching and Learning committee sponsored by FASONHP was initiated in 2018. The stated purpose of this committee is to help faculty apply best practices to integrate and coordinate digital innovation and instructional activities in the areas of curriculum, research training, funding, and diversity and inclusion; and to serve as the school's clearinghouse for information and resources about digital pedagogical innovation.

At the program level, during MPH faculty meetings (which include full- and part-time faculty), faculty discuss teaching and curriculum issues and set action plans for making changes if indicated. In program meetings, MPH faculty regularly discuss the curriculum pattern, teaching of core courses, online courses and development, and effective strategies for teaching fieldwork and capstone courses. Several MPH faculty serve on the advisory boards of university centers or groups dedicated to instructional effectiveness, and these faculty share learning opportunities during MPH program meetings.

MPH faculty frequently participate in programs sponsored by CTE and ETS to support continuous improvement in faculty instruction and student learning, both as learners in the audience and as facilitators/teachers. For example:

1. MPH faculty are members of the Advisory Board or Steering Committee for CTE (Couture), CRASE (Grinshteyn), and the Educational Technology Advisory Board (L'Engle).
2. MPH faculty frequently work with ETS and instructional design and technology teams to develop or revise online classes. Faculty have been featured in case studies and videos that showcase the collaborative process for online course development, creative uses of technology for student learning in groups, and maximizing student engagement with technology tools. These videos feature the development of *MPH 621 Epidemiology* (Flipping your Face to Face Course: <https://myusf.usfca.edu/ets/casestudies>) and *MPH 636 Program Planning Management and Evaluation* (Supporting online group work: <https://myusf.usfca.edu/ets/casestudies-lengle>).
3. MPH faculty participated in a 12-week training on hybrid and online course development provided by the instructional design team in ETS, in 2018. The training was attended by four MPH faculty who then developed new or revised courses using the Canvas Learning Management System. *MPH 612 Biostatistics* online was heavily revised and *MPH 639 Collaboration and Community Organizing Principles and Practices* was developed during and following the training.
4. MPH faculty have participated in numerous CTE Faculty Learning Communities that require monthly meetings during the academic year for discussion of pedagogical topics and a final product to share with the USF community, including: Teaching Cultural Competence, Awareness, and Humility (2018-19); Active Learning in the Classroom (2018-19); Best Practices in Hybrid Learning Experiences (2016-2017); and Walking the Walk: Student Engagement in the Classroom (2015-2016).

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- 4) Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement.
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Evaluations of instructional effectiveness play a crucial role in decisions about faculty advancement at USF. USF is first and foremost a teaching university, and much emphasis is placed on teaching effectiveness. A faculty member in a probationary position (on tenure track but not yet applied for tenure) could be terminated if the faculty member is not demonstrating a clear path to teaching effectiveness (e.g., consistently low teaching evaluations despite efforts to raise them). The Dean determines this through the annual Academic Career Prospectus where faculty report on meeting their goals set for the previous year. Upon applying for tenure and/or promotion, a candidate is reviewed by faculty members in the SONHP who serve on the Peer Review Committee as well as faculty members serving on the University Peer Review Committee. The candidate must be graded, at a minimum, superior on two and adequate on one of three criteria: teaching, research and service, in order to be recommended for tenure and/or promotion. Therefore, teaching effectiveness constitutes one third of the criteria for advancement. For term faculty, teaching constitutes 50% of the criteria for promotion, since term faculty are only evaluated on teaching and service. Definitions of the categories for superior and adequate in teaching follow.

In decisions for tenure and promotion, Adequacy in teaching is defined as:

- a) Teaching evaluations consistently at or above average for the school or college.
- b) Course syllabi and/or accompanying instructional materials that show evidence of continuing scholarship, and periodic review of instructional materials and methods.
- c) Substantive contribution to curriculum at the department, program, College or University level, supported by evidence, for example, letters from departmental or program colleagues, chairs or directors.

Superiority in teaching is defined as:

- d) Teaching evaluations consistently significantly above the average for the school or college.
- e) Course syllabi and/or accompanying instructional materials that show evidence of continuing scholarship, and periodic review of teaching materials and methods.
- f) Quality of instruction is validated by evidence from varying sources such as, e.g., recognition of professional associations, colleagues, University or College adoption of original materials, etc.
- g) Substantive contribution to curriculum development at the College or University level or especially distinctive contribution at the department or program level, supported by evidence, for example, letters from departmental or program colleagues, chairs or directors.

For promotion to Full Professor, superiority in this category shall require that the candidate's scholarship or artistic works be of great merit.

Decisions about full-time faculty advancement are stipulated in the USFFA CBA (ERF E3-4)a).

Decisions about advancement for part-time faculty are stipulated in the USF Part-Time Faculty Collective Bargaining Agreement (ERF E3-4)b) Part-time faculty who are determined to be good teachers and competent in their teaching assignments, and who have completed at least 32 units of teaching and two years of service, are eligible for promotion into the Preferred Hiring Pool (PHP). The Dean decides on promotion after reviewing the applicant's submitted materials, which include courses taught, teaching philosophy, C.V., applicant's support for program learning outcomes, etc. Promotion into the PHP yields a per credit salary increase and priority in teaching assignments among part-time faculty.

5) Select at least three indicators, with one from each of the listed categories that are meaningful to the program and relate to instructional quality. Describe the program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the lists that follow, the program may add indicators that are significant to its own mission and context.

- a) **Faculty currency** – Annual or other regular reviews of faculty productivity, relation of scholarship to instruction

The annual ACP between the faculty and the Dean provides the opportunity for faculty to review their teaching effectiveness, scholarship, and service over the previous year. In the ACP, faculty also set out teaching goals for the next academic year that form an essential component of the ACP. In the last two years there have been efforts at the university level to share best practices across schools and colleges and provide guidance to leadership on how to better structure the ACP process so that it is an authentic opportunity for professional development of faculty. Following this guidance, the SONHP has streamlined the ACP process, refined the ACP document format, and added educational sessions and time for Q&A on the ACP in early fall prior to ACP submission.

During the ACP there is careful review of student evaluations, looking both holistically across academic year and individually by course, and open-ended student comments are discussed for further insights into strengths and weaknesses in faculty instruction. In this way, the ACP provides an opportunity for reflection on the previous year of teaching and plans for how teaching might be improved if indicated. A formal letter summarizing the discussion is generated soon after the ACP

meeting, providing a record and reminder for faculty and administration. The ACP process—from completing the ACP form (ERF E3-1) to meeting with the Dean to receiving the summary letter—requires dedicated time and thoughtful review of faculty instruction.

b) **Faculty instructional technique** - Student satisfaction with instructional quality

Course evaluations (“BLUES”) are automatically sent to students near the end of each class in each semester to assess student satisfaction with instructional quality, as evidenced by quality of instructional practices, instructional design, student engagement, and student learning. Faculty anticipate results of their course evaluations—not only because they will be reviewed with the Dean in the annual ACP and form the basis for tenure and promotion related to teaching—but also because the MPH faculty prioritize excellence in teaching. Teaching represents 60%-80% of the workload for full-time faculty; therefore, faculty who teach at USF are committed to teaching and strive for creating an excellent student learning experience. MPH faculty demonstrate outstanding scores on BLUE course evaluations, typically well above 5.0 on the 6-point Likert scale.

Faculty also frequently request student input on faculty teaching and student learning through mid-semester or additional end of semester evaluations. This is most common for new or substantially revised courses, or courses that have scored lower on past student evaluations. The CTE has recently added assistance with mid-course evaluations to their offerings as faculty have realized the benefit of additional assessments of student learning beyond the end of semester BLUE course evaluations.

c) **Program-level outcomes** - Courses that integrate technology in innovative ways to enhance learning. Courses that employ active learning techniques.

The university provides superb support for integrating technology into teaching both in and outside of the classroom setting to enhance student learning. The CTE and ETS are heavily used by MPH faculty, there is a dedicated instructional designer for distance learning in the SONHP, and faculty regularly collaborate with educational technology experts to design courses and revise and innovate existing ones. All MPH courses rely on Canvas for presentation, faculty use Zoom for meeting with students and for student group assignments, Poll Everywhere to gauge real-time student learning, and use Echo360 to record lectures for “flipped” classrooms. MPH faculty serve on university advisory boards and steering committees for teaching and technology, and are invited to give presentations to university faculty and are featured in university videos about integrating educational technologies to enhance student learning (described above).

Furthermore, faculty are dedicated to employing active learning techniques in all courses, in both the classroom setting and online. The university has equipped new “Active Learning Classrooms” with multiple monitors, AirPlay, color-coded rolling chairs, and other features, and MPH faculty regularly request these classrooms for instruction. In the 2018-19 academic year, MPH faculty are participating in a Faculty Learning Community dedicated to Active Learning and in 2017-18 faculty were members of a Faculty Learning Community dedicated to Best Practices in Hybrid Learning Experiences. Our faculty are innovating in online individual and group work by creating active learning assignments that require frequent team zoom meetings, active and multiple-way discussions boards, and creative use of technologies in the format of peer-coaching selfies, blogs, and team project videos.

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Faculty at USF and in the MPH program take pride in being excellent teachers. Student ratings of instructional quality in MPH courses is high, and student comments reflect enjoyment in the classroom setting and a high degree of satisfaction with teaching. MPH faculty routinely develop and deliver

courses that require students to be active learners and to deeply engage with course content, often in innovative ways and using supportive educational technologies.

Although we have been somewhat lacking in tracking measures of teaching effectiveness at the programmatic level, our revitalized MPH data collection efforts and MPH program evaluation plan will support monitoring and evaluation of our progress in achieving the MPH program educational goal 1 to provide student-centered education using effective and/or innovative pedagogy. One area for improvement is for faculty to spend dedicated time reviewing course evaluations in the program or department setting, so that the discussion of teaching effectiveness is more transparent and collaborative. Instructional effectiveness overall and for specific classes is sometimes discussed in MPH program meetings and frequently among faculty in informal settings, but a once or twice annual retreat focused on teaching will provide a dedicated space and time for review, reflection, and making plans for improvement. The updated MPH program evaluation plan presented in Section B5 of the self-study specifically incorporates faculty retreats and dedicated discussions during MPH program meetings to address instructional effectiveness including suggestions for improved course design and delivery as indicated.

E4. Faculty Scholarship

The program has policies and practices in place to support faculty involvement in scholarly activities. As many faculty as possible are involved in research and scholarly activity in some form, whether funded or unfunded. Ongoing participation in research and scholarly activity ensures that faculty are relevant and current in their field of expertise, that their work is peer reviewed and that they are content experts.

The types and extent of faculty research align with university and program missions and relate to the types of degrees offered.

Faculty integrate research and scholarship with their instructional activities. Research allows faculty to bring real-world examples into the classroom to update and inspire teaching and provides opportunities for students to engage in research activities, if desired or appropriate for the degree program.

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- 1) Describe the program's definition of and expectations regarding faculty research and scholarly activity.
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All full-time tenured and tenure-track faculty are assigned 20% of their yearly workload to research and scholarly activity. Faculty research and scholarly activity contribute to the reputation of the school and the faculty, generate strategies to address pressing public health problems locally and globally, and assure students learn the most up to date public health knowledge and applications. Expectations regarding faculty research and scholarly activity are specified in the USFFA CBA, defining it as consistent, current, and active research program and results, and scholarly books or referred journal articles. During the annual ACP, faculty review their research goals from the previous year, specify them for the next academic year, and discuss research progress and challenges with the Dean. Faculty specify a mix of activities that reflect the broad range of research and scholarship activities within public health.

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- 2) Describe available university and program support for research and scholarly activities.
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There are three main sources of university support for faculty research and scholarly activities: Faculty Development Funds, Center for Research and Artistic Excellence, and the Office of Contracts and Grants.

First, Faculty Development Funds are available to support research and scholarly activities, described above in Section E3-1. Faculty regularly obtain these funds to support conference attendance and presentation, hire a research assistant to help with faculty research projects, pay for transcription service, purchase software, or attend trainings for new research knowledge and skills.

Second, the university Center for Research and Artistic Excellence (CRASE) has the mission to support, promote, and celebrate faculty research, artistic, and scholarly excellence through interdisciplinary and community connections, innovative approaches, social impact, and active dissemination. CRASE sponsors Faculty Research Circles which convene regular meetings of faculty with shared research and scholarly interests, such as a focus on Aging and Older Adults, HIV/AIDS, and Women and Violence, which include MPH faculty as members. They also sponsor Interdisciplinary Action Groups, which represent teams of USF faculty across the university who undertake a semester-long project with a specific, high-impact goal that provides new ideas, strategies, and possibilities to USF, key stakeholders, and to the public. Other CRASE events include grant-writing workshops, all-day writing retreats, faculty presentations, statistics consultations, and workshops on developing a five-year plan and a plan for the semester. MPH faculty regularly participate in CRASE events and one faculty (Grinshteyn) serves on the CRASE Advisory Board.

Third, the Office of Contracts and Grants (OCG) also encourages and supports USF faculty and staff in their pursuit of federal, state, and local funding for research, scholarship, and outreach. The OCG helps faculty identify prospective funding opportunities, interpret federal and state agency guidelines, develop realistic budgets, complete application requirements, and prepare competitive proposals. OCG also provides post-award support to faculty and staff to help them manage their grants and contracts by providing financial information, interpreting agency requirements, and helping them to request approvals for no-cost extensions and budget reallocations. The Dean has successfully worked with the Provost to secure a portion of the indirect costs from select grants and contracts as part of a project plan and the University also approves submission of grant proposals that do not allow indirect costs to be charged. With external funding, faculty are able to reduce teaching loads, support research assistants, and boost summer funding.

