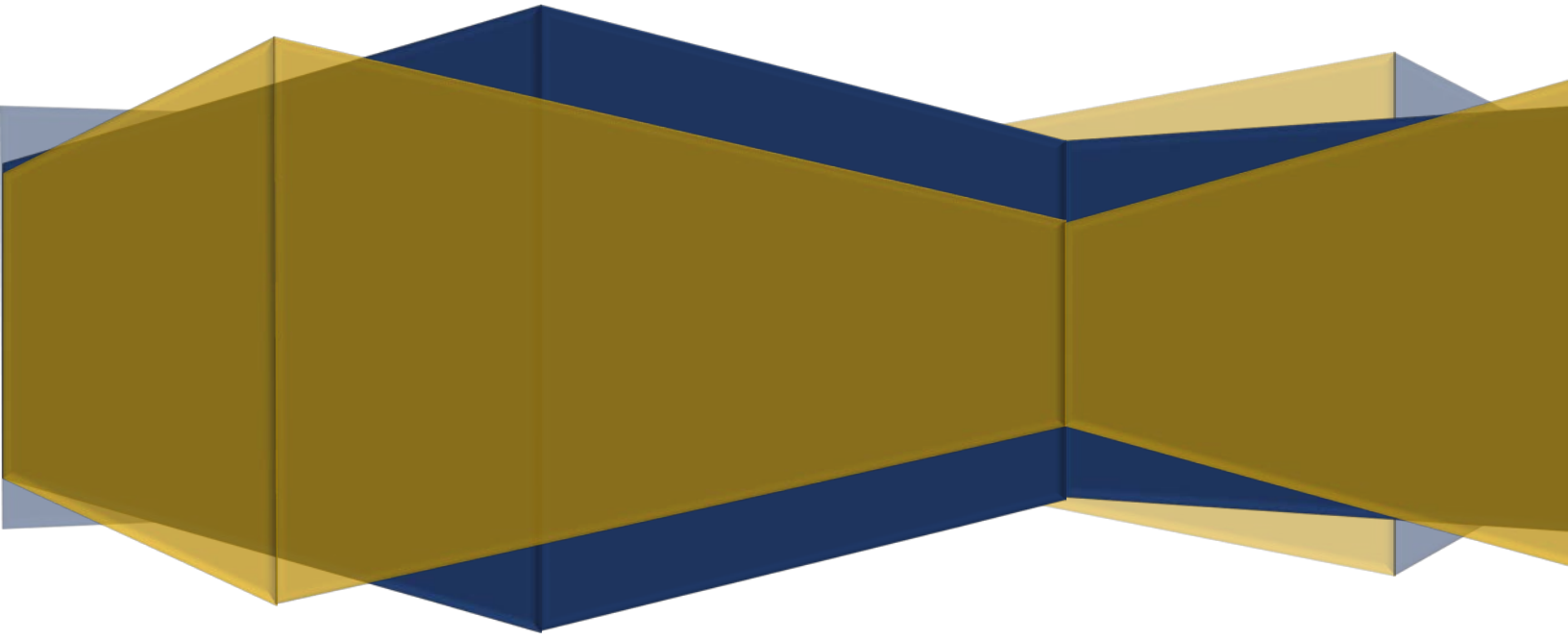
California Baptist University

Accreditation Self-Study Report

Master of Public Health Program

Submitted to the Council on Education for Public Health by the Faculty and Students of the MPH Program Department of Public Health Sciences



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Master of Public Health

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Submitted to the Council on Education for Public Health

February 1, 2018

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Introduction

1. Describe the institution environment, which includes the following:

a. year institution was established and its type (eg, private, public, land-grant, etc.)
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)
c. number of university faculty, staff and students
d. brief statement of distinguishing university facts and characteristics
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 (list may be placed in the electronic resource file)
f. brief history and evolution of the school of public health (SPH) or public health program (PHP) and related organizational elements, if applicable (e.g., date founded, educational focus, other degrees offered, rationale for offering public health education in unit, etc.)

California Baptist University (CBU) is a private comprehensive university grounded in the Christian liberal arts tradition and was founded in September, 1950 by Southern Baptists to serve the world. CBU began as California Baptist College in El Monte, California with 42 students. After four years of growth, the college relocated to larger facilities in Riverside which today is comprised of more than 30 buildings featuring the 94,800 sq. ft. Eugene and Billie Yeager Center, the JoAnn Hawkins music building, the state-of-the art Robert K. Jabs School of Business, an 11 acre Health Science Campus with 70,000 square feet of indoor space, campus housing, the Annie Gabriel Library, the 270 seat Wallace Theater, and athletic and recreational facilities on the 156.4 acre campus. Completed in 2017, is the CBU Events Center, which is designed to seat over 5,000 guests and spectators. The latest construction has begun on the brand new 100,000+ square foot Engineering Building to be completed in 2018. The College achieved university status and became California Baptist University in 1998. As of the fall 2017 census, the university serves over 9,941 students exceeding the projected enrollment goal of over 8,080 students by 2020.

The University is composed of the Dr. Bonnie G. Metcalf School of Education, the Shelby and Ferne Collinsworth School of Music, the Dr. Robert K. Jabs School of Business, the College of Behavioral and Social Sciences, the School of Christian Ministries, the College of Nursing, the College of Engineering, the College of Health Science, the College of Arts and Sciences, the College of Architecture, Visual Arts and Design, and the Division of Online and Professional Studies. With a student body of nearly 10,000, CBU offers more than 150 majors, minors, and concentrations in half a dozen baccalaureate degrees, more than 25 graduate programs with 45

concentrations, and three doctoral programs. Full time faculty for the 2017/18 academic year come in at 326 with 532 staff supporting the needs of the University.

As a University Committed to the Great Commission, CBU seeks to provide students \academic programs that prepare students for professional careers, as well as co-curricular programs that foster an environment supporting the intellectual, physical, social and spiritual development of each student. Within these arenas of the student experience the University, through its faculty and administration, has identified student outcomes as desirable and reflective of the impact it seeks to have in the lives of its students. The centrality of Christian faith and practice that is introduced in the founding Articles of Incorporation can be seen permeating the University in relation to its mission, guiding philosophy, goals, and University student outcomes (USO) which are designed to prepare students who are Biblically Rooted (USO 1), Globally Minded (USO 2), Academically Prepared (USOs 3-4), and Equipped to Serve (USOs 5-6). These are the four pillars of a California Baptist University education, which grounds students in the Christian liberal arts tradition to prepare them for service in the ever-changing global dynamic that is the twenty-first century.

Regional Accreditation at California Baptist University:

- WASC Senior Colleges and Universities Commission (WSCUC)

Specialized Professional Accreditation:

- California Board of Behavioral Science Examiners
- Association of Collegiate Business Schools and Programs (ACBSP)
- National Association of Schools of Music (NASM)
- California Commission on Teacher Credentialing (CTC)
- Commission on Collegiate Nursing Education (CCNE)
- Board of Registered Nurses (BRN)
- Commission on Accreditation on Athletic Training Education (CAATE)
- Accreditation Board for Engineering and Technology (ABET)
- American Council for Construction Education (ACCE)
- National Architectural Accrediting Board (NAAB)

The MPH Program

The Master of Public Health Program (MPH) at California Baptist University was established during the fall of the 2014 – 2015 academic year. The University views the MPH program as one that is regional in context. With only one accredited program existing in the Inland Empire (Loma Linda University) and only nine programs existing in the greater Los Angeles basin, there is currently inadequate capacity to service students interested in pursuing the MPH. The impetus behind the program's inception was to offer students residing in the Inland Empire (IE) region of southern California an opportunity to complete training and education in public health at a local Christ-centered academic institution.

The Master of Public Health Program (MPH) is a 47-credit program designed to prepare individuals to serve as practitioners, researchers, and instructors in the area of public health at local, state, national, and international settings. The MPH program offers two concentrations: Health Education and Promotion and Healthy Policy and Administration. The health education concentration prepares graduates to plan, implement, and evaluate public health programs; and the health policy and management concentration prepares graduates to manage the financing and delivery of health services and public health systems in the US.

Upon its initial inception, the MPH program offered three concentrations: Food and Nutrition, Physical Activity, and Health Policy and Administration. These concentrations were identified based upon the desire to create a unique public health degree program, blending the expertise of faculty trained in public health, nutrition, and kinesiology. Upon further exploration of similar degree programs and to remain in line with the needs of public health practice, the MPH program was amended to include the two concentrations of health education and health policy and administration.

The Master of Public Health program is housed within the Department of Public Health Sciences, in the College of Health Science, along with four undergraduate degree programs: BS in Health Science, BS in Healthcare Administration, BS in Nutrition and Food Sciences, and BS in Public Health.

2. Organizational charts that clearly depict the following related to the school or program:

a. the school or program's internal organization, including the reporting lines to the dean/director
b. the relationship between the school or program and other academic units within the institution. For programs, 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
c. the lines of authority from the school or program's leader to the institution's chief executive officer (president, chancellor, etc.), including intermediate levels (eg, reporting to the president through the provost)