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- 3) Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students.
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All courses in the MPH program have an applied focus, which invites integration of faculty research into course assignments and presentations. Faculty regularly integrate research and scholarly activities into student instruction, through analysis of faculty datasets, assignments requiring data collection and analysis, review and testing of research instruments, sharing scholarly presentations, journal discussion clubs, and in myriad other ways. Examples from courses include:

- a) Professor Grinshteyn uses her own published papers to teach about data visualization techniques in *MPH 635 Healthy Policy and Ethics*. She shows five different ways that her data has been presented in presentations and publications to illustrate the effective use of tables and figures and specifically in policy briefs.
- b) Professor L'Engle calls on her expertise in developing and testing mobile phone interventions for health promotion in *MPH 622 Communicating for Healthy Behavior and Social Change*. She integrates her public presentations and papers throughout the class to provide real-world examples of design and evaluation challenges in her studies in Kenya, Tanzania, Ghana, and India. Class activities include students developing health messages in pairs and then conducting usability testing based on these examples, and teams creating audience-focused materials in three different communication formats to effectively and with cultural competence communicate public health information.
- c) Professor Nosek brings her qualitative research expertise to her class, *MCH 624 Maternal and Child Health*. Students conduct qualitative data collection and analysis in class using phenomenological frameworks. A student from fall 2017 used the data to co-author and present a presentation at APHA 2018 with the faculty, on Experiences of Pre-Conception Through Infant's First Year: Capturing Social Determinants of Maternal Child Health Using A Phenomenological Lifeworld Approach. They are preparing a manuscript for publication. This abstract was 2nd runner up out of 50 for the MCH student contest session at APHA.
- d) Students write a research proposal, create a measurement table and survey instrument, program the survey into Qualtrics, and write a statistical analysis plan in *MPH 663 Research Methods in Public Health*. (Faculty: Couture, L'Engle) Journal clubs that require reading published articles, creating slide sets to describe study methods, and structured groups discussions of these articles are assigned in several MPH classes. Faculty may assign their own published articles as they are relevant to the class, in order to support in-depth discussion and demonstration of how methodological concepts are applied in the actual conduct of research (Faculty: Couture, L'Engle, McDermott, Nosek)
- e) Elizabeth Marlow draws on her own community based participatory research with previously incarcerated persons at The Gamble Institute when teaching *MPH 633 Community-based Participatory Research and Practice*.

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- 4) Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities.
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Faculty aim to involve students in research and scholarly activities through Directed Study with one or a few students, hiring them as research assistants, and co-presenting with them at conferences. Examples of Directed Studies, Research Assistants, and Research Collaborations include:

- a) Fear of Emotional, Physical, and Financial Abuse among Older Adults (Faculty: Grinshteyn; 2016-2017)
- Research Assistant entered over 400 surveys into a database, abstracted data from literature, worked on a poster presentation, drafted the introduction to a submitted manuscript, and edited the final manuscript.
 - Student Co-authored a poster presentation at the International Association of Gerontology and Geriatrics conference hosted in San Francisco, CA in July 2017 (title: Fear of Physical, Emotional, and Financial Exploitation Among Older Adults).
 - The student also co-authored a manuscript that is in submission.
- b) Scoping Review of Behavioral Health (Faculty: L'Engle; 2017-18, 2018-19)
- Directed Study for a Scoping Review in Behavioral Health. Two students identified seminal articles in the behavioral health field, identified relevant journals, drafted an extraction form to document definitions of behavioral health, and coded data.
 - Hired Research Assistants to conduct data coding and analysis and support manuscript preparation for Scoping Review.
 - Students presented at APHA, Atlanta, GA. Titled, *What is Behavioral Health? A Scoping Review*. Manuscript in preparation.
- c) Research with the African Mothers Health Initiative (Faculty: Nosek; 2017-18, 2018-19)
- Directed Study on Grant Writing. Two students collaborated on a grant proposal to incorporate child development techniques for the project nurses to provide high quality infant care.
 - Directed Study on Maternal and Child Health. Literature review of impact on children and the family and best practices to alleviate maternal morbidity.
 - Student presentation at APHA, San Diego, CA. Based on fieldwork and titled: Chimwemwe mu'berekiki: A community-based mother and infant program in Malawi.
- d) Research with Youth of Incarcerated Parents (Faculty: Nosek; 2016-17; 2018)
- Student poster presentation at San Francisco ACES conference
 - Student co-author of paper accepted FA 2018.
- e) Other
- Directed Study on Social Epidemiology and Socio-Structural Determinants of Health. Student examined social determinants of health and learned concepts, methods, and statistical analyses used in social epidemiology. (Faculty: Couture; AY 2017-18)
 - Directed Study on Scholarly Communication. Student analyzed data from faculty research project and presented scientific poster at APHA conference. (Faculty: Couture; AY 2017-18)

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- 5) Describe the role of research and scholarly activity in decisions about faculty advancement.
-

Research or creative and artistic work for full time faculty is reviewed (1) annually during the Academic Career Prospectus meeting with the Dean of the SONHP, and (2) when applying for tenure and promotion.

(1) Research is discussed with the Dean during the annual ACP. During the ACP, faculty are asked to specifically discuss research as follows: (a) Area(s) of primary interest and relationship to longer-term goals, (b) Publication and paper development goals, and (c) Planned research and creative work not reflected through publications or papers.

(2) Similar to the description above in E3.4) regarding the role of teaching in decisions about faculty development, research is also one-third of the criteria for those who are on tenure track. However, full

time term faculty are not judged on their research activities, since their commitment to the University is for teaching and service only. Research is expected to be performed on a regular basis with evidence of publications and dissemination as well as impact on the profession. When reviewed by peers in both the College Peer Review Committee and the University Peer Review Committee, applicants are carefully examined regarding the quality and productivity of research or scholarship. In addition to school and university peers reviewing the applicants' portfolios, a minimum of three external reviewers also are requested to review materials and assess the merit of the applicant's program of research. As with teaching and service, faculty highlight their research activities in their applications including details such as first author, journal impact numbers, numbers of citations or reads, etc. The criteria is carefully laid out in the USF CBA regarding what constitutes 'superior' or 'adequate' service. The definitions for adequate and superior research follows.

In decisions for tenure and promotion, Adequacy in research is defined as:

- a) Consistent, current and active research program and results, as evidenced, inter alia, by scholarly books or refereed journal articles, artistic works in juried exhibitions.

Superiority in research is defined as:

- b) Consistent, current and active research (or artistic) program and results of distinction, recognized nationally or internationally in the field, and evidenced, inter alia, by a significant record of scholarly books or refereed articles published by prestigious publishers or journals or juried exhibitions of artistic works.

For promotion to Full Professor, superiority in this category shall require that the candidate's scholarship or artistic works be of great merit.

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- 6) Select at least three of the measures that are meaningful to the program and demonstrate its success in research and scholarly activities. Provide a target for each measure and data from the last three years in the format of Template E4-1. In addition to at least three from the list that follows, the program may add measures that are significant to its own mission and context.
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Table E4-1) Outcome Measures for Faculty Research and Scholarly Activities				
Outcome Measure	Target	2018-19	2017-18	2016-17
Percent of primary instructional faculty participating in research activities	80%	80%	80%	70%
Percent of primary instructional faculty who advise students for research activities, research directed studies, etc.	70%	70%	80%	60%
Percent of primary instructional faculty presenting at professional meetings	70%	70%	60%	80%

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- 7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.
-

As a university USF prioritizes teaching in faculty workload, although research and scholarship also have dedicated time and are the basis for one-third of the decision about faculty advancement for tenured and tenure-track faculty. In addition, term and part-time MPH faculty embrace and conduct research and scholarly activities across a range of settings and populations. Some faculty research is conducted in collaboration with students, but as a faculty we could do better in providing more opportunities for students to participate in faculty research. The new Faculty Activity Survey, described in Section B5 and to be completed annually, will provide data to monitor progress and inform

suggestions and improvements to support our programs' research goal: to generate knowledge and evidence to advance public health, with a specific aim of involving students in faculty research activities.

E5. Faculty Extramural Service

The program defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service as described here refers to contributions of professional expertise to the community, including professional practice. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.

As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the program's professional knowledge and skills. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

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- 1) Describe the program's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations.
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All full-time faculty are assigned 20% of their yearly workload to service. Service at USF includes service to University, the profession, and the community. The definition of community service is presented in the Collective Bargaining Agreement as: a wide range of activities directed toward local, state, or national groups. Examples of such service include lectures, panel discussions, radio and television appearances, membership on advisory boards or civic committees; involvement in community, political, or charitable organizations, service to religious bodies, or to the government, and involvement in youth and citizen recreation programs. Expectations regarding faculty service are presented and discussed in the ACP, with faculty reviewing progress and plans for service together with the Dean. Expectations for service by MPH faculty is equivalent and determined by university definitions and expectations as defined in the USFFA CBA.

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- 2) Describe available university and program support for extramural service activities.
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The Jesuit Foundation, established by a gift from the USF Jesuit Community, has as its purpose helping USF become more of a university by engaging and fostering its Catholic identity. Because that identity depends considerably upon the depth and presence of Ignatian spirituality within the institution, the Foundation encourages the integration of Ignatian spirituality with the programs and structures that sustain the character and life of the University. Eligibility is limited to current full-time faculty and full-time staff of the University of San Francisco. At least one MPH faculty has received support from the Jesuit Foundation for developing a conference on Transgender Acceptance and Understanding.

USF provides substantial support for faculty to participate in service activities by covering 20% of salary for full-time faculty members to devote time to service.

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- 3) Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students.
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Examples of extramural service activities performed by full-time faculty in an expert role for local and global organizations include:

- a) Rich Callahan. Local service includes the provision of leadership coaching to several nonprofit organizations, including Her Health First, Drug Treatment Development Center, and the Sierra Health Foundation Leadership Program. Colleagues from the local programs are invited to serve as guest lecturers in the classroom.
- b) Dory Escobar. Local service includes: California Future Healthcare Workforce Commission (Community Health Worker Ad-Hoc Group), Child Parent Institute (Board of Directors), Latino Youth Services Testimonios Community Health Youth Health Promotores Project (Community Advisory Board). Trainings conducted for these organizations have informed development of student proposals for intervention programs addressing adverse childhood experiences in *MPH*

636 *Program Planning, Management, and Evaluation*; and an MPH fieldwork student conducted an evaluation for the Health Promotores project.

- c) Kelly L'Engle. Service includes: World Health Organization Department of Reproductive Health and Research (Technical Advisory Group and Guidelines Development), mHealth Working Group for Knowledge for Health/US Agency for International Development (Co-Founder and Advisory Board). L'Engle shares examples from these service activities in discussing stakeholder engagement, community collaboration, and grantwriting in *MPH 636 Program Planning, Management, and Evaluation* and *MPH 663 Research Methods*.
- d) Marcianna Nosek. Service includes: Local: San Rafael Drug and Alcohol Coalition (Healthcare Sector Representative and Chair) at Alcohol Justice in San Rafael, CA. Global: African Mothers Health Initiative (Board Member). This latter organization has been a fieldwork site for MPH students who actually traveled to Malawi for a portion of the fieldwork. Nosek draws on her experiences with both of these service roles to give examples in the courses she teaches including *MPH 624 Maternal Infant Child Health* and *MPH 622 Communicating for Healthy Behavior & Social Change*.
- e) Barbara Sattler. Local service includes: the Ceres Project (Ambassador), Center for Environmental Health FACTS (Board Member), Breast Cancer Prevention Partnership (Scientific Advisory Board). National service includes: American Academy of Nursing (Public and Environmental Health Expert Panel) and Alliance of Nurses for Healthy Environments (Board Member). Health professionals at these organizations and others in the local area serve as guest lectures in the classroom and as fieldwork preceptors for students who conduct their APE in these settings.

4) Describe and provide three to five examples of student opportunities for involvement in faculty extramural service.

- a) MPH students have volunteered in several community response efforts led or championed by MPH faculty. Two MPH students volunteered with the Sonoma County Health Department's rapid post-fire community needs assessment using CDC's CASPER model, and a third MPH student volunteers as a member of the "Sacramento 13" community emergency response team.
- b) An MPH student volunteered to attend a San Rafael Alcohol & Drug Coalition meeting with a faculty member to learn about how community coalitions are formed and run. She also aimed to network with community agents working in the San Rafael Canal District, where the coalition host agency is located, to develop plans for a needs assessment for a free women's health clinic serving the immigrant population of that area.
- c) An MPH student volunteered to visit The Gamble Institute (TGI) that serves previously incarcerated persons who are attending higher education classes at a local community college. Activities included providing input on the upcoming visit to a USF MPH course by a panel of TGI members. The student engaged in discussion about the vignettes that the faculty member and the TGI facilitator (a recently released incarcerated African American man) create for the students and panel members to engage in to elicit potential sentiments of bias in working with community members. This input from the student helped ease the facilitator's angst while preparing for their visit and supported the partnership with TGI. In addition, as a follow up to the panels' visit, she and a few other students have volunteered to participate in a focus group with TGI to aid in their understanding the value of the panel.

5) Select at least three of the indicators that are meaningful to the program and relate to service. Describe the program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list that follows, the program may add indicators that are significant to its own mission and context.

1. Percent of total faculty participating in extramural service activities
2. Number of community-based service projects that address underserved and vulnerable populations

3. Faculty promoted on the basis of service

As a program and as an institution we encourage participation in service. It is a tenet of Jesuit philosophy as "women and men for and with others" and to "have concern for the poor and marginalized." Service that aims to "improve the health of local and global populations particularly the underserved and vulnerable" also aligns with the MPH program mission. Extramural service that is performed by our faculty is rooted in these values and mission. In addition, the school has a new director of partnerships and a new dedicated development staff, who are working closely with the MPH Fieldwork Coordinator, to strengthen and expand academic-community partnerships.