Figure 2a. MPH Program Organizational Chart

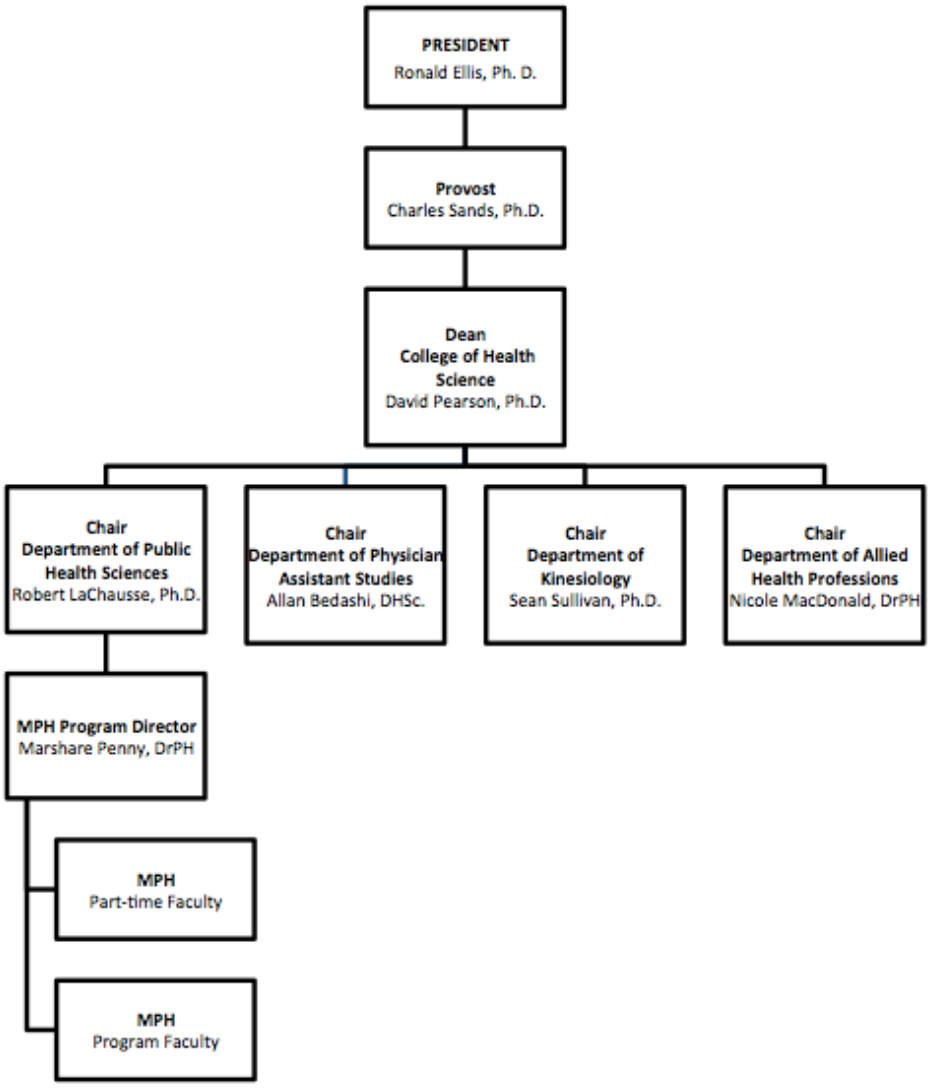
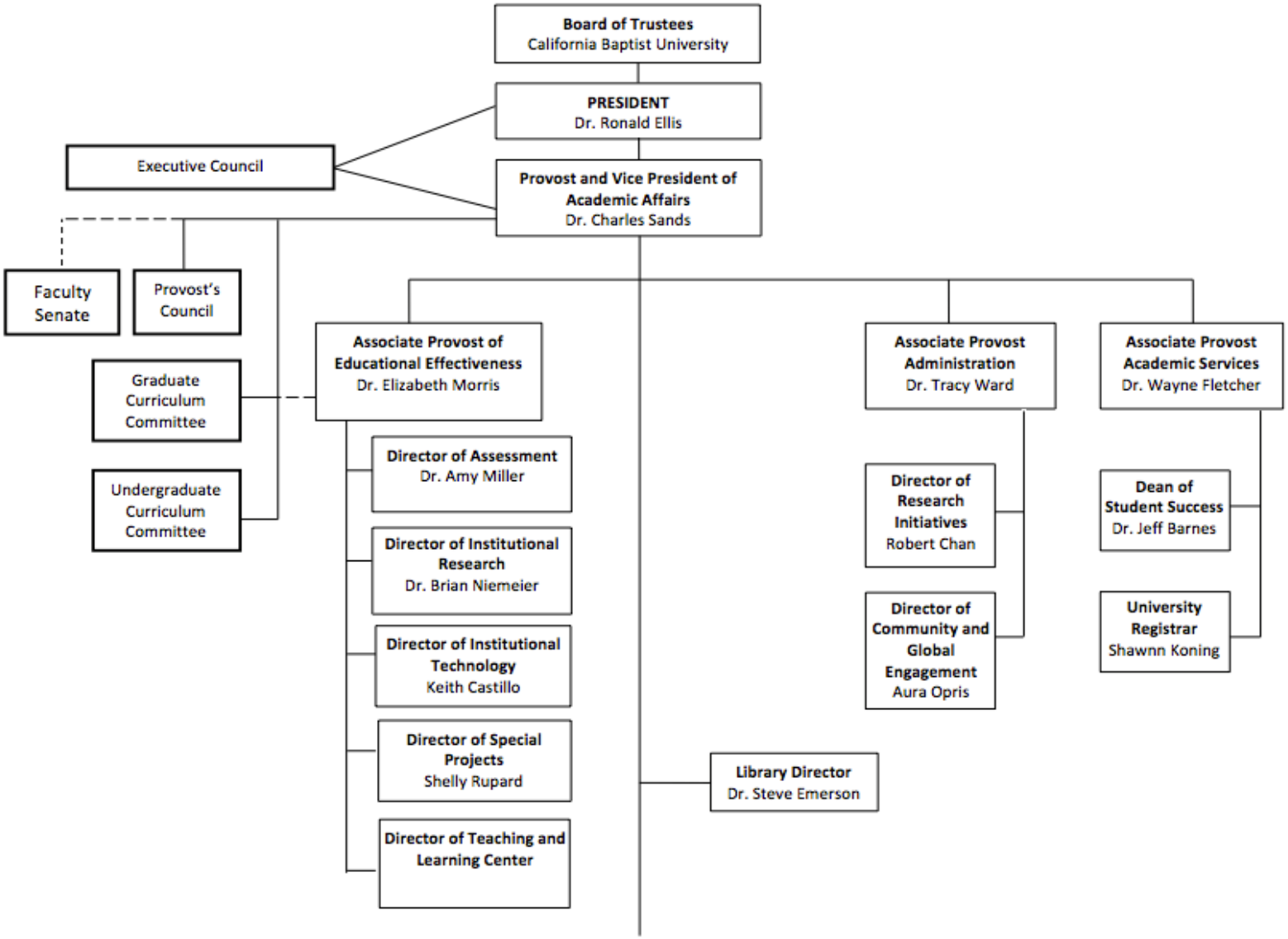
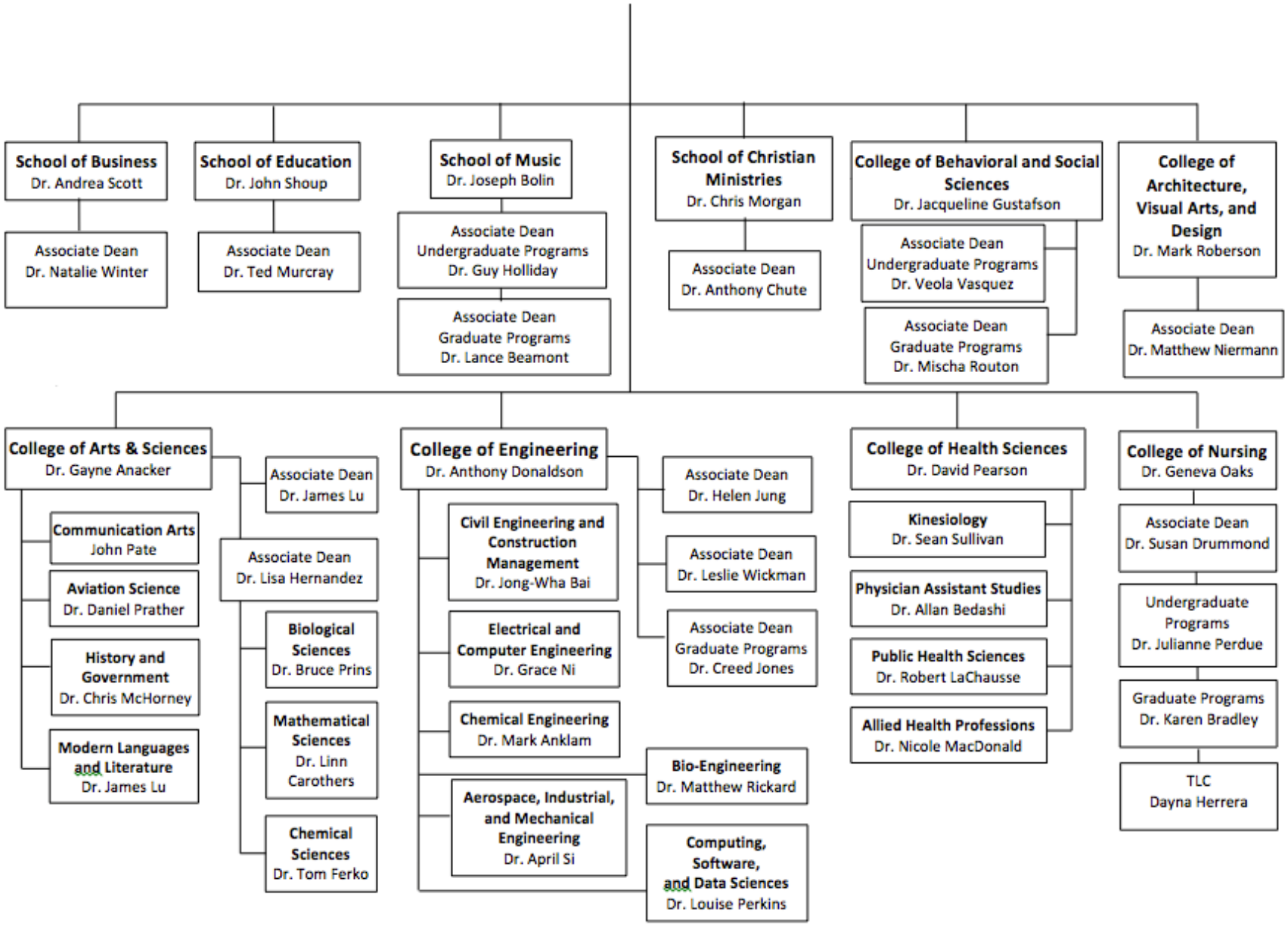


Figure 2b. Organizational Chart for California Baptist University and College of Health Science