As a whole, we as faculty encourage each other by sharing our activities and inviting each other when applicable, and our new Faculty Activity Survey will support increased discussion and sharing of opportunities. Because our dean has access to all faculty activities, during our annual ACP meeting, she uses that opportunity to inform us when she detects that there is shared interest among faculty and follows up by making the informal connection. She, and others in leadership and partnership roles, may also inform faculty of opportunities directly in the communities that they believe are related to our expertise and interest. The level and amount of time that faculty dedicate to extramural service fluctuates according to their particular career and personal workloads, so individual progress is considered over time. However, because promotion and tenure cannot be obtained without adequate or superior service, this indicator has an innate ability to track progress.

MPH Program faculty have chosen these three indicators based on our desire to increase awareness and commitment to faculty and student participation in extramural service. Faculty understand the weight service is given during the promotion process, and thus desire to have the vast amount of service that they do on all levels including program, school, university, community and profession be acknowledged and monitored. The encouragement of service and its link to promotion results in increased service endeavors. We have had multiple faculty successfully apply for tenure and/or promotion over the past few years, having been reviewed by school and university peers, deans and provost. Therefore, this supports progress on this indicator.

6) Describe the role of service in decisions about faculty advancement.

Service for full time faculty is reviewed (1) annually during the Academic Career Prospectus meeting with the Dean of the SONHP, and (2) when applying for tenure and promotion.

(1) Service is discussed with the Dean during the annual ACP. During the ACP, faculty are asked to specifically discuss service as follows: (1) Nature/extent of participation on University and School/College committees, and (2) Other service to the University, the profession, or the community; see below for examples of service in these areas according to the CBA.

(2) Similar to the description above in E3.4) regarding the role of teaching in decisions about faculty development, service is also one-third of the criteria for those who are on tenure track, and one half of the criteria for promotion for term faculty. Service is an essential component of faculty responsibilities at USF based on Jesuit principles, so it carries a significant amount of weight when a faculty is applying for tenure and promotion. When reviewed by peers in both the College Peer Review Committee and the University Peer Review Committee, applicants are carefully examined regarding the level and amount of service that contributed to their school, University, community and/or profession. The criteria is carefully laid out in the CBA regarding what constitutes 'superior' or 'adequate' service (see below). The definitions for adequate and superior service follow.

In decisions for tenure and promotion, Adequacy in service is defined as:

- a) Consistent, current and active service program, with at least one major service contribution of high quality, as validated by evidence submitted with the application, for example, letters from departmental or program colleagues, chairs or directors.

Superiority in service is defined as:

- b) Consistent, current and active service program, with a significant number of major service contributions of high quality, as validated by evidence submitted with the application, for example, letters from departmental or program colleagues, chairs or directors.

For promotion to Full Professor, superiority in this category shall require outstanding service to and leadership in the University, the profession or the community.

As specified in the CBA, service to the University, the profession, and the community includes, but is not limited to, the following specific examples:

SERVICE TO THE UNIVERSITY

- (i) Service to the USF Faculty Association.
- (ii) Service to students (including advising, career counseling, presentations of lectures on special topics, participation in panel or group discussion, directing field trips, supervising independent study projects, serving as faculty moderator of a student activity and engaging in extra-curricular academic activities with students and involvement in student affairs programming).
- (iii) Service to the academic community (including presentations of lectures, participation in seminars, developing research proposals with other faculty members, serving on committees, study groups, and task forces, and lending one's professional expertise to other faculty members for their benefit).
- (iv) Service to the University (including significant service to the offices of the University, such as University Development (including the Alumni Association), Student Development, special student services, and the Office of Admissions).

SERVICE TO THE PROFESSION

Professional service includes membership in professional organizations, attendance at their meetings and conferences, organizing such meetings, service as a discussant of papers read by others or being a panel member at such meetings, holding office in organizations, receiving awards and recognition from such groups, and contributing consultative, advisory, or editorial service in a professional capacity. (Being paid for such services shall not automatically render them unworthy of consideration in this category; the University shall exercise judgment concerning the role of financial recompense in the service.)

SERVICE TO THE COMMUNITY

Community service includes a wide range of activities directed toward local, state, or national groups. Examples of such service include lectures, panel discussions, radio and television appearances, membership on advisory boards or civic committees; involvement in community, political, or charitable organizations, service to religious bodies, or to the government, and involvement in youth and citizen recreation programs.

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- 7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.
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The San Francisco Bay Area, home to USF, provides ample opportunity for extramural service by faculty and students. Many MPH faculty are engaged with the community. However, faculty could increase their extramural community service, and new staff and faculty dedicated to academic-community partnerships in the SONHP will support increased faculty service at the level of the community. Increased community service has been a focus of recent discussions, and we are optimistic about growing opportunities for community collaboration supported by these colleagues. Re-establishing the MPH Community Advisory Board also will support increased community collaborations. Implementation of the annual Faculty Activity Survey will help with monitoring and evaluation toward achieving progress in meeting our program service goal: promote public health and equity through community service.

As is typical among university faculty who are evaluated on teaching, research, and service, individual MPH faculty dedicate time in some areas more than others. For example, faculty with more robust research activities tend to engage in less community service, while those with more community service

activities tend to engage in fewer research and scholarly endeavors. We believe our goals reflect ambitious yet realistic aims to increase community collaboration and service.

F1. Community Involvement in Program Evaluation and Assessment

The program engages constituents, including community stakeholders, alumni, employers and other relevant community partners. Stakeholders may include professionals in sectors other than health (eg, attorneys, architects, parks and recreation personnel).

Specifically, the program ensures that constituents provide regular feedback on its student outcomes, curriculum and overall planning processes, including the self-study process.

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- 1) Describe any formal structures for constituent input (eg, community advisory board, alumni association, etc.). List members and/or officers as applicable, with their credentials and professional affiliations.
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Our MPH program originally had an advisory committee with members recruited during the inception of our program in 2013. The Advisory Committee initially met two times a year under the direction of the Dean, the Associate Dean, and the MPH Program Chair. However, in more recent years this advisory committee has been inactive. We are currently reviving an advisory board through recruitment of new members. Based on recommendations from faculty, we have compiled a list of interested candidates and have begun the process of inviting prospects to participate on our new MPH Advisory Board. We have included a range of practitioners spanning work in policy, state and local public health departments, healthcare systems, foundations, NGOs, and community settings. (See complete list of invitees with their credentials and professional affiliations in [ERF F1-1](#)).

Although we do not have an active alumni association, for our self-study process we have solicited feedback from our alumni via an alumni survey, focus groups, and one-on-one interviews. (See [ERF F1](#) [labeled as [B5-1](#)]a-b] for the Alumni data).

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- 2) Describe how the program engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.
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As part of our Preceptor Survey (see [ERF F1](#) [labeled as [B5-1](#)]c]) we asked for input on multiple issues such as prioritizing skill sets for new and current employees as well as community affiliates. We also asked participants to prioritize public health issues in our local communities as well as future trends and workforce needs. In addition, we asked participants to assess competencies of our USF students and graduates. Additionally, at the end of each student's applied practice experience, we solicit feedback from their direct preceptors via the Preceptor Evaluation of Students (see [ERF F1-2](#)). We have used this preceptor feedback to identify gaps in our curriculum and to improve program effectiveness.

Another method we have used to engage stakeholder feedback includes sharing syllabi with active practitioners working in the field. For example, one faculty shared details of how he changed the readings required in his course to align better with current public health issues based on this feedback. Additionally, having adjunct faculty who are active public health practitioners teach courses and attend program meetings allows for direct input to our curricula regarding current practice and issues in the public health arena. Finally, the MPH Advisory Board mentioned above will provide invaluable input to guide us in developing the most effective curricula based on current public health needs and future directions

The Preceptor Survey has been administered once thus far in November 2018 and will be revised and administered annually each January as the Workforce and Employer Survey, with the next administration in January 2020. These data will be used for ongoing program monitoring with reports

generated, analyzed by the MPH Program Director, and discussed with faculty in program meetings and retreats.

3) Describe how the program's external partners contribute to the ongoing operations of the program. At a minimum, this discussion should include community engagement in the following:

a) Development of the vision, mission, values, goals and evaluation measures

During previously held MPH Advisory Committee biannual meetings, input was solicited from board members regarding graduating students' assessments of how well the MPH program addressed its mission, values and goals. One of the first agenda items for the first meeting of our new revived Advisory Board will be to review of our vision, mission, values, goals and evaluation measures that have been revised during the self-study process.

b) Development of the self-study document

To support development of the self-study document, we have collected feedback from preceptors and alumni, detailed in [ERF F1](#) (labeled as [B5-1\)a-b](#) for the Alumni data and [B5-1\)c](#) for the Preceptor data).

The preliminary draft of our self-study document was made available by request from the USF MPH program website, and preceptors and select community partners were sent a copy directly via email. These community constituents also were provided with a link to a survey to provide feedback. Any feedback received will be carefully attended to in order to inform continuous quality improvement of our MPH program. Feedback received to date includes comments on improving quantitative skills including research methods, diversifying student recruitment for the MPH program to include youth-serving organizations in the community, increased focus on career development skills, and better support for students finding and working in fieldwork placements. Additionally, a reviewer suggested increasing financial resources to support grantsmanship, faculty research endeavors, and research fellowships for students. Strengths noted are inclusion and diversity goals for students, faculty, and staff, with the note to make sure that our graduates are trained to assess and address needs of community members and that we increase our Latinx faculty and staff to reflect our student and California population. Additional strengths noted by external partners included addressing social determinants of health and issues of globalization in the MPH curriculum, and the strong oral presentations made by MPH graduates at the annual SONHP Health Professions Day for graduating students, preceptors, and community members.

c) Assessment of changing practice and research needs

We included questions on the Preceptor Survey that specifically ask for 1) importance of specific skill sets; 2) gaps in current employee skill sets; 3) priority of community issues, e.g., chronic disease management, adolescent health, violence prevention, etc.; 4) looking ahead 5-10 years what public health issues do they see will be important; and 5) looking ahead 5-10 years what skills or knowledge areas do they think will be important in public health. These questions will inform the development of the Workforce and Employer Survey that will replace the Preceptor Survey beginning in January 2020.

Some faculty regularly solicit input from public health practitioners and faculty outside our institution to obtain feedback on content being covered in a course. As mentioned earlier, faculty share the course syllabus and receive valuable input to assure delivery of content reflective of current changing practice

in the field. Some faculty also conduct community based participatory research which warrants the identification of priority needs from community members creating research grounded in a community academic partnership.

d) Assessment of program graduates' ability to perform competencies in an employment setting

We have included the following question in our Preceptor Survey to ascertain the preceptors' perceptions of the quality of our MPH students: "What unique values, approaches or competencies have USF students brought to their work with your organization?" (See [ERF F1](#) for Preceptor Survey & Results from November 2018 [labeled as [B5-1\)c](#)]). Our rationale for soliciting input from preceptors was to use them as proxies for employers since many have hired our graduates, and preceptors have the ability to assess our students in their final semester which is when students will soon be in their next employment position. The Preceptor Survey will be replaced by the new Workforce and Employer survey to become part of our MPH program evaluation plan, with annual survey administration to inform ongoing program improvement efforts. The Workforce and Employer Survey will include the sample of preceptors but also will extend to agency contacts who will comprise both potential and known employers of our graduates to solicit feedback on their ability to perform competencies in an employment setting. (The Graduating Student Survey and the Alumni Survey also ask MPH program graduates and alumni to assess their perceptions of their abilities to perform public health competencies in the employment setting).

4) Provide documentation (eg, minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3.

First, results from the Preceptor Survey **addressing 3c**, above, are as follows, and full results are provided in [ERF F1](#) (labeled as [B5-1\)c](#)).

Regarding skills or knowledge needs

Fourteen (n = 14) answered the open ended question: "Looking ahead 5-10 years, what skills or knowledge areas do you think are important for your organization, student training, and/or the future of public health?" A range of responses were noted including: continued need for competency in classic skills of biostats, policy analysis, literature review and other forms of public health writing, and application of social and behavioral models. In addition, participants reported an increased need for proficiency in information management and technology (including data science, data visualization, media production, online networks); cultural empathy and appreciation of intersectionality; and communication and coalition building/partnerships.

Regarding future public health issues

Thirteen (n = 13) answered the open ended question, "Looking ahead 5-10 years, what public health issues do you think are important for your organization, student training, and/or the future of public health?" The following is a summary of their responses. Many mentioned concerns regarding climate change, aging/Alzheimers (including caregiver issues), and chronic diseases including mental health/homelessness. Also shared were current hot topics such as marijuana, opioids, alcohol and e-cig abuse, as well as the long term effects of trauma/ACEs on individuals and families. Finally, some had mentioned the continued need to address inequities and promote interdisciplinary, interprofessional collaboration.

Second, results from the Preceptor Survey **addressing 3d**, above, are as follows:

Regarding USF MPH students' competencies and contributions

Fourteen (n = 14) participants answered the question, "What unique values, approaches, or competencies have USF students brought to their work with your organization?" The responses were overwhelmingly positive. Key terms used to describe our students were: well prepared, proactive, eager to learn, quick learner, amazing people skills, great work ethic, took initiative, ability to conduct secondary research, extensive skills/motivation, and intercultural competence/organization skills. This quote captures the essence of the sentiments shared: "[The] MPH intern has brought strong understanding, competencies, and values of social justice, race, racism, equity, evaluative thinking, models for health improvement, interest and commitment to our work and the community we work with and serve."

Third, an example **addressing 3c**, above, is feedback provided by public health practitioners on MPH course content:

Former Chief Deputy, Department of Public Health, County of Los Angeles reviewed faculty syllabus for HPL concentration course, titled, *MPH 638 Public Health Strategic Planning* offered in Fall, 2016. He provided suggestions of readings to provide applied examples of public health in practice. He recommended assigning chapters in: *Public Health Practice: What Works*. 2013, Edited by Jonathan Fielding, MD, MPH and Steven M. Teutsch, MD, MPH. Oxford University Press.