School of Business
Dr. Andrea Scott
Associate Dean
Dr. Natalie Winter
School of Education
Dr. John Shoup
Associate Dean
Dr. Ted Murcray
School of Music
Dr. Joseph Bolin
Associate Dean
Undergraduate Programs
Dr. Guy Holliday
Associate Dean
Graduate Programs
Dr. Lance Beamont
School of Christian Ministries
Dr. Chris Morgan
Associate Dean
Dr. Anthony Chute
College of Behavioral and Social Sciences
Dr. Jacqueline Gustafson
Associate Dean
Undergraduate Programs
Dr. Veola Vasquez
Associate Dean
Graduate Programs
Dr. Mischa Routon
College of Architecture, Visual Arts, and Design
Dr. Mark Roberson
Associate Dean
Dr. Matthew Niermann
College of Arts & Sciences
Dr. Gayne Anacker
Communication Arts
John Pate
Aviation Science
Dr. Daniel Prather
History and Government
Dr. Chris McHorney
Modern Languages and Literature
Dr. James Lu
Associate Dean
Dr. James Lu
Associate Dean
Dr. Lisa Hernandez
Biological Sciences
Dr. Bruce Prins
Mathematical Sciences
Dr. Linn Carothers
Chemical Sciences
Dr. Tom Ferko
College of Engineering
Dr. Anthony Donaldson
Civil Engineering and Construction Management
Dr. Jong-Wha Bai
Electrical and Computer Engineering
Dr. Grace Ni
Chemical Engineering
Dr. Mark Anklam
Aerospace, Industrial, and Mechanical Engineering
Dr. April Si
Associate Dean
Dr. Helen Jung
Associate Dean
Dr. Leslie Wickman
Associate Dean
Graduate Programs
Dr. Creed Jones
Bio-Engineering
Dr. Matthew Rickard
Computing, Software, and Data Sciences
Dr. Louise Perkins
College of Health Sciences
Dr. David Pearson
Kinesiology
Dr. Sean Sullivan
Physician Assistant Studies
Dr. Allan Bedashi
Public Health Sciences
Dr. Robert LaChausse
Allied Health Professions
Dr. Nicole MacDonald
College of Nursing
Dr. Geneva Oaks
Associate Dean
Dr. Susan Drummond
Undergraduate Programs
Dr. Julianne Perdue
Graduate Programs
Dr. Karen Bradley
TLC
Dayna Herrera

3. An instructional matrix presenting all of the school or program's degree programs and concentrations including bachelors, masters and doctoral degrees, as appropriate. Present data in the format of Template Intro-1.

See data provided in the Template Intro–1.

Instructional Matrix - Degrees and Concentrations						
Master's Degrees	**Academic**	**Professional**	**Categorized as public health***	**Campus based**	**Executive**	**Distance based**
Concentration	*Degree*	*Degree*				
Health Education and Promotion		MPH	X	X		
Health Policy and Administration		MPH	X	X		

4. Enrollment data for all of the school or program's degree programs, including bachelor's, master's and doctoral degrees, in the format of Template Intro-2. Schools that house "other" degrees and concentrations (as defined in Criterion D19) should separate those degrees and concentrations from the public health degrees for reporting student enrollments. For example, if a school offers a BS in public health and a BS in exercise science, student enrollment data should be presented separately. Data on "other" degrees and concentrations may be grouped together as relevant to the school.

See data provided in the Template Intro–2.

Template Intro-2: MPH Enrollment Data

Degree		**Current Enrollment**
Master's		
	MPH*	63
	Health Education and Promotion	33
	Health Policy and Administration	30

Criterion A1.
Organization and Administrative Processes (SPH and PHP)

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

A1.1. List the program or school's standing and significant ad hoc committees. For each, indicate the formula for membership (eg, two appointed faculty members from each concentration) and list the current member.

There are five (5) standing and/or significant ad hoc committees within the MPH Program. These include the MPH Program Advisory Committee, MPH Program Committee, MPH Program Accreditation Steering Committee, Faculty Search Committee, and the Thesis Committee.

MPH Program Advisory Committee

The MPH Program Advisory Committee (MPH PAC) is a standing committee comprised of community members from non-profit, governmental, and healthcare organizations, two (2) primary instructional faculty, and one current and one former MPH student. The faculty members include the Department of Public Health Sciences' MPH Program Director and the Department Chair. The community members work within governmental and non-governmental public health organizations. MPH PAC members must have public health training and/or experience in order to be qualified to severe as a member of the MPH PAC. Committee membership is voluntary and there are a required minimum of 10 members on the committee. Community members complete the MPH Program Advisory Committee Application, which provides details on membership roles, responsibilities, and expectations. Advisory Committee members commit to a minimum of 2-years of committee service. Committee members may reapply upon completion of their service time. The MPH PAC student and alumni representatives must also apply to serve on the committee. The list of current committee members are included in the table below. See ERF A1-1 for MPH Program Advisory Committee Bylaws and Application.

Table A1.1. MPH Program Advisory Committee, 2017-2018

Master of Public Health
Program Advisory Committee
2017-2018

Marshare Penny, DrPH Director, Graduate Program of Public Health California Baptist University Office: 951-552-8385 mpenny@calbaptist.edu	Robert LaChausse Chair, Department of Public Health Sciences California Baptist University Office: 951-552-8484 rlachausse@calbaptist.edu
Cecilia Arias, MPH, MCHES Community Benefits Manager Kaiser Permanente Office: 951-602-4193 Cecilia.x.arias@kp.org	Evette De Luca Executive Director Partners for Better Health Office: evettemdeluca@gmail.com
Susan Harrington, MS RD Public Health Consultant SDH Consultants Office: (951)286-3814 Susan@sdhconsultants.com	Gayle Hoxter, MPH Chief of Nutrition Services Riverside University Health System-PH Office: 951-358-5311 ghoxter@rivcocha.org
Eddy Jara, DrPH Program Coordinator City of Riverside Office: 951-826-5813 ejara@riversideca.gov	Sarah Mack, MPH Assistant Chief Executive Officer County of Riverside Office: 951-955-1110 ssmack@rivco.org
Eileen Berrios MPH Student (2nd Year) Eileen.Berrios@calbaptist.edu	Justin Swanson, MPH, EP-C MPH Alumni (2016 Grad) Office: 909-537-4350 Justin.swanson@csusb.edu
Kim Saruwatari, MPH Director Riverside University Health System-PH Office: 951- 358-7036 KSaruwatari@rivcocha.org	Tianyun "Steven" Su, PhD Scientific Director West Valley Mosquito and Vector Control District Office: 909-635-0307 tsu@wvmvcd.org

MPH Program Committee

The MPH Program Committee is a standing committee comprised of all six (6) MPH primary instructional faculty. The full charge of this committee to guide the programmatic and curricular development of the MPH program. Membership on the MPH Program Committee is a requirement for all primary instructional faculty. The committee convenes once monthly during the academic year. Membership includes Dr. Robert LaChausse (Department Chair), Dr. Sangmin Kim, Dr. Sanggon Nam, Dr. Ashley Parks, Dr. Marshare Penny (Program Director), and Dr. Melissa Wigginton. Adjunct faculty as well as faculty from other University departments are also invited to participate on the MPH Program Committee; however, their participation is not required. In addition to the MPH primary instructional faculty there are six (6) non-primary instructional faculty, which includes adjunct faculty and two full-time faculty. These include Dr. Akua Amankwaah, Dr. Lindsay Fahnestock, Professor Susan Harrington, Dr. Jessica Miller, and Professor Kristen Riegel; one intra-departmental faculty member, which includes Dr. Amy Miller; and one MPH student member, Ms. Eileen Berrios, that are invited to participate on the MPH Program Committee. Each year, a new MPH student member is selected by the MPH primary instructional faculty. The MPH Program Committee is also responsible for conducting the MPH program assessment, making admissions decisions, and the development of MPH program accreditation efforts. The voting members of the MPH Program Committee include all primary instructional faculty.