President of the Milbank Memorial Fund, the oldest public health foundation in the United States was also consulted with. He shared his syllabus with our faculty for the MPH course he teaches at Brown University, and introduced the faculty member to Joshua Sharfstein and his work at Johns Hopkins University and as former Public Health director in Baltimore. He suggested assigning chapters from his book: *The Public Health Crisis: Survival Guide Leadership and Management in Trying Times*. 2018. Joshua M. Sharfstein. Oxford University Press.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

We believe we are obtaining valuable feedback from community constituents such as our agency preceptors via the annual Preceptor Survey/Workforce and Employer Survey and end of semester Preceptor Evaluation of Students. We also have invited a cadre of active public health practitioners as potential members for our newly revived Advisory Board that will represent a broad range of public health professions and settings. Having part-time and full-time faculty who are directly active in community organizations and community based participatory research grounds our research and curriculum in practice and integrates concern for local stakeholder needs and views. Sharing syllabi with stakeholders allows for a direct method for local practitioners to give immediate feedback regarding the content that is being covered in a specific class.

We acknowledge that we have lacked ongoing stakeholder input in a systematic and focused manner on the programmatic level. However, we are confident that we are on the right track with revitalization of our Advisory Board and our carefully developed MPH Program Evaluation Plan that includes annual surveys of the local public health workforce and employers. The newly developed Workforce and Employers Survey will provide valuable assessment of our graduates' abilities to competently employ the essential public health skills, critical thinking, and leadership in public health professional settings.

F2. Student Involvement in Community and Professional Service

Community and professional service opportunities, in addition to those used to satisfy Criterion D4, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

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- 1) Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate.
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Students are encouraged to participate in program, school, university, community, and professional activities via multiple avenues. The following is a list of methods to engage participation; however, it is not exhaustive of all ways.

- Officers from PHSSA visit classes and attend new student orientations to introduce the association and recruit membership. A major purpose of the PHSSA is to support students' involvement in community service, and they sponsor several events each year for student participation.
- Announcements of community service opportunities are made on the MPH and other SONHP Student Portals that are highly accessible to students and alerts are automatically sent to student email addresses.
- Faculty announce in class, on student portals or via email opportunities they are aware of/involved in.
- Flyers are posted in common areas.
- Faculty may incorporate service as part of course assignments.
- Students may receive funding to attend conferences or other trainings/workshops. Support up to \$300 may be requested through the PHSSA. In addition, there are opportunities for students to be supported to attend APHA and help with the MPH program booth while they network and experience the APHA meeting as emerging health professionals.

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- 2) Provide examples of professional and community service opportunities in which public health students have participated in the last three years.
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- Via PHSSA 2016-18:
 - Ella Hutch Community Day, collaboration with McCarthy Center for Public Service. Tabled several booths and implemented health promotion activities including Mind-Body-Soul Pop-Up, with community members from the Western Addition neighborhood of San Francisco.
 - World AIDS Day, Bingo Night education for HIV/AIDS and community service event. Collaborated on event planning and implementation. Event entry required one non-perishable food item per person which supported Project Open Hand (an organization that works closely with SF AIDS Foundation and the HIV/AIDS community of San Francisco).
 - Health Insurance information and enrollment support, USF Health Promotion Services. Provide information about insurance options to individual students at the University of San Francisco.
 - Back on My Feet, volunteer support to running group for homeless individuals. Supported celebration event of new community partnerships.
 - Beach clean up with Surfrider Foundation, annually.
- Each year 2016-18: Working at APHA USF booth
- AY 18-19: Volunteering with the Sonoma County Health Department's rapid post-fire community needs assessment using CDC's CASPER model.
- AY 18-19: Volunteer as a member of the "Sacramento 13" community emergency response team.

- AY 18-19: Participation at Big Sugar Competition event on campus to raise awareness of impact of sugar consumption on diabetes especially among minority populations (as part of MPH 622 course)
- Summer 2017: A student volunteered in Malawi immediately post graduation as a continuation of service beyond fieldwork project piloting mobile survey applications designed to collect data using iPads, iPhones and Android devices without the need for internet connection.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Service is inherent in Jesuit principles and students who attend USF are self selected students who embody the imperative to help others achieve equity in health and well-being. Even with many of our students being full time employed, they seek out opportunities to be engaged in the university, community, and profession. The PHSSA provides multiple opportunities for students to lead or participate in community service activities. A faculty body that is actively engaged in community events enhances student opportunities and increases student involvement in extracurricular activities. In addition, our local area has been devastated by disasters and students have taken advantage of volunteer opportunities specifically geared toward community recovery. We provide a range of opportunities for students to become engaged in the various locations where faculty are involved or where our programs exist on satellite campuses.

Having real life experience in communities with populations our students may consider working with in the future helps inspire them, and complements didactic classroom learning. This exposure can also introduce students to topics they may want to address through their applied learning experience in during their last semesters. These educational experiences help students develop their interests, values, and attitudes toward promoting population health. Students deepen their understanding of how health is associated with social conditions, and how unnecessary and preventable health disparities affect people's lives.

We aim to improve our strategies to identify opportunities for students to engage in community service, to further achievement of the MPH program service goal: promote public health and health equity through community service. It is vital for those working in public health to know about the populations they will be serving as practitioners. The School has recently hired a Director for Partnerships; having this dedicated position will greatly improve our efforts. Requiring our students to complete substantial hours of applied practice experience, often in community settings, also affords a great opportunity for students to serve.

F3. Assessment of the Community's Professional Development Needs

The program periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities.

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- 1) Define the program's professional community or communities of interest and the rationale for this choice.
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The MPH program is offered at three of USF's campuses: 1) the Hilltop campus, located in heart of San Francisco; 2) the Orange County (OC) campus, located in Orange, CA, one hour south of Los Angeles; and 3) the Sacramento campus, in the California State Capital.

San Francisco, Sacramento, and Orange County have many established institutions that deliver programs and healthcare services and develop public policy to close gaps in health outcomes. A large number of academic and private research institutions and governmental and nongovernmental organizations exist near our San Francisco and regional campuses, employing health professionals at many levels. In Sacramento, our program serves the professional community working in policy institutes and assisting legislators on local and state healthcare policy. On the OC campus, we are establishing relationships with Provident St Joseph Health, a national Catholic not-for-profit health system founded by the Sisters of St Joseph of Orange, and other potential partners including organizations working on healthcare for the homeless (Mercy House, Illumination Foundation, Village of Hope, and the Mental Health Association of Orange County).

One of the program's professional communities of interest is people working in the agencies who provide internships to our students. These professionals work in multiple roles in a wide range of agencies, mostly serving vulnerable populations. For example, in addition to those working in larger governmental agencies such as Departments of Public Health, many preceptors we work with are professionals serving in smaller organizations such as Adventist Health White Memorial, Lao lu Mien Culture Association, Midtown Nurse Midwives, Breast Cancer Prevention Partners, Urban Service YMCA, etc. Even some of the larger organizations have a focus on closing the gap in health disparities such as UCSF's Center for Vulnerable Populations, and Zuckerberg San Francisco General Hospital.

We hope to draw upon these organizations to recruit their staff to enroll in our MPH program for their professional career advancement, and we aim to facilitate their workforce needs via other methods (see next section for more detail). As part of the evolving partnership with our community agencies, we envision a symbiotic relationship with them serving the needs of our students, and we serving their needs for professional development or engaging together in service projects. In the end, this aids our mission to facilitate empowerment of students and professionals in the community.

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- 2) Describe how the program periodically assesses the professional development needs of its priority community or communities, and provide summary results of these assessments. Describe how often assessment occurs
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Our main resource to assess professional development needs has been our Preceptor Survey (see [ERF F3](#) [labeled [B5-1c](#)]). Administered one time in November, 2018, we asked participants for their input on the importance of workforce skills based on CEPH foundational competencies and for them to assess the degree to which they are lacking in their agencies and in the agencies with whom they work. We also asked for them to identify strategies that would be most effective to promote professional development at their workplace.

Table F3-2)a Preceptor Perceptions of Employee Competencies at their Agencies, November 2018						
	Importance of competencies for employees, n			Competencies believed to be lacking in employees, n		
	Very	Moderately	Little/ not at all	Yes	Somewhat	No
Evidence-based approaches to public health	14	2	0	1	4	9
Addressing structural bias	12	3	1	2	5	7
Planning public health programs	13	2	1	2	6	6
Developing...public health policies	9	5	2	4	5	5
Applying principles of leadership	13	2	1	1	4	9
Communicating public health content	12	3	1	2	4	8
Performing effectively on inter-professional teams	16	0	0	1	5	8

Results from the November 2018 Preceptor Survey

Twenty-six (N = 26) preceptors responded to the overall survey sent via email to a total of 158 preceptors (16% total response rate) who previously supervised our students in their fieldwork/applied learning experience setting. To address the aim to assess priority community workforce needs (we had other aims of the survey), we listed a select set of seven competencies and asked participants how important they believed competencies were for employees at their institutions, and if those competencies were lacking in the employees at their agencies.

Only 16 of the 26 survey respondents answered the questions related to the importance of competencies, and 14 -16 answered questions about perceived gaps in competencies. All respondents (n = 16) reported that performing effectively on inter-professional teams was very important followed by evidence-based approaches to public health (n = 14, 88%).

Developing and analyzing public health policies was a skill that more respondents thought was lacking (n = 4, 29%). Apart from those who rated planning public health programs as somewhat lacking (n = 6, 43%), the majority (n = 8 to 9; 57% to 64%) rated the remaining skills as not lacking. Table F3-2)a above shows full details of their responses.

The same set of questions were repeated but were asked in reference to the professionals in the community organizations the preceptors worked with. Performing effectively on inter-professional teams (n = 14, 93%), evidence-based approaches to public health (n = 13, 87%), and addressing structural bias, social inequities, and racism in public health (n = 13, 87%) were ranked as very important, with the remainder of competencies being ranked nearly as important.

Addressing structural bias, social inequities, and racism in public health was the competence reported as most lacking (n = 4, 29%), with the majority of respondents (n = 6 to 9; 50% to 64%) reporting that many of the competencies were somewhat lacking in the community organizations the preceptors worked with. Table F3-2)b below demonstrates full details of their responses.

Table F3-2)b Preceptor Perceptions of Employee Competencies in Community Organizations, November 2018						
	Importance of competencies for community organizations, n			Competencies believed to be lacking in community organizations, n		
	Very	Moderately	Little/ not at all	Yes	Somewhat	No
Evidence-based approaches to public health	13	2	0	2	7	5
Addressing structural bias	13	2	0	4	6	4
Planning public health programs	11	3	1	1	8	5
Developing...public health policies	11	3	1	1	8	5
Applying principles of leadership	10	4	1	2	7	5
Communicating public health content	11	4	0	1	9	4
Performing...on inter-professional teams	14	1	0	3	5	6

Finally, we asked participants to choose the strategies that would be the most effective for promoting professional development at their organization. The majority chose community-academic partnerships (n = 10, 63%), followed by on-site workshops/seminars (n = 9, 56%), consultations (n = 5, 50%), and providing professional networking opportunities (n = 7, 44%).

Current Literature on Workforce Needs

Current literature on public health workforce training needs was also reviewed. Valuable information was gleaned from the national Public Health Workforce Interests and Needs Survey (PH WINS) conducted in 2017 that examined the needs of the governmental public health workforce among State Health Agency-Central Office (SHA-CO) staff in the United States.

A national sample of more than 1000 public health workers in executive, supervisory and nonsupervisory positions reported that the biggest gaps were in budget and financial management, systems and strategic thinking, and developing a vision for a healthy community. The area with the fewest self-reported gaps was effective communication.

The study also examined local urban government public health workforce needs via the Big Cities Health Coalition (BCHC) and found similar self-reported training needs in budgeting/financial management and strategic thinking with the addition of change management,

California results of the WINS 2017 study demonstrated similar gaps in training needs among all levels of state employees. The top two gaps identified for all levels were systems & strategic thinking and budget & financial management. The third highest need was developing a vision for a health community for both supervisory and non-supervisory staff; and change management for executives. California state employees also reported that the main motivation for staff to seek training were personal growth/interest, availability of applicable in-person and online training opportunities.

Erwin & Brownson (2017) researched the trends and future needs of public health practice and reported workforce gaps in the following areas: policy analysis; communication; evaluation and quality improvement; deep knowledge of and engagement with other sectors; systems thinking and use of systems methods; entrepreneurial orientation; and transformational ethics.

Our pilot study of preceptors along with the above national and state surveys will inform our strategies for developing capacity strengthening initiatives relevant to our local workforce and community partners. In addition, we plan to further develop our assessment efforts with the creation of a Workforce and Employers Survey (WES) that is in the process of being developed by our MPH Program Evaluation Committee.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Since our preceptors—those who supervise our students in their applied learning experiences, work in a variety of healthcare, academic, governmental and non-governmental organizations, they are well poised to provide us their priority professional development needs, the needs they observe in their workplaces, and the needs of community partners with whom they work. We believe that these data set a solid foundation for us to continue our community-academic partnerships, the value of which was affirmed in the results of our preliminary survey; participants rated these partnerships as the most effective strategy to promote professional development.

Triangulating the data we collect with national surveys and state results will assure us that we are capturing needs of public health practitioners working in a range of agencies. This will inform our current and ongoing survey development aimed to capture more specific needs of our local community partners.

We acknowledge that we have not had a systematic process in place to monitor the ongoing workforce needs of our community partners. However, with the creation of our new MPH Program Evaluation Committee, we are improving our data gathering tools and processes including strategic methods to increase our response rates. We recognize the many challenges of increasing response rates from busy community partners. We are discussing strategies such as including incentives, surveying preceptor and community participants who attend our events, as well as reaching out to our faculty-community networks that have been well developed over the years. Our future plans related to workforce needs assessment include: 1) refinement of survey questions and annual administration of the Workforce & Employer Survey; 2) integration of information from the national, state and regional literature on public health workforce needs; and 3) gathering regular input from our newly formed MPH Advisory Board.

F4. Delivery of Professional Development Opportunities for the Workforce

The program advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

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- 1) Describe the program's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3.
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The process includes four steps: 1) needs analysis as described above in F3-3; 2) selection of topics and strategies based on data analysis and faculty ideas/expertise; 3) implementation of specific activities; and 4) evaluation (keep track of numbers attending, and feedback from participants).

As an example of the launching of the above plan, data from the Preceptor survey along with the national and state survey results and other workforce literature were presented to our faculty in April, 2019 to discuss possible options to meet the identified needs. Matching identified needs with faculty expertise, we considered priority areas such as budget and financial management; systems thinking and strategic management; policy analysis; developing a vision for a healthy community; and evaluation and quality improvement/management. We aim to develop these ideas in union with our upcoming Advisory Board to establish a solid strategic plan to meet the workforce needs based on our assessment efforts.

In addition to bottom up planning, our process for workforce development takes advantage of initiatives where we have an opportunity to partner with other organizations for mutual advantage. For example, in the last several months we have held meetings with the California Community College Chancellor's Office (Health Workforce Initiative) related to workforce development programs for environmental health specialists, food safety inspectors, and workers involved in assuring communities are prepared for disasters. Stanford University's Center for Innovation in Global Health invited us to consider opportunities to partner on planetary health initiatives (also involving USF's new Engineering School). USF faculty participated in the State-wide Convening on Health Equity pre-meetings and final meeting San Diego in April, organized by the California Endowment and Berkeley Public Health. USF contributed on the topic of health equity training for the current workforce and community service and partnerships ("Advancing Health Equity: Opportunities for California Schools and Programs of Public Health to Accelerate Progress," 2019). Finally, the NGO Ending Pandemics has invited USF's MPH faculty to help them develop capacity of Regional Epidemiologic Surveillance Centers in Southeast Asia, Europe, Africa, and the Middle East through an annual conference and bimonthly online learning meetings. We have developed a White Paper on this topic and are working with Ending Pandemics to develop the work plan.

In conclusion, one of our priority agenda items for our new MPH Advisory Board will be to gain the members' perspectives on our above plans and to solicit further input.

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- 2) Provide two to three examples of education/training activities offered by the program in the last three years in response to community-identified needs. For each activity, include the number of external participants served (ie, individuals who are not faculty or students at the institution that houses the program).
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The following education/training activities have been offered by faculty and/or students in the past 3 years:

1. MPH faculty have been involved in several trainings on climate change mitigation and response in 2017 and 2018. A set of four trainings were offered in collaboration with the Public Health

Institute, the Alliance of Nurses for Healthy Environments, and the American Lung Association. They were held in Chico, Riverside, Bakersfield, and Los Angeles. Attendees included public health officers, academics, and direct care health professionals. About 30 people were in attendance for each event, including public health officers, adacemis, and direct care professionals.

2. In 2018 MPH faculty developed and delivered a workshop for health professionals on the public health risks associated with current agricultural policies and practices. There were 20 attendees who came from health systems, hospitals, nursing homes, and academia.
3. MPH faculty consult on design and delivery of the Emerging Leaders Program (ELP) by The Milbank Memorial Fund and the Reforming States Group (RSG). The program aims to help health policy leaders in the executive and legislative branches of state government develop practical, hands-on leadership skills that will help participants better navigate the challenges and opportunities in state health policy making. There were 19 participants in the 2018-19 program, from a variety of states and backgrounds including citizen legislators with diverse experiences in medicine, social work, and information technology, and executive branch officials with responsibilities for Medicaid long-term services and supports, quality management of aging programs, and primary care services.

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- 3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.
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We have well qualified faculty who are motivated and inspired to assist in the professional development of our priority community partners. In addition, often they bring in the participation of students. Our faculty have organized and participated in community trainings/education efforts over the past years based on their expertise in areas such as environmental health, policy advocacy, leadership, disaster response, etc. These were driven by either the faculty's assessment of community needs and/or incidents in the community that needed attention, such as our recent California fires, or faculty support was requested based on expertise.

We are enthusiastic to continue these efforts put into place as a result of this self-study as we now have a deeper understanding the importance of these academic-community/professional partnerships. We seek to implement even stronger partnerships, more applicable and pertinent skill building, and thus more effective public health practice in our community. We have only begun an institutionalized process to serve our local public health community workforce needs. However, we are confident that we have sufficient focus and direction, and that we now have the leadership to facilitate proper and effective execution.

G1. Diversity and Cultural Competence

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical under-representation, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status. This list is not intended to be exhaustive.

Cultural competence, in this criterion's context, refers to competencies for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite competencies include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences, especially as these differences may vary from the program's dominant culture. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the competencies for recognizing and adapting to cultural differences and being conscious of these differences in the program's scholarship and/or community engagement.

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- 1) List the program's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the program; and describe the process used to define the priority population(s). These populations must include both faculty and students and may include staff, if appropriate. Populations may differ among these groups.
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Our program's priority under-represented populations are based on the demographics of the populations living in the SF Bay Area. We aim to reflect the population of our city in our faculty, student body, and staff. Nearly 50% of San Francisco comprise minority populations; the 2017 estimated racial breakdown was 35.9% Asian, 5.5% Black/African American, 15.2% Latino, 53.1% White. While USF as a whole is ranked 3rd in the nation for diverse student body (see <https://www.usfca.edu/about-usf/what-you-need-to-know/facts-statistics>), the under-represented population is self-identified Black. The USF MPH program expands on that and also includes first generation college attendees, and veterans.

First-generation college students often come from poorer, immigrant, and less privileged backgrounds. Given the importance of power and privilege in affecting public health outcomes, we want diversity in the classroom regarding the experience of privilege. In addition, first-generation college students may come from families whose members were in low-skilled jobs often without adequate healthcare and benefits. Having an understanding of these issues in society also is helpful for MPH students.

Veterans also bring a different and needed perspective to classroom discussions, and the School of Nursing and Health Professions has historically welcomed veterans and has established partnerships with veteran associations in the SF and Sacramento areas. Veterans often are older students who come with hands-on work experience and leadership skills that our graduate students can learn from. Many veterans may have used the Veteran's Administration (VA) healthcare system, so they will have had different experiences with using a large and often challenging health care system which adds a valuable perspective to public health. Veterans with overseas experience have seen health and social systems in other countries. This can enrich discussions of comparative health systems. At the same time, a significant number of veterans may have used the military as an escape route from difficult childhood, poorly functioning family, and have witnessed or experienced psychological, physical, or other forms of abuse. Veterans also may have experienced or seen colleagues with health conditions such as PTSD, effects of trauma, military sexual trauma, and substance use. These experiences provide perspective in discussions of the social determinants of health. Furthermore, often veterans struggle to find employment upon leaving the military, and being able to facilitate this through an MPH contributes to their careers and acknowledges their service to our country.

We believe that diverse faculty, staff, and students that reflect the populations served by our local public health agencies, are more appropriately suited to represent the needs of our local populations. For example, a diverse faculty and staff will attract a more diverse student study body and will facilitate the success of these students by fostering supportive relationships. Graduates who reflect the local

population demographic and work as public health practitioners will be better suited to create programs, policy, and research that better serve their communities. As stated by former Surgeon General David Satcher, "if we are going to achieve the goal of eliminating disparities in health, we'll need a diverse group of health professionals to accomplish it." Probably one of the most important features of striving to admit students who are under-represented falls under the overall aim to facilitate empowerment in disadvantaged populations. Advancing the academic standing of an under represented population aids in the overall narrowing of the income, opportunity, and health gaps between disparate populations.

In addition to the above populations we strive to represent in our study body, we also aim to hire a more diverse faculty and staff to reflect the student population we are aiming to attract. Target faculty and staff populations would also include Black, Latino, Asian, Veterans, and immigrants to facilitate a welcome and supportive atmosphere for our students, as well as to establish the mentoring and inspiration that having faculty and staff of similar populations of our students would bring.

2) List the program's specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request 1.

Our specific goals for increasing the representation and supporting the persistence of ongoing success, are to 1) Continue to recruit a diverse faculty, staff and student body, with a focus on self-identified Black, Veterans, first generation college students; and 2) promote success in currently matriculated minority students.

3) List the actions and strategies identified to advance the goals defined in documentation request 2, and describe the process used to define the actions and strategies. The process may include collection and/or analysis of program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies.

1. Continue to recruit a diverse student body, with a focus on self-identified Black, Veterans, first generation college attendees, & other disadvantaged populations
 - a. monitor ethnic/racial/1st generation college student, veteran, etc. status of our admitted students by tracking enrollment data on an ongoing basis
 - b. conduct info sessions on USF campus for minority clubs (e.g., Arab Student Union, Black Student Union, Black Nursing Student Association, Chinese Student and Scholars Association, Latinas Unidas, etc.)
 - c. engage community stakeholders to solicit advice/cooperation in recruitment efforts
 - d. focus marketing strategies/materials that highlight current student body
2. Promote success in currently matriculated minority students
 - a. consult with writing & rhetoric faculty who work with ESL students to identify strategies that faculty can use to promote retention & success and/or for students to access as resource on campus
 - b. solicit advice from Student Disability Services (SDS) and communicate these suggestions to faculty

Please refer to [ERF G1-3](#) for detailed actions, strategies, & persons responsible.

4) List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them. The description addresses curricular requirements; assurance that students are exposed to faculty, staff, preceptors, guest lecturers and community agencies reflective of the diversity in their communities; and faculty and student scholarship and/or community engagement activities.

Culturally Competent Environment Actions & Strategies & Process to Develop Strategies

1. Curricular requirements/options

- a. In most courses in the MPH curriculum, faculty have included the consideration of cultural implications when discussing public health programs and interventions for diverse populations; and, have directed the students to include these considerations when completing assignments
 - b. We have several MPH electives that directly address cultural competence. *MPH 693, Cultural and Linguistic Preparation for Healthcare*, prepares students for immersion education programs in low- and middle-income countries including Mexico, Colombia, and Cuba. It also can be taken as a stand alone elective that addresses cultural and linguistic challenges that arise when working with multicultural populations. The syllabus for MPH 693 is shown in [ERF G1-4](#).
 - c. We offer 2-week elective immersion programs in low- and middle-income countries which have included immersions in Mexico, Colombia, and Cuba. The syllabus for MPH 694 is shown in [ERF G1-4](#).
 - d. Starting Fall of 2019, we will have included a module in our Applied Practice Experience (APEX) I course that includes content and learning outcomes addressing cultural competency, humility, and sensitivity. The syllabus for this course is shown in [ERF G1-4](#).
2. Assurance students are exposed to and have opportunities to be mentored by faculty, staff, preceptors, guest lecturers and community agencies reflective of diversity
 - a. We continue to put effort into recruiting diverse faculty
 - USF Human Resources meets with each search committee to speak about diversity recruitment efforts including search committees' personal strategies such as 'casting the widest net' and advertising to known diverse networks and organizations in their fields
 - Many of our adjunct faculty are of diverse backgrounds
 - Guest speakers for classes have been members of the local community (e.g. previously incarcerated persons, of whom many are of minority backgrounds)
 - b. We continue to put effort into recruiting diverse staff
 - Even though search committees are not used to hire many staff, HR encourages candidates to be interviewed by multiple people beyond the person responsible for hiring. This assures a more diverse input from fellow staff who will be working with the new hire.
 - In addition, HR encourages advertising the positions in diverse locations and they have their own set of diverse groups they send out open postings to, such as veterans, disability, and ethnic minority organizations (e.g. 'Asians in Accounting'; BlacksInHigherEd.com; VeteransInHigherEd.com, LGBTInHigherEd.com).
 - c. We place students in a wide range of agencies in locations throughout the SF bay area that hire employees who serve as our preceptors (some of whom are USF MPH graduates) from diverse backgrounds that complement the populations they are working with
 - Data will be gathered on preceptor background as well as the populations their agencies serve to include in ongoing database of preceptors and agencies.
 - d. People who reflect the rich and diverse cultural background of the SF bay area (or who work with diverse minority populations in the community) are sought out as guest lecturers in our classes or speakers of our events
 - By the end of each semester, faculty update google spreadsheet with information regarding the attendance of guest speakers in their classes. In addition, to increase exposure, faculty invite other students and faculty to attend their classes when special guest lecturers are planned.
 3. Faculty & student scholarship and/or community engagement activities
 - a. Most of the MPH faculty already are engaged in research of/with, and service to, diverse vulnerable and marginalized populations which generally reflect diverse cultural backgrounds. Students either become engaged through working with faculty on these activities, their own networking, or through the PHSSA.
 - We monitor faculty and student engagement in an ongoing database that faculty update. At the end of the semester, faculty enter information regarding any recent community engagement and note if students participated.

- Announcements of these events will occur in program meetings and recorded in minutes.
 - In addition, faculty are encouraged to engage in community service as part of their faculty appointment and record and review this activity in their annual Academic Career Prospectus that the dean monitors annually.
4. SONHP Inclusion Statement
- The FASONHP Diversity, Equity, and Inclusion Committee recently drafted an inclusion statement for the SONHP, as follows:
 - The University of San Francisco (USF) School of Nursing and Health Professions (SONHP) is dedicated to diversity, equity, and inclusion in alignment with the SONHP mission as well as the USF mission by preparing health professionals to address health disparities and the social determinants of health through equitable teaching, research, and inclusive didactic and experiential learning environments. We are committed to teaching, learning, and research that honors diversity in the widest sense of the word, cultivates cultural engagement, enriches self-reflection, fosters a sense of belonging and intentionally creates an environment of mutual respect, hospitality, and warmth in which the entire SONHP community has the opportunity to flourish as people who equitably and inclusively provide care for and service to the diverse world.