MPH Accreditation Steering Committee

The MPH Accreditation Steering Committee is a subcommittee of the MPH Program Committee. This committee meets monthly during the active accreditation process and meets once yearly during non-reaccreditation years. The MPH Accreditation Steering Committee is responsible for review of the MPH curriculum and ensuring that the curriculum meets CEPH requirements as well as CBU's academic regulations. The committee provides input for, and review of the self-study. The committee is also responsible for participating in accreditation site visits, preparing response to site visit reports, and completion of annual accreditation reports.

Members of the MPH Accreditation Steering Committee include Akua Amankwaah, Lindsay Fahnestock, Sangmin Kim, Robert LaChausse, Sanggon Nam, Ashley Parks, Marshare Penny, Melissa Wigginton; and one MPH student representative, Eileen Berrios. The members of the MPH Accreditation Steering Committee include all full-time faculty. The MPH program graduate student assistant is also an accreditation committee member. This student applies to serve as the MPH program graduate assistant and in that role, serves on the accreditation steering committee.

Faculty Search Committee

The Faculty Search Committee is an ad hoc committee formed when the need for faculty recruitment is identified. The Department chair requests for faculty volunteers or will appoint faculty to lead the faculty search. Two primary instructional faculty serve on this committee and are responsible for making initial contact with the potential faculty candidate. After the initial contact is made, successful candidates are recommended to the Department Chair for advancement in the recruitment process.

Thesis Committee

The Thesis Committee is an ad hoc committee formed through student and faculty collaboration. The thesis committee is comprised of 2-3 faculty members. As students prepare to begin work on thesis research, they are expected to select a thesis chair and second member from available primary instructional faculty. Students select faculty that align with their research interests and concentration areas, as appropriate. The third committee member selected can be adjunct faculty or a subject matter expert that will contribute greatly to the thesis research being conducted.

A1.2. 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

Degree requirement decisions are made based upon guidance from the MPH Program Committee and the Graduate Curriculum Committee. The MPH Program Committee holds the initial discussion regarding degree requirements. Following these discussions, program or courses proposals to change or adopt new requirements are presented to the Graduate Curriculum Committee. The Graduate Curriculum Committee consists of representation from schools, colleges, and departments across the university and meets monthly during the academic year. The MPH program is represented on the Graduate Curriculum Committee by Dr. Robert LaChausse, an MPH primary instructional faculty member and the Department Chair for the Department of Public Health Sciences.

b. curriculum design

The curricular design process aligns with the means for making degree requirement decisions and is also overseen by the MPH Program Committee and the Graduate Curriculum Committee. Curricular design begins with development within the MPH Program Committee. Once the curriculum has been developed, a proposal is submitted to the Graduate Curriculum for review and approval. Once approved, the curriculum details are included in the Graduate Catalog. Each academic year, the curriculum is reviewed to determine the need for potential changes and revisions.

c. student assessment policies and processes

The MPH Program Committee establishes and reviews policies and processes of student assessment. Programmatic and student learning objectives are reviewed for possible revision, if necessary, and aligned with the appropriate courses and student learning experiences. Student assessment opportunities exist throughout the program including the baseline program assessment, which measures foundational public health knowledge. The baseline program assessment is administered during the MPH Program Orientation and once more upon completion of the program. Students are also assessed during each MPH courses. The course assessments are developed by the faculty of record for the course, discussed and aligned with student learning outcomes during MPH Program Committee meetings.

Additionally, student assessment policies and processes are aligned with the university's programmatic assessment. MPH primary instructional faculty, Dr. Sangmin Kim, is an active member of the university's Program Assessment Committee led by the Provost's Office. The

Assessment Committee consists of representation from all schools, colleges, and departments across the university and meets monthly during the academic year. Dr. Kim has been an active member of this committee since 2011 and works to ensure the MPH program assessment complies with the university assessment policies.

d. admission policies and/or decisions

Admission to the MPH Program is decided by the primary instructional faculty of the MPH program. Admissions policies are outlined in the CBU Graduate Catalog. Admission decisions are made within MPH Program Committee meetings. The committee discusses and reviews admissions policies twice yearly; once during the fall and once during the spring semesters. The policies are reviewed through a frame of internal and external influences, including industry trends and standards. The committee is responsible for updating admission criteria, reviewing files of all MPH program applicants provided by the Graduate Admissions Counselor (Tamakia King), conducting applicant interviews, and make admissions recommendations to the Program Director (Dr. Marshare Penny).

A minimum of two full-time faculty review each MPH applicant file. Files are scored using a rubric and applicants considered for admission are invited to campus for an interview. Interviews are scored and added to the application rubric scores producing an overall MPH applicant score. Faculty reviewers rank student applicants using the MPH applicant score. The top 30 ranked applicants are offered admission into the MPH Program.

e. faculty recruitment and promotion

The recruitment and promotion of faculty in the MPH program follow the university's recruitment and promotion policies and procedures, as described in the CBU Faculty and Staff Handbook. MPH faculty participate in the recruitment of all program faculty positions, including adjunct, lecturer, and tenure-track appointments. Initial contact with the prospective faculty candidate is made by two MPH primary instructional faculty, serving on the ad hoc Faculty Search Committee. Successful candidates are recommended to the Department Chair for advancement in the recruitment process which will include interview with the Chair, and invitation for a campus visit. All department faculty members participate in the review of prospective faculty, which includes a formal teaching demonstration and research presentation, informal lunch with department faculty, meeting with the dean, and a meeting with the university Provost and President.

Promotion and tenure decisions are made by Promotion and Tenure Committee. This committee is a standing committee, which reviews recommendations made by deans and department chairs. The department chair requests MPH faculty recommendations by way of peer evaluation and

course observations. Promotion is awarded primarily on recommendation from faculty peers for past performance; whereas tenure is awarded primarily on potential for future contribution to the university and the field. Membership of the Promotion and Tenure Committee consists of representation from select schools, colleges, and departments across the university including Architecture, Visual Arts and Design; Behavioral Sciences; Christian Ministries; Modern Languages and Literature; Music; Natural and Mathematical Sciences; and Online and Professional Studies.

f. research and service activities

As a requirement of faculty appointments, all faculty are expected to be actively engaged in research and service to the University, the Church, the profession, and the community. It is highly recommended that faculty cultivate student research and service by allowing students to take part in faculty led research and service activities. Evidence of scholarly and service activities may include the development of an ongoing research agenda as well as leadership in professional organizations. Detailed expectations are further outlined in the CBU Faculty and Staff Handbook.

A.1.3. A copy of the bylaws or other policy documents that determine the rights and obligations or administrators, faculty and students in governance of the school or program. (electronic resource file)

See the ERF A1-3 for documents associated with program and university governance. Items include the MPH Program Handbook, Faculty and Staff Handbook, and the CBU Graduate Catalog.

A1.4. 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. (self-study document)

There are numerous opportunities for faculty to contribute to the decision-making activities of the university through committee membership. Faculty from the MPH program participate in and maintain leadership roles in several university committees. A full listing of the committee service among MPH primary instructional faculty can be viewed in table A.1.4.

Table A1.4. MPH Program Faculty University Committee Membership

MPH Faculty	University Committee Membership and Role
Akua Amankwaah	Seminar of Faith and the Academic Profession, General Member (AY 2016-2017)
Lindsay Fahnestock	Seminar of Faith and the Academic Profession, General Member (AY 2017-2018)
Sangmin Kim	University Assessment, General Member (AY 2011 – Present)
Robert LaChausse	Graduate Curriculum Committee, General Member (AY 2015 - Present Institutional Review Board, General Member (AY 2014 - Present) Student Judicial Affairs Board, General Member (AY 2015 – Present)
Sanggon Nam	Seminar of Faith and the Academic Profession, General Member (AY 2016-2017)
Ashley Parks	Faculty Senate, General Member (AY 2017 – Present)
Marshare Penny	Interprofessional Education Committee, General Member (AY 2015 – Present) Title IX, University Investigator (AY 2015 – Present)
Melissa Wigginton	Faculty Senate, General Member (AY 2014-2016) Graduate Curriculum Committee, General Member (AY 2014-2015)

A1.5. Describe how full-time and part-time regularly interact with their colleagues (self-study document) and provide documentation of recent interactions, which may include minutes, attendee lists, etc. (electronic resource file)

Within the MPH Program there are 6 full-time/primary instructional faculty, 2 full-time non-primary instructional faculty, and 3 part-time/non-primary instructional faculty. The full-time and part-time (adjunct) instructional faculty interact in numerous ways. The department provides common office space for adjunct faculty, which is co-located with office space for all full-time faculty and department staff. This ensures that full-time and part-time faculty have more opportunities for direct interaction with one another.

Attendance at monthly departmental and MPH Program meetings is required for full-time faculty, but remains optional for part-time faculty. Each month, 8 faculty (6 full-time/primary faculty and 2 full-time/non-primary instructional faculty) attend departmental and programmatic meetings. Part-time faculty in the MPH program are public health practitioners with limited ability to participate in monthly departmental and programmatic meetings. Meeting minutes are distributed to all faculty, which is a particularly important way to keep those in absentia up-to-date with departmental and programmatic discussions. These discussions include curricular changes and enhancements; student assessments and results; measurement of- and changes to-applied practice and integrative learning experiences; programmatic, departmental, college, and university updates and the impact on the program or department; and the recruitment and retention of full-time and part-time faculty.

At the start and close of each semester, full-time and part-time faculty gathers for a departmental luncheon. This provides an opportunity for faculty to reconnect after a summer apart and after a semester of busyness. Most of our part-time faculty maintain teaching positions at other institutions or are employed fulltime in their respective fields. Students have much to gain from our part-time faculty, as they provide real word experience and industry expertise. Using these opportunities such as meetings and events outside of traditional campus interactions to engage our part-time faculty is extremely important, as they teach many of our courses and contribute greatly to student success. All faculty are also encouraged to discuss their current research and service projects at department and program meetings, which contributes to building a culture of scholarship and service at CBU.

See ERF A1-5 for MPH program and Public Health Sciences department meeting minutes.

A1.6. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weaknesses
None identified.

Criterion A2.
Multi-Partner Schools and Programs

This criterion is not applicable.

Criterion A3.
Student Engagement

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

A3.1. Describe student participation in policy making and decision making at the school or program level, including identification of all student members of school or program committees over the last three years, and student organizations involved in school or program governance, if relevant to this criterion. Schools should focus this discussion on students in public health degree programs. (self-study document)

The MPH program at California Baptist University engages students in programmatic and curricular decision making in four main ways. First, a student serves as a representative on the MPH program advisory committee. This student representative is nominated and approved by a vote each year by current graduate students. Second, the department chair meets with graduate students each semester to conduct a focus group. This information obtained through these discussions are relayed to the MPH program director, graduate program faculty, the MPH program advisory committee, and university administrators. Third, our university program assessment plan calls for focus groups as well as individual student interviews conducted by an external reviewer every 5 years. Finally, students are asked to provide feedback at the completion of their program both through formal surveys and at the conclusion of thesis/project.

MPH Program Advisory Committee

The MPH Program Advisory Committee consists of 12 voting members: eight members from the local public health professional community, the MPH Program Director, the Department Chair, one MPH student member, and one MPH alumnus. An MPH student has served on this committee since its formation in the year 2015. Students apply to serve on the committee for one academic year. The applications are reviewed and scored by MPH program faculty during the spring semester. Once elected, students begin serving on the committee during the fall after the spring application period and serve into the following spring semester. Over the past three years, the MPH student members include: Erica Asencio (AY 2015-2016), Maria Marquez (AY 2016-2017), and Eileen Berrios (AY 2017-2018). The student member provides a unique perspective to the committee. Students serve as a representative of the MPH student body participating in discussions on program development and assessment, student recruitment, and applied practice experience.

Master of Public Health Program and Accreditation Steering Committee

The MPH Program Committee is the primary source of the development and assessment of the MPH Program. The committee also includes the MPH Accreditation Steering Committee, which is a subcommittee, within the MPH Program Committee. All primary instructional faculty serve on these committees, as well as one (1) student member, Eileen Berrios (AY 2017-2018). The student member provides the invaluable student perspective in program discussions, as well as assists in the development of the CEPH self-study. They also serve as a line of communication between the MPH Program faculty and MPH students to ensure that feedback regarding student experience in the MPH Program is presented to program leadership for consideration.

A3.2. If applicable, assess the strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weaknesses

Criterion A4.
Autonomy for Schools of Public Health

This criterion is not applicable.

Criterion A5.

Degree Offerings in Schools of Public Health

This criterion not applicable.

Criterion B1.
Guiding Statements

The school or program defines their vision, mission, goals and values.

B1.1. A one- to three-page document that, at a minimum, presents the school or program's vision, mission, goals and values.

Our Vision

The vision for California Baptist University's Master of Public Health Program is to promote and protect health locally, nationally and globally through education, research, and service by elevating the standard of public health practice.