5) Provide quantitative and qualitative data that document the program's approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s) defined in documentation request 1.

Recognizing the need to deliver the highest quality education for all populations, USF as a University is committed to employing diverse faculty and staff. Search committees make concerted effort to recruit qualified employees from varied racial, ethnic, sexual orientation, and cultural backgrounds. The Ethnic/racial profile of USF faculty includes: Asian (13.6%), African American (4.2%), Latino (10.6%), other (6.6%), White (56.1%), and unknown (9%). Reflective of this commitment to diversity, USF has a Vice Provost for Diversity Engagement and Community Outreach who is dedicated to create an equitable, inclusive, and caring campus.

In addition, the SONHP FASONHP has recently initiated a Diversity, Equity, and Inclusion Standing Committee whose charge is to be the SONHP resource for recruitment and retention of diverse students, staff, and faculty members, especially individuals from traditionally under-represented groups, and to promote community building and understanding around diversity, equity, and inclusion matters among students, staff, and faculty. We have one MPH faculty member on this committee, who is able to represent and speak for the needs of the MPH program and who is positioned to seek assistance in achieving the program's aims to increase the diversity of students, faculty and staff.

The table below describes the ethnic/racial profile of the faculty in the School of Nursing & Health Professions including adjunct faculty. Overall, at least 39% of faculty and staff comprise minority populations.

	African American	Asian	Hispanic or Latino	Native American	Pacific Islander	Two or more races	Unknown	White	Total
Full time Faculty	2	8	3			3	7	38	61
Adjunct faculty	12	40	18	2	1	3	39	76	191
Staff	4	6			2	2	3	11	34
Total	18	54	27	2	3	8	49	125	286

The ethnic/racial profile of the full time Full-time MPH faculty are predominantly white (n = 10, 91%) and include one Asian faculty member. Our faculty also represent other aspects of diversity in terms of geographic origin, where they received their degree, languages spoken, etc. Furthermore, some are violence and cancer survivors. These varied histories and exposures afford a rich opportunity to develop empathy with students through intimate personal experience.

As mentioned above, admitting diverse students who represent the general populations of the SF Bay Area is a priority at the University, School and Program level. University wide, 74.7% of Fall 2018 admits were racial minority students. Following the USF general culture and commitment to foster diversity, our MPH program admits students from a range of ethnic and racial backgrounds. Including all enrolled students from Fall of 2013 through Fall of 2018 (N = 793), the ethnic/racial profile reflects the following: Asian (n = 171, 21.6%); African American (n = 66, 8.3%); Latinx (n = 201, 21.6%); Mixed (n = 33, 4.2%); Pacific Islander (n = 10, 1.3%); White (n = 195, 24.6%); International (n = 26, 3.3%); and Unknown (n = 70, 8.8%).

The table below documents increased enrollment in the MPH program from students in non-white categories, between 2013-18.

	Fall 2013	Fall 2014	Fall 2015	Fall 2016	Fall 2017	Fall 2018
African American	5	4	10	17	17	23
Asian	17	10	19	41	45	39
Hispanic or Latino	11	15	24	45	52	55
International	2	2	4	7	5	6
Multi Race	4	2	6	8	12	11
Pacific Islander			3	4	1	2
Unknown	5	6	10	12	25	12
White	19	22	38	37	40	39
% of African American	7.90%	6.60%	8.80%	9.90%	8.60%	12.30%
% of Asian	27.00%	16.40%	16.70%	24.00%	22.80%	20.90%
% of Hispanic or Latino	17.50%	24.60%	21.10%	26.30%	26.40%	29.40%
% of International	3.20%	3.30%	3.50%	4.10%	2.50%	3.20%
% of Multi Race	6.30%	3.30%	5.30%	4.70%	6.10%	5.90%
% of Pacific Islander			2.60%	2.30%	0.50%	1.10%
% of Unknown	7.90%	9.80%	8.80%	7.00%	12.70%	6.40%
% of White	30.20%	36.10%	33.30%	21.60%	20.30%	20.90%
Total	63	61	114	171	197	187
% of Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Starting in Fall 2019, we will be monitoring other indicators of the diversity of our MPH students through our admissions database. For example, for our Fall 2018 enrolled applicants we note that 10% have a military affiliation (seven have previously served and three are currently serving in the military), and 63% (n = 44) speak a language other than English.

6) Provide student and faculty (and staff, if applicable) perceptions of the program’s climate regarding diversity and cultural competence.

The Graduating Student Survey (ERF G1 [labeled as B5-1)d]) is administered to students upon graduation in paper and electronic format. Student perceptions of the MPH program climate were added to the survey beginning with August 2018 graduates. Data was collected and combined from 29 respondents (out of 46 graduates) in August and an additional five respondents (out of 15 graduates) in December.

Students were asked to rate their level of agreement that: (1) the MPH program has representation of people from different backgrounds, populations, and perspectives, (2) the MPH program embraces difference and fosters equitable participation regardless of background, (3) the MPH program was a comfortable place for them, and that (4) in our courses, issues of diversity and inclusion are adequately addressed. The large majority of graduating students reported positive sentiments towards the program’s diversity and inclusion, as shown below.

Table G1-6) Student Perceptions of MPH Program Climate in 2018 (N=34)				
	Program has diverse representation	Program fosters equitable participation	Program is a comfortable place for me	Diversity and inclusion are addressed in courses
Strongly agree	28 (82%)	27 (79%)	21 (62%)	25 (74%)
Somewhat agree	5 (15%)	7 (21%)	11 (32%)	8 (24%)
Neither agree nor disagree	1 (3%)	0	2 (6%)	1 (3%)
Somewhat disagree	0	0	0	0
Strongly disagree	0	0	0	0

USF recently conducted a university-wide climate survey of students, faculty and staff across all schools and asked various questions regarding perceptions of diversity and inclusivity on the USF campus (for more information: https://myusf.usfca.edu/sites/default/files/Exec_Summary-USF_4-17-18.pdf). Some key findings include:

- 71% (n = 2,272) of students (including undergraduate and graduate) “strongly agreed” or “agreed” that the campus climate at USF encouraged free and open discussion of difficult topics.
- 80% (n = 2,554) of students “strongly agreed” or “agreed” that they felt valued by USF faculty, 74% (n = 2,358) felt valued by USF staff, and 84% (n = 2,677) felt valued by USF faculty in the classroom
- 70% (n = 866) of faculty and staff respondents were “very comfortable” or “comfortable” with the climate in their departments/work units. *Climate was defined as “current attitudes, behaviors, and standards of employees and students concerning the access for, inclusion of, and level of respect for individual and group needs, abilities, and potential.”

Finally, the MPH program is creating a brief Climate Survey that will be administered to full- and part-time MPH faculty and staff on a regular basis. The survey, which asks about perceptions of diversity and inclusion, program and course climate, and suggestions for improving diversity and inclusion in the

MPH program, is currently being pilot tested and will be fielded on an annual basis beginning in Fall 2019.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Our MPH program embraces the mission and core values of USF to welcome "a diversity of perspectives, experiences and traditions as essential components of a quality education in our global context," and to foster "a culture of service that respects and promotes the dignity of every person." Our students reflect rich diverse backgrounds on multiple levels including but also beyond ethnic/racial indicators. And we, USF and our MPH program, are dedicated to continuing the efforts and support needed to continue this culture of inclusivity. The fact that our minority student populations have increased over time demonstrates this dedication; and the fact that we have high graduation rates speaks to our motivation to assure success once students are matriculated. Moreover, graduating students expressed sentiments of inclusivity and affirmed that our program adequately addresses issues of diversity.

The rich experiences and backgrounds of our faculty have fostered a sincere cultural sensitivity, humility and respect for the varied experiences and backgrounds of each other and our students. We believe that this is also deeply reflected in the development of courses focused on cultural competency, the inclusion of assignments that intentionally emphasize the need to address cultural implications, and the inclusion of guest lecturers that bring a diverse community and cultural perspective.

Faculty and students' commitment to serving the community excels as evidenced by the range of activities conducted in various settings in local and international locations, covering a wide range of topics that address the identified needs of community members. Faculty commitment to involving students in their research and service activities is high and continues to be conducted with more intention.

In addition to the above strengths, this self-study has inspired us to take account of the activities and practices that we have already been engaging in and aim to further address. This will only enhance and improve our efforts to build on the solid foundation of a providence of diversity and deep understanding of the imperative to highlight the cultural competence, sensitivity, and humility that fosters success in our students and aids in improving the health of the populations we serve. The new methods to track faculty and student community engagement activities through the Faculty Activity Survey as well as faculty records of guest lecturers, along with new MPH Faculty and Staff Climate Survey, will also facilitate our ability to monitor our progress in increasing our diversity and inclusivity efforts.

H1. Academic Advising

The program provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the program's curricula and about specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

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- 1) Describe the program's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering.
-

Student advising procedures were revised and strengthened in the last year, based on student feedback. The revised advising procedures were implemented beginning with the new student cohort in Fall 2018, and the procedures described below reflect our new approach to MPH student advising moving forward.

Upon enrollment in the USF MPH program, students are assigned a faculty advisor. Because the USF MPH program is a cohort driven model, advisors are matched with cohort groups based on concentration and bear the responsibility of advising and guiding through graduation. Occasionally students will need to be assigned a new advisor (e.g, during sabbatical, maternity leave, faculty departure, or upon request of the student, etc.) and we try to minimize the disruption this causes for student advising. Students are expected and highly encouraged to meet with their faculty advisor at least once per semester (in person or via email and/or Zoom or phone) to discuss their progress in the program and any concerns.

Each semester the advisor is responsible for communicating with students about course registration for the upcoming semester, and then setting aside time to meet with their advisees. Advisees also are provided with a course planning worksheet that shows all required courses for their concentration, and students complete the worksheet. During the one-on-one meeting, faculty advisors provide general academic guidance including review of the course planning worksheet and progress in courses, provide fieldwork and/or career guidance, and discuss other issues that arise. As students progress in the program, advisors for CPHP concentration students discuss elective options that will be offered in the upcoming academic year so that students will be able to choose and plan for these; students in the HPL and BH concentrations do not have elective options so they are not advised on these options.

The university provides a number of resources to further support students' academic success. The Learning Center, Writing Center, and Speaking Center provide in-person support at Gleeson Library and online appointments. Services are free and include subject-specific tutoring, writing assistance, and communication-related support. The Learning Center also provides opportunities for academic skill development, through 1:1 coaching, group workshops, and online resources. Further details are available at: <https://myusf.usfca.edu/lwsc>.

Other university resources available to assist students include:

- The university's Counseling and Psychological Services (CAPS) seeks to assist students in developing greater self-understanding and help resolve problems that interfere with their optimal personal functioning. They provide same-day and advance appointments, brief therapy, and referrals to other resources: <https://myusf.usfca.edu/caps>.
- Health Promotion Services offers a full range of services and opportunities dedicated to promoting the health and wellness of the USF student body, and fostering a vibrant and safe campus community for student success: <https://myusf.usfca.edu/hps>. Services include support for health insurance, immunizations, outreach on a variety of health topics such as nutrition and alcohol and drugs.

- Student Disability Services (SDS) promotes a fully integrated university experience for students with disabilities by providing support for services and accommodation: <https://myusf.usfca.edu/sds>.

MPH students may be referred by their advisors or course faculty to the Writing Center for assistance with papers, to SDS for assistance with accommodations, or to other university services detailed above, to provide support for academic success.

2) Explain how advisors are selected and oriented to their roles and responsibilities.

All full-time USF MPH faculty are expected to serve as advisors to MPH students. Faculty advise students within the concentration they are affiliated with because they know the concentration curriculum and are well-situated to provide career guidance to students in their field of expertise. Advisor assignments are made in August for all new students, and faculty simultaneously are provided with a spreadsheet listing the student advisee assignments for each individual faculty. Part-time faculty may be engaged to serve as student advisors if they have previously taught in the MPH program and there is a need for additional advisors to maintain the desired faculty-student advisee ratios.

Faculty are expected to serve as the formal advisor to 20-25 students on average. Additionally, students are encouraged to develop advising relationships with all faculty during the course of their graduate studies and thus, frequently, informal advising happens between faculty and the students simultaneously. Data from alumni confirm that informal advising and mentoring is frequently provided to students by MPH faculty, and that the small class size supports the development of these student-faculty relationships.

Faculty are oriented to the advising process by the MPH Program Director and the Associate Dean for Health Professions, and advising materials are provided on the web-based MPH Faculty Portal. The web-based MPH Fieldwork Portal provides comprehensive information about the applied practice experience.

3) Provide a sample of advising materials and resources, such as student handbooks and plans of study, that provide additional guidance to students.

The MPH Student Handbook is available in [ERF H1-3](#) (labeled [A1-3](#))h).

Contents of the web-based Canvas MPH Student Portal are shown in [ERF H1-3](#))b.

The MPH Course Planning Worksheets specific to each concentration are available in [ERF H1-3](#))c.i-iii.

4) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable.

The Graduating Student Survey ([ERF H1-4](#) [labeled as [B5-1](#))d]) is administered to students upon graduation. Students' perceptions of academic and career advising were added to the survey beginning with August 2018 graduates. Data was collected and combined from 29 respondents (out of 46 graduates) in August and an additional five respondents (out of 15 graduates) in December. Below are quantitative results from August and December 2018 graduates on academic advising; notably, these data reflect student advising before improvements were implemented beginning with the new MPH cohort in Fall 2018.

MPH students who graduated in 2018 expressed divergent opinions about academic advising: a majority (53%) were satisfied with academic advising during the MPH program, while 39% expressed dissatisfaction.