Our Mission

The Master of Public Health Program at California Baptist University, driven by its Christian commitment, prepares students to serve as practitioners, researchers and educators in the area of public health, who are capable of improving and preventing local, national and global health problems by delivering life-span health and wellness education through excellent teaching and mentoring, meaningful scholarship and servant relationships. This mission is accomplished through the purposeful academic and applied experiences that each student receives while in the MPH program.

Our Goals

The Master of Public Health Program aims to train competent and passionate public health professionals through three MPH Program goals:

Goal 1. Instruction: Enhance student knowledge and skills to perform the core functions and essential services of public health through innovative instruction and learning opportunities.

Goal 2. Research and Scholarship: Provide and facilitate research opportunities so that students may engage in research to better plan, implement, and evaluate health programs and policies that are evidence-based, through the dissemination of research findings.

Goal 3. Service: Equip students with skills to support and engage local and global communities to improve health and serve as the hands and feet of Christ.

Values

The Master of Public Health Program at California Baptist University is committed to fulfilling the University's *Core 4*. We want to produce students who are:

- Academically prepared
- Biblically rooted
- Globally minded
- Equipped to serve

The Master of Public Health Program aims to meet the growing demand for faith-based, working-adult degree programs in the southern California area. With our active global health programs, we maintain international partnerships that support and facilitate our mission, goals, and values.

B1.2. If applicable, a school- or program-specific strategic plan or other comparable document. (electronic resource file)

This criterion is not applicable to the MPH program.

B1.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weaknesses and Plan for Improvement

Criterion B2.
Graduation Rates

The school or program collects and analyzes graduation rate data for each public health degree offered.

Required Documentation:

1. Graduation rate data for each public health degree. See Template B2-1 (self-study document)
2. Data on public health doctoral student progression in the format of Template B2-2. (self-study document)
3. Explain the data presented above, including identification of factors contribution to any rates that do not meet this criterion's expectations and plans to address these factors. (self-study document)
4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

B2.1. Graduation rate data for each public health degree. See Template B2-1 (self-study document)

Students in MPH Degree, by Cohorts Entering Between 2014-15 and 2017-18					
	Cohort of Students	2014-15	2015-16	2016-17	2017-18
2014-15	# Students entered	12			
	# Students withdrew, dropped, etc.	4			
	# Students graduated	0			
	Cumulative graduation rate	0%			
2015-16	# Students continuing at beginning of this school year (or # entering for newest cohort)	8	37		
	# Students withdrew, dropped, etc.	0	11		

	# Students graduated	0	0		
	Cumulative graduation rate	0%	0%		
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)	8	26	21	
	# Students withdrew, dropped, etc.	0	2	3	
	# Students graduated	4	3	0	
	Cumulative graduation rate	33%	6%		
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	4	21	18	28
	# Students withdrew, dropped, etc.	0	0	0	1
	# Students graduated	2	5	0	0
	Cumulative graduation rate	50%	22%	0	0

Note: The maximum allowable time to graduation is five (5) years.

B2.2. Data on public health doctoral student progression in the format of Template B2-2. (self-study document)

This criterion is not applicable.

B2.3. Explain the data presented above, including identification of factors contribution to any rates that do not meet this criterion's expectations and plans to address these factors. (self-study document)

The MPH Program is a 2-year program. Students complete six (6) semesters of coursework during their time in the program. The inaugural MPH cohort began in fall 2014, with a class size of 12 students. By the fall of 2017, 99 students have been accepted into the MPH Program. Of the 99 students that have begun the MPH program since its inception, 21 (21%) have withdrawn, dropped, or transferred out of the program. Reasons for these program departures include identifying other graduate or professional programs that better meet the students' professional goals, challenges with successful program completion due to lack of sufficient graduate school preparation, and tending to personal needs. Any student that fails to make sufficient progress in the program or opts to withdraw from the program are contacted by the MPH Program Director. The Program Director will conduct a phone or in person meeting to better understand the students' reasons for departure. This information is recorded in a database and discussed at the MPH Program Committee meetings to better guide the development of applicant interviews and academic advising procedures. The aim is to better guide students towards programs and concentrations that are most appropriate for the students' interests and success.

The graduation rates for the MPH program are below the 70% expectation for this criteria. As of fall 2017, there have been 14 graduates, resulting in a cumulative graduation rate of 50% for the first cohort year and 22% for the second cohort year. With the current attrition rates, the first and second cohorts could reach graduation rates of 67% and 65%, respectively. With stable attrition, the third and fourth cohorts may reach graduation rates of 86% and 96%, respectively.

The low graduation rates may be a combination of three factors – 1) difficulty completing the Integrative Learning Experience (ILE) in one semester, 2) student's failure to successfully complete courses, and 3) student's participation in commencement activities prior to the completion of degree requirements.

The MPH program course sequence document is a planning tool that details a schedule of course completion for students. The planning tool is completed by the student and their academic advisor at the start of the program. The course sequence document serves as a map and guides students through the completion of the integrative learning experience. If a student fails to complete a course, the sequence document can be used to re-map program completion and assists with determining appropriate adjustment of the student's course plan. Using the MPH program course sequence, it was expected that students would begin and complete the integrative learning experience (ILE) during their final semester in the program. In the MPH Program, the ILE is the Master's thesis. The thesis includes the development of a formal proposal that is reviewed and approved, followed by the development of a five chapter thesis. It has become evident that students struggle to meet this expectation. To date, three students have been able to complete the ILE in one semester, without requiring an extension. This may have contributed to the low cumulative graduation rate; although it is still early to determine conclusively. Another contributor to the delay in graduation include failure to successfully complete a course, which

can delay student progression through the program. MPH courses are offered once yearly, with the exception of practicum and thesis. If a student missed a course, they would be required to wait an entire year before the course would be offered again, unless they request approval to take the course at another CEPH accredited institution.

As previously described, the MPH Program is a six semester program, inclusive of two summer semesters. Students are expected to complete the MPH degree requirements at the end of the second summer semester. Commencement ceremonies take place twice yearly; once in the spring and once in the fall. The MPH students are provided the option to participate in commencement before or following their expected degree completion. Most students elect to participate in commencement prior to degree completion. This may have inadvertently slowed student progression through the ILE, thus impacting graduation rates. This supposition can be supported by the fact that of all 14 students that have complete the ILE, only three (21%) have completed the requirement in one semester. The other 11 students have required, at minimum, one semester extension. There has been a resolution to this issue. Beginning summer 2017, CBU will offer three commencement ceremonies – one in the fall, one in the spring, and one in the summer. Students may now only participate in commencement following the term of which they complete their degree requirements.

B2.4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weaknesses
As illustrated in template B2-1, the graduation rates remain lower than expected.

Plans

Move from chapter to manuscript style thesis.
The ILE requirement at CBU included the development of a traditional five chapter thesis. The MPH Program Committee has decided to move from the traditional chapter style to a manuscript style thesis. In their academic training as well as in professional practice, students have become more familiar with manuscripts, while the traditional thesis remains elusive. Moving to a manuscript formatted thesis will further develop research reporting and interpretation skills that are in line with what is used by their professional peers, as well as facilitate the completion of a manuscript that may submitted for publication.