Table H1-4) Student Perceptions of Satisfaction with Academic Advising (N=34)	
	August + December 2018 MPH Graduates
I am satisfied with academic advising I've received	
Strongly agree	6 (18%)
Somewhat agree	13 (35%)
Neither agree nor disagree	3 (9%)
Somewhat disagree	5 (15%)
Strongly disagree	8 (24%)

Qualitative results from the Graduate Exit Survey identified challenges with advisor assignments and lack of ability to easily access program information. Graduates also reported needing more support for fieldwork placements. These findings were echoed in focus groups and interviews with MPH Alumni; see [ERF H1-4](#) (labeled [B5-1](#))b) for a summary.

5) Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each.

At the beginning of each fall semester, all new students are required to attend Orientation Day. This event is planned and facilitated by the Program Director, Department Chair, and MPH faculty, in collaboration with other SONHP faculty and staff. During the orientation, MPH faculty and staff, SONHP leadership, and USF resource leads introduce themselves and present information in large and small groups. The agenda includes orientation to USF Technology Services including the Canvas Learning Management System, data security and access, and other resources such as Zoom videoconferencing technology. New students are introduced to USF resources such as Counseling and Psychological Services, Career Services, Health Promotion Services, Financial Aid, and Student Disability Services. There is time to network with peers and SONHP faculty and staff during a shared meal and break times. The USF librarian who is assigned to the SONHP provides orientation to the library and research databases.

The MPH Program Director provides an overview of program requirements and critical milestones students will encounter as they matriculate through the MPH program. Students are directed to closely examine the web-based Canvas MPH Student Portal and Fieldwork Portal to access and review resources and tools such as the USF MPH Student Handbook, academic forms, curriculum patterns, and fieldwork placement forms, etc. The MPH Fieldwork/APEX Coordinator reviews information about the fieldwork process, from goal-setting to finding a placement and being successful in the APEX experience. Students also are encouraged to become members of the PHSSA (Population Health Sciences Student Association), with information provided by PHSSA student leaders.

The Orientation Day is made available to MPH online students via videoconference. The MPH HPL students based in Sacramento and CPHP students in Orange County also are provided an orientation but on a different day in order for faculty to attend both in person.

The final session of Orientation Day provides time for new students to meet with their faculty advisor specific to their concentration. In this session, students and the faculty discuss their expectations regarding the advising role and communication, and students can ask questions about the MPH program and their concentration. Online students use a dedicated videoconference link to meet with their faculty advisor.

A sample orientation agenda is available in [ERFs H1-5](#))a).

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Data from MPH alumni show there are areas for improvement and we have been diligently working to address gaps in advising and orientation. We anticipate increased satisfaction in advising as a result of the following efforts:

- A new MPH Task Force for Orientation Planning was established in spring 2018 to address gaps in orienting and advising students throughout the program.
- The student Orientation Day was lengthened from a half to a full day to better cover all program aspects and to provide time for meeting with advisors prior to beginning MPH classes.
- The MPH Student Portal was revised and updated to provide comprehensive information about the MPH program, University resources including Gleeson Library and Career Services, academic forms, and other topics.
- A new, dedicated web-based MPH Fieldwork/apex portal has been created. This portal houses informational and planning resources, documentation, and examples of applied practice and integrated learning experience papers and products from previous students.
- Since January 2018, the MPH program has established a process for assigning faculty advisors and faculty are provided clear guidance on their role in student advising and they receive orientation to advising in written format and through meeting with the Program Director and Associate Dean for Health Professions.

With our revised advising procedures, the MPH program now provides an accessible and supportive academic advising system for students. Every new MPH student is assigned a faculty advisor with expertise in their concentration area and is encouraged to attend the full-day program orientation. Advisors regularly send communications about registration and advising to students, and students are provided with meeting opportunities with faculty advisors at a minimum of once each semester. Per the USFFFA CBA, faculty are required to provide two hours of drop-in office hours every week. Faculty are committed to being available and responsive to student meeting requests at any point in the program, and conduct these meetings in a format that is preferred by the student (e.g., in-person, videoconference, telephone, or email communication). Staff are available and regularly assist students with questions, completing forms and documentation, conducting audits for graduation, and providing support to students in myriad other ways. Comprehensive MPH program information is available on the web-based Canvas MPH Student Portal and in the MPH Student handbook.

These efforts are newly implemented and have room for improvement. In particular, MPH students in Sacramento continue to report issues with advising. We are focusing on advising as a priority area for improvement to ensure an excellent student experience throughout students' years in the MPH program. This is a team effort that warrants attention on multiple levels including program leadership, faculty, and department staff.

H2. Career Advising

The program provides accessible and supportive career advising services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs and can provide appropriate career placement advice. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

The program provides such resources for both currently enrolled students and alumni. The program may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.

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- 1) Describe the program's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs.
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The University has a dedicated career services center for all students in all degree programs. The Priscilla A. Scotlan Career Services Center's mission is to assist USF students and alumni in developing, evaluating, and effectively implementing their career plans. To fulfill this mission, the Career Services Center provides career counseling, job search preparation, and recruiting events. They provide resume and cover letter review and workshops, meetings to prepare for job interviews including conducting mock interviews, and help with setting up LinkedIn profiles and taking advantage of other networking opportunities. For ease in accessing services, drop-in sessions are available for graduate students every Tuesday between 4:30 to 6:30 and virtual appointment options are available for online students. A new jobs database, Handshake, was recently added to Career Services Center offerings. Handshake is an external networking website that enables recruiting teams to connect with campuses across Handshake's 700+ university community, and effectively engages students and alumni. Their website can be found at <https://www.joinhandshake.com/>. All admitted students are automatically registered in Handshake as of Fall 2017 and students are informed about Handshake's services through announcements in student portals. In addition, Career Fairs are scheduled each spring and fall semester. (See Career Services word document in [ERF H2-1](#)).

Starting in Fall 2019, students in the MPH program have two assignments that require an appointment with the USF Career Services Center: 1) as part of the APEX Preparation module, all students will be required to complete an appointment with the Center to receive assistance with updating their CV; and 2) as part of the APEX II course, all students will be required to complete an appointment with the Center to receive assistance with writing cover letters for job applications.

The following career services are also available to alumni:

- Free access to USF's online job bank in [Handshake](#)
- Face-to-face or virtual appointments to discuss career development, such as creating LinkedIn profiles, writing resumes/cover letters, practicing mock interviews, and strategies for securing employment or internships
 - Unlimited free sessions for one year after graduation; and
 - In subsequent years: one complimentary appointment or drop-in every twelve months and any additional face-to-face or virtual appointments (i.e. more than the one per year) are \$75/year for up to 3 visits per year

In addition to the formal career counseling services at USF, many students and recent graduates are coached by faculty and fieldwork preceptors on obtaining jobs in the public health field. Faculty regularly advise students on career paths, and faculty have facilitated job placement and job introductions through writing letters of recommendation, networking, and calling on various public health agencies in

the Bay Area and beyond. Notably, some of our MPH students are offered jobs at their fieldwork agencies upon completion of the applied practice experience.

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- 2) Explain how individuals providing career advising are selected and oriented to their roles and responsibilities.
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The staff of the Career Services Center are hired based on experience and passion working in higher education settings and with students, and all staff have master's degrees in areas such as career development, counseling, student affairs administration, and higher and post-secondary education, for example. A dedicated liaison for graduate students was added in 2017. Career Services Center staff profiles can be accessed at: <https://www.usfca.edu/student-life/career-services-center>

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- 3) Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating.
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1. A Day in the Life of a Population Health Leader: The PHSSA invites all MPH students to attend "A Day in the Life of a Population Health Leader" one evening every spring on the USF campus. PHSSA aims to provide current graduate students within the School of Nursing and Health Professions an opportunity to explore careers relevant to population health and to learn about potential career pathways that align with students interests and goals. The event is facilitated by a department faculty and includes a panel of alumni from the department and other professionals working in public health. The panel discusses their career path and how their graduate program prepared them for employment, answers questions from the facilitator, and then responds to questions from students. Refreshments are provided and often a raffle incentive is used to encourage attendance.
 - In April 2019, 15 students attended the event.
 - In April 2018, 45 students attended the event.
 - In April 2017, 25 students attended the event.
 - In April 2016, 15 students attended the event.
2. A Career Services Center event was held on August 15, 2017. Deborah Kang from the Career Services Center attended to the Student Orientation Day to cover topics of resume writing, interviewing tips, the Handshake jobs database, and networking through LinkedIn and other social media.
 - Over 25 MPH students attended the event, which also was available via zoom videoconference.
3. In the previous Fieldwork course for MPH-MSBH combined degree students, the Career Services Center conducted a session every April. The session covered resume and cover letter writing, communication and networking, using LinkedIn, and provided ample opportunity for student questions about their job search. Services provided by the Career Services Center were described, as well as services provided upon graduation from USF. In this course, students also participated in a resume writing workshop with faculty.
 - In April 2019, approximately 24 SONHP students attended the session. Fourteen MPH combined degree students participated in the resume writing workshop following.
 - In April 2018, approximately 30 SONHP students attended the Career Services session. Eight MPH combined degree students participated in the resume writing workshop following.
4. The USF Career Services Center has on file, 215 MPH graduates who are registered in the Handshake networking platform (they were either automatically registered while a student, or manually registered after graduation)
 - Of those 215, n = 68 have accessed specific career services after graduation. The following describes which services were received in 2017 to 2019 and the number of graduates (n).

- i. 2017: resume review (n = 10); internship search (n = 3); job search, career counseling, mock interview (n = 2 each); cover letter review, LinkedIn, & counselor discretion (n = 1 each)
 - ii. 2018: resume review (n = 10); drop-in appts (n = 8); Career counseling (n = 5); job search (n = 5); mock interview (n = 2); LinkedIn, cover letter review, career & major exploration, resume review, & interview room request (n = 1 each)
 - iii. 2019: interview room request, mock interview, resume review & cover letter review (n = 2 each); career & major exploration, mock interview, drop-in appts, & salary & benefits negotiation (n = 1 each)
5. In addition, approximately 15 MPH students and alumni from USF attended the American Public Health Association (APHA) annual meeting in November 2018. The five MPH faculty also present at APHA supported these students and alumni in networking with health professional colleagues throughout the meeting. Several students made presentations in collaboration with USF faculty and thus provided additional avenues for supporting students and alumni in career development.
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- 4) Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable.
-

Below are quantitative results from August and December 2018 MPH graduates on perceptions of career advising; see [ERF H2](#) (labeled [B5-1](#))a-b) for detailed results including comments about career advising. Although 38% of graduates expressed satisfaction with career advising during the MPH program, an equal proportion were dissatisfied with career advising, as shown below.

Table H2-4 Student Perceptions of Satisfaction with Career Advising (N=34)	
	August + December 2018 MPH Graduates
I am satisfied with career advising I've received	
Strongly agree	4 (12%)
Somewhat agree	9 (26%)
Neither agree nor disagree	8 (24%)
Somewhat disagree	8 (24%)
Strongly disagree	5 (15%)

Qualitative feedback from the Graduate Exit Survey and focus groups and interviews conducted with alumni suggest students and alumni want more assistance with career advising and from experts in career development. We aim to improve the quality and quantity of career advising offered to MPH students, as detailed below.

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- 5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.
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The MPH program aims to provide accessible and supportive career advising for students and alumni. Students are provided access to formal career advising through the Career Services Center during and throughout their career as alumni. Career advising events are regularly held on the USF campus and increasingly MPH courses are offering opportunities for career development and advising. Informal career advising is provided by faculty with expertise and networks in student areas of interest. Having students automatically enrolled in Handshake increases access to the vast network of USF associates in the job market. Student attendance at the APHA meeting is increasing among USF MPH students, and provides another avenue for career advising and connecting students to health professional colleagues; two students are supported for APHA attendance every year and approximately 15 students and alumni attended APHA in 2018.

Data from alumni indicate a moderate level of satisfaction with career advising. MPH faculty and staff must work more closely with colleagues in the Career Services Center to increase their understanding of the MPH program outcomes and potential career paths. The recent addition of a Career Services Center staff dedicated to graduate students and working with the MPH program and SONHP will be valuable and bring more targeted career advising and offerings to MPH students and graduates. In addition, as the number of full-time MPH faculty has increased, there are more opportunities for students to work with faculty on their research activities and thus be provided with additional opportunities for career development, advising, and networking. Finally, the assignments required of all MPH students in all concentrations that are embedded in the APEX preparation module and APEX II course require sessions with the Career Services Center and will inevitably result in improved awareness of, and access to the essential and valuable career development services offered to them.

H3. Student Complaint Procedures

The program enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to program officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

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- 1) Describe the procedures by which students may communicate any formal complaints and/or grievances to program officials, and about how these procedures are publicized.
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The SONHP and the USF MPH program follow the University's formal mechanisms for student grievances and grade appeals. These policies and procedures are outlined in detail in the USF Catalog (<https://www.usfca.edu/catalog/policies>) and include: appeal process for change of course grade; complaint resolution procedures; equal opportunity and non-discrimination policy; policy against unlawful harassment, discrimination, and retaliation; sexual misconduct policy; statement of responsibilities and standards of conduct; and the honor code. The USF Student Handbook outlines these policies at: <https://myusf.usfca.edu/fogcutter/student-conduct>.

The USF Catalog provides a single web page with clear, detailed, easy to find information about how students can report a concern or complaint, at <https://myusf.usfca.edu/student-life/complaint-resolution-procedures>. This page provides specific information and easy to access links that present information about the following:

- How to report sexual misconduct and Title IX violations, bias incidents, and the student conduct code.
- Link to Academic complaints for the SONHP, including the grade appeal process.
- Links to non-academic complaints around accessibility, billing/tuition, financial aid, and the work environment, and students are provided with email and phone numbers to contact for each of these.
- Outside USF options are presented if students feel they are unable to resolve a complaint through the university, with contacts to the Bureau for Private Postsecondary Education and consumer complaint information contact lists for students living outside of California.

The formal Appeal Process for Change of Course Grade is outlined at <https://www.usfca.edu/catalog/policies/appeal-process-change-of-course-grade>, in the USF Student Handbook at <https://myusf.usfca.edu/fogcutter/student-conduct>, and in every MPH course syllabus. If an MPH student is appealing a final grade, a letter stating the desire to appeal the grade must be sent to the course instructor, within the designated timeframe outlined in the USF Catalog. There are two steps to the grade appeal process depending on the outcome, detailed below.

Students presenting formal complaints or grievances for resolution that are not otherwise covered by the appeal processes related to a Change of Course Grade, Student Conduct Code, Academic Integrity, Sexual Misconduct and Title IX Violations, or Bias Incidents, must present the complaint in writing within 45 days of the incident prompting the complaint. Faculty, staff, and administrators must answer any questions or resolve the complaints brought to their attention promptly. Students will not be subjected to adverse actions by any University officials as a result of initiating a complaint.

If these efforts are unsuccessful, the following process shall be utilized:

- For complaints about faculty or staff members, written complaints may be brought to the faculty member's Associate Dean. This individual may appoint a third party or parties to hear both sides of the dispute and present a recommendation to the Associate Dean. The Associate Dean will forward a decision in writing to the student and the Program Director within 45 days of the receipt of the complaint.

- For complaints about campus administrators who are not the Dean of the School of Nursing and Health Professions (SONHP), complaints may be brought to the Dean of SONHP, who may appoint a third party or parties to hear the dispute. This party will present a recommendation to the Dean of SONHP who will forward a decision in writing to the student within 45 days of the receipt of the complaint.

At any point in time, a student may bring a concern or complaint to the USF Dean of Students Office (<https://myusf.usfca.edu/dean-of-students>). The Dean of Students Office provides assistance with navigating the complex issues of student life through providing support to eliminate barriers to student success while both encouraging and facilitating student personal and interpersonal growth, development, and well-being.

In addition to these formal complaint policies and procedures, several times during the year the Dean of the SONHP holds listening sessions with students in SONHP programs and across USF sites. These meetings are scheduled to coincide with class dates to maximize opportunities for student input, and they are announced in advance so that students can plan for attendance. The Population Health Sciences Student Association also regularly communicates student concerns to the MPH faculty who serve as the PHSSA Faculty Advisors, who bring concerns to the Program Director, Associate Dean, or other SONHP leadership. Students are encouraged to directly address any classroom concerns with the assigned faculty before bringing concerns to their advisor, who may then bring concerns to the MPH Program Director or Associate Dean.

2) Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal.

Academic Appeals

The Appeal Process for Change of Course Grade applies to students and both full-time and part-time faculty members in the SONHP. When a student believes that his or her final grade for a course was unfair, the student may use the process described University of San Francisco Catalog (<https://www.usfca.edu/catalog/policies/appeal-process-change-of-course-grade>) to seek resolution of the matter.

The parties may decide to expedite the appeal procedure by consulting the Associate Dean for an informal resolution. If they decide to consult the Associate Dean, the Associate Dean's decision may not be appealed through the formal process but shall be final and binding. If the student and faculty member cannot resolve the matter between themselves within 30 days and do not agree to consult the Associate Dean, the student may appeal through the formal process outlined in the Catalog. If the faculty member is absent from campus or otherwise unavailable during the 30 days, then the student may proceed directly to the formal process outlined in the Catalog.

Disqualification Appeal

Students who do not meet Academic Standards (two or more course failures) or a cumulative GPA below 2.5) or who does not adhere to the Student Code of Conduct as described in the USF Catalog may be disqualified from the University. Please see student conduct section of the USF catalog regarding conduct concerns and the related grounds for discipline and disqualification, as well as due process at <https://myusf.usfca.edu/student-life/complaint-resolution-procedures>.

For students who meet criteria for disqualification, the student will receive a Disqualification letter from the Assistant to the Associate Dean. The letter specifies information needed for appeal of the disqualification decision, and the Application for Reinstatement because a student who has received the disqualification letter has the right to appeal. Formal appeals of disqualification are heard by the Academic Standards Committee (ASC). The ASC is standing committee within the University of San Francisco Faculty Association of the SONHP. The committee made up of faculty representing different departments in School.

Below are the steps for a student to appeal a disqualification:

1. The student must notify the Associate Dean's (AD) office in writing by completing the Application for Reinstatement that is provided by the Assistant to the Associate Dean.
2. The student will be given the opportunity to meet with the Associate Dean. This meeting provides an opportunity for the student to discuss:
 - a. The circumstances that resulted in the student's grades falling below the minimum academic standards.
 - b. The student's explanation as to why the ASC should consider overturning the disqualification earned this semester.
 - c. The specific changes the student will make in order to raise their performance in the program if reinstated.
3. Based on the rationale, supporting material, and explanation provided to the Associate Dean, the student will be notified if the Application for Reinstatement is sufficient to be submitted to the ASC with a request for an appeal hearing.
4. Once the Application for Reinstatement is initially reviewed by the Associate Dean and determined to merit appeal, the ASC will review the Application for Reinstatement packet. The student will prepare further documentation as specified in the ASC packet. The ASC packet includes an unofficial transcript and all Academic Improvement Plans related to the academic disqualification.
5. After review of the submitted packet, the ASC will arrange for a hearing at the committee's earliest convenience.
6. The outcome of the hearing will be recommendations for the Associate Dean regarding acceptance or denial of reinstatement.
7. The Assistant to the Associate Dean will communicate the final outcome decision to student (email and certified mail).

Non-Academic (Conduct) Appeals

As stated in the Fogcutter Student Handbook (<https://myusf.usfca.edu/fogcutter/student-conduct/section-7-2-7-appeals>), students may request an appeal of disciplinary decisions rendered by the Office of Student Conduct, Rights & Responsibilities or the office of Student Housing and Residential Education. The appeal must be submitted within five-working days following the receipt of the written resolution decision. Students must follow the procedures of this appeal process as described in the Fogcutter Student Handbook and the Student Conduct Appeal Form (https://cm.maxient.com/reportingform.php?UnivofSF&layout_id=100). There is no appeal of the final determination of the University Appeals Board.

Outside USF Options

If a student is unable to resolve the complaint through informal and formal steps taken within the University, they may choose to contact the following oversight agency.

- Bureau for Private Postsecondary Education (BPPE)
Address: 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833 Telephone: (916) 431-6924
FAX: (916) 263-1897
Website: <http://www.bppe.ca.gov>
- For students living outside of California
View Consumer Complaint Information contact list for your state via the following link:
<https://myusf.usfca.edu/assessment/accreditation-compliance/state-complaint-contacts>

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- 3) List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution.
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The USF MPH program has not had any formal grievances to date.

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- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.
-

The policy governing student grade appeals and formal complaints is outlined clearly for students and is accessible in multiple locations to students. The MPH program has had three student complaints: one was resolved through the Step 1 Grade Appeal process, and the other two were resolved using existing communication channels to resolve student complaints. Policies for communicating other complaints and/or grievances are clearly outlined and accessible to all students, faculty, and staff in the USF Catalog, USF Website, and the USF Student Handbook. The MPH Student Handbook outlines how student feedback is solicited and communicated to MPH program leadership, including Dean's Meetings and through the PHSSA.

While these policies, procedures, and platforms are valuable for students to voice concerns and file complaints/grievances, additional opportunities that encourage students to communicate concerns would be helpful. We have added a student member to the MPH program meeting, who is provided with dedicated time at the beginning of each meeting to voice program concerns or questions on behalf of other students.

H4. Student Recruitment and Admissions

The program implements 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.

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- 1) Describe the program's recruitment activities. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.
-

Recruitment efforts for the MPH program consist of collaboration between the Recruitment Director, Graduate Admissions Coordinator, USF Office of Communication and Marketing, the MPH Program Director, and MPH faculty.

Program information is published in all of the university and SONHP recruitment materials presently used to advertise the SONHP graduate programs. In addition, program-specific recruitment initiatives (MPH information sessions) are held in conjunction with the Admissions Office on a regular basis. The marketing department at USF has worked with the faculty and the SONHP administration to create social media marketing ads, print advertising, and customized branding for the MPH Program. An information brochure and a specific MPH web page have been developed within the School of Nursing and Health Professions web page. The MPH web page can be found at <http://www.usfca.edu/nursing/mph/>.

The MPH program uses the following materials and/or techniques to recruit students:

- Attending graduate fairs at colleges & universities, including historically Black colleges and universities
- Providing information sessions on campuses
- Conducting monthly online Q&A sessions for accepted students
- Conducting web chat question & answer sessions
- Local print advertisements
- Answering prospective student email and phone inquiries
- Developing communication plan with potential leads
- Maintaining MPH program web site pages (<http://www.usfca.edu/nursing/mph/>)
- USF MPH Program Brochures and Flyers (with some targeted to specific high-priority populations for admissions; see [ERF H4](#) for example)

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- 2) Provide a statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.
-

The MPH program is committed to selecting the best-qualified candidates to pursue graduate studies in the field of public health. Our program values diversity in its student body and recruits qualified and dedicated students who have a wide range of interests, backgrounds, and experiences as well as the educational prerequisites, interest, and motivation for undertaking and advancing public health careers. Admissions policies and procedures are reviewed by MPH Program faculty, the SONHP Dean and Associate Dean for Health Professions, and the Admissions and Marketing team on an annual and as-needed basis.

Students applying to the MPH program should have a completed baccalaureate degree and interest in pursuing a professional degree to prepare for a career in public health. A minimum GPA of 3.0 overall is preferred for admission to the MPH Program, along with two professional recommendations and an essay. The admissions committee considers professional work experience and/or volunteering experiences that demonstrate understanding of organizations, public health issues, and motivation. We also look for evidence of a commitment to social justice. There are no prerequisite undergraduate coursework requirements. However, preference is given to those students who show evidence of

competence in pre-calculus math, basic biological science, and social sciences (psychology, anthropology, sociology, economics). Admissions criteria are the same for all MPH students, regardless of concentration or delivery format (on-site or online).

Admission is competitive for the MPH program at USF. Applications are evaluated only after all materials have been received (this does not include coursework in progress). Students in the MPH program began in the fall semester of each academic year.

The Committee carefully considers applications using a holistic approach to its review and applicants are offered full admission, or are rejected.

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- 3) Select at least one of the measures that is meaningful to the program and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4-1. In addition to at least one from the list, the program may add measures that are significant to its own mission and context.
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Table H4-1) Outcome Measures for Recruitment and Admissions				
Outcome Measure	Target	2018	2017	2016
Percentage of enrolled students from priority under-represented population (self-identified as Black/African American)	10%	12.3	8.6	9.9
Percentage of enrolled students who are students of color (African American, Asian, Latinx, Pacific Islander, Multi-Race)	60%	64.4	67.2	54.5

These targets for recruitment and admissions were chosen because 1) enrollment of self-identified Black/African American students is a priority for the university, and 2) we believe that the racial/ethnic composition of our students should reflect the diversity of our local community.

-
- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.
-

The MPH program at USF enrolls students from a diverse range of ethnic/racial groups and is in-line with the population of the San Francisco Bay Area, of which nearly 50% is comprised of minority populations. Nationwide, USF ranks 3rd among peer institutions for having a diverse student body. We are proud of the MPH student composition and it supports achievement of the MPH program mission of improving "the health of local and global populations, particularly the underserved and vulnerable, through innovative and inspired research, service, and teaching that is grounded in education of the whole person to be a change agent who strives for excellence in all pursuits."

Many of our applicants and students have unique life experiences and challenges and plan to return to their communities to serve upon graduation. The robust MPH student graduation rate among these diverse students – greater than the 70% CEPH threshold—and high employment rate upon graduation from the MPH program, provides support for the success of our recruitment efforts, admissions policies, and applicant review procedures.

H5. Publication of Educational Offerings

Catalogs and bulletins used by the program to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.

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- 1) Provide direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements.
-

Academic Calendar: <https://www.usfca.edu/academics/resources/academic-calendar>

Admissions: <https://www.usfca.edu/nursing/programs/graduate/masters/public-health/admission>

Student Conduct/Academic Honor code: <https://myusf.usfca.edu/fogcutter/student-conduct>

Academic Integrity: <https://myusf.usfca.edu/academic-integrity>

Time to Degree Completion: <https://www.usfca.edu/catalog/regulations/gradstudent>

University Policies: <https://www.usfca.edu/catalog/policies>

MPH Catalog page in website: <https://www.usfca.edu/catalog/graduate/nursing/master-of-public-health>

Appendix A: Table of Contents – Electronic Resource File

The following files are available in the Electronic Resource:

- Intro-2) Organization Charts
- A1-3) Program Bylaws
- A1-5) Faculty Minutes
- A3) PHSSA information
- B5-1) MPH Program Data Collection
- B5-3) Evidence for Template B5-1
- C2-4) Advising
- D1-2)a-d Documentation D1-1
- D2-3)a Syllabi for Core Courses
- D2-3)b Assessment Activities for Foundational Competencies
- D2-4) Original MPH Courses
- D4-1) Concentration Competencies
- D4-3) Concentrations Syllabi
- D5-2) Documentation on Applied Practice Experience
- D5-3) Student Examples of Applied Practice Experiences
- D7-3) D7-3 ILE Syllabus, Paper, Presentation Instructions
- D7-4) Integrative Learning Experience – Rubric/Guidelines
- D7-5) Integrative Learning Experience – Graded Samples of Deliverables
- E1-3) Faculty CVs
- E3) Faculty Instructional Effectiveness
- F1) Community Involvement in Program Evaluation and Assessment
- G1) Diversity and Cultural Competence
- H1-3) Sample of Advising Materials and Resources
- H1-5) Student Orientation
- H2-1) Career Services
- H4) MPH-brochure 2018