Variance and transferring of courses.

The MPH program has adopted a policy allowing students to transfer courses into the MPH program to better assist students in the timely completion of the program. Students may transfer in, no more than 9 units from a CEPH-accredited or applicant program. This will allow students who are unable to complete a class in line with the traditional course sequencing schedule (due to failure or inability to complete course when it is offered) to take a course out of sequence. For example, if a student is unable to complete a course offered in the fall, they can take the course at another institution before it is offered again at CBU.

Changes in commencement policies.
Students at CBU were previously permitted to participate in commencement exercises prior to the completion of degree requirements. As of winter 2017, students will be required to complete all degree requirements ahead of commencement participation. This may facilitate student eagerness to complete degree requirements in order to participate in commencement activities.

The MPH Program Committee will continue to monitor graduation rates and the impact the aforementioned changes may have on these rates. The attainment of this criteria is an MPH Program priority.

Criterion B3.
Post-Graduation Outcomes

The school or program collects and analyzes data on graduates' employment or enrollment in further education post-graduation, for each public health degree offered.

Required Documentation:

1. Data on post-graduation outcome (employment or enrollment in further education for each public health degree. See Template B3-1. (self-study document)
2. Explain the data presented above, including identification of factors contribution to any rates that do not meet this criterion's expectations and plans to address these factors. (self-study document)
3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

B3.1. Data on post-graduation outcome (employment or enrollment in further education for each public health degree. See Template B3-1. (self-study document)

Post-Graduation Outcomes	2015 Number and percentage	2016 Number and percentage	2017 Number and percentage
Employed	0	2 (100%)	6 (50%)
Continuing education/training (not employed)	0	0	2 (17%)
Not seeking employment or not seeking additional education by choice	0	0	0
Actively seeking employment or enrollment in further education	0	0	3 (25%)
Unknown	0	0	1 (8%)
Total	0	2 (100%)	12 (100%)

B3.2. Explain the data presented above, including identification of factors contribution to any rates that do not meet this criterion's expectations and plans to address these factors. (self-study document)

The MPH program has a newly developed instrument to collect post-graduation outcome data. This instrument, the Master of Public Health Alumni Survey (see the instrument in the ERF B3-2), is used to obtain information on employment, post-graduate certification and training, and perceptions of curricular effectiveness. The inaugural class for the MPH Program began in fall of 2014. The first graduates from this cohort completed degree requirements in December 2016. The small number of graduates in the MPH program is reflective of is the program's infancy. Of

the 14 MPH graduates: four (4) are employed in public health practice, serving as health education specialists; three (3) are actively seeking employment; two (2) are employed in external sectors; two (2) are pursing doctoral degrees; one (1) has pursued a career in academia; one (1) is currently working in biomedical research; and one (1) former students' status is unknown. Since our MPH Program is a draw for the working student, many of our students are employed throughout their time in the program. For students such as these, the MPH degree provides a ladder for advancement, or entrance into public health practice for those that are not currently employed in the public health field.

B3.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

With regards to this criterion, the MPH program has developed a survey instrument to collect post-graduation outcome data with more specificity than that which is required under the criterion.

Weaknesses

None identified.

Plan

The program will administer the MPH Alumni Survey on an annual basis moving forward. This survey will a gather information on post-graduation outcomes. Additionally, the survey can be used to identify areas in which the program can better support the working MPH student.

Criterion B4.
Alumni Perceptions of Curricular Effectiveness

For each degree offered, the school or 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.

Required Documentation:

1. Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation. (self-study document)
2. Provide full documentation of the methodology and findings from alumni data collection. (electronic resource file)
3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

B4.1. Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation. (self-study document)

The MPH Alumni Survey was developed to capture data on post-graduation outcomes, including alumni perceptions of ability to apply competencies after program completion. The survey is divided into three (3) sections. The first section of the MPH Alumni Survey collects demographic information, including graduation year and MPH concentration. The second section collects information on employment and education, including annual income. The third section collects information on curricular effectiveness; requesting that alumni rank the practical applicability of competencies attained in the courses completed and indicate program strengths and weaknesses.

The most recent MPH alumni survey was distributed during December 2017. At that time, there were 14 program graduates, of which nine (9) are a part of the health education and promotion concentration and five (5) are a part of the health policy and administration concentration. There were five (5) survey respondents, resulting in a 35% response rate. Of the respondents two (2) are employed full-time, one (1) is employed part-time and two (2) are not currently employed, listing that their reason for unemployment is due to pursuing additional training in public health or health-related discipline.

Of those employed, two work in the public health practice, serving as community health education specialists, one (1) health education assistant, and one (1) is currently working as a pharmacist. Since our MPH Program is a draw for the working student, many of our students are employed throughout their time in the program. For students such as these, the MPH degree

provides a ladder for advancement, or entrance into public health practice for those that are not currently employed in the public health field.

When asked about pursuing other academic degrees, one (1) respondent stated that they are pursuing another academic degree at Loma Linda University, since their MPH degree. In addition, two (2) students have taken the CHES exam and one (1) plans on taking it within the next 6 months. When asked if they have taken the CPH exam, one (1) plans on taking the CPH exam within the next 3 months.

When asked about academic preparation, 100% of survey respondents felt that the MPH program prepared them well or extremely well for a career in public health. Most felt that the top three courses that provided them with skills that were most applicable to their jobs included HSC 560: Public Health Program Planning and Evaluation; HSC 570: Outbreak and Emergency Preparation and Response; and HSC 595: Practicum (APE). When asked which were the most useful programmatic experiences, most responded that course work and capstone/thesis were the most useful; while guest lectures were considered least useful.

B4.2. Provide full documentation of the methodology and findings from alumni data collection. (electronic resource file)

The MPH Alumni Survey is distributed to graduates online by emailing them a link to the survey in Qualtrics. The survey is deployed during the summer and remains available for one (1) month. Alumni are solicited three (3) times for their response to the survey. On average, the survey takes 10 minutes to complete. Once the respondents begin the survey, they must complete it and cannot save it to return to it at a later time.

The MPH Alumni Survey data is downloaded and analyzed by the MPH Program Director, in aggregate, and stratified by concentration. Descriptives are produced and used to explore student experiences and perception. Upon completion of the survey, alumni are asked to provide employer contact information to allow for the solicitation of employers. Employers are then mailed a paper-based survey with the option to mail it back to the MPH Program or the complete the survey online using a link to the survey in Qualtrics. Data from the Employer Survey will be analyzed by the MPH Program Director. The results will be shared at the first MPH Program Committee meeting of the fall semester. The data will be used to identify potential programmatic and curricular changes, as well as identifying potential practicum sites and preceptors. For example, if the employer is not currently serving as a practicum site and has staff that are qualified to serve in the capacity of a preceptor, they will be solicited for the establishment of a formal practicum memorandum of understanding.

The results from both the alumni and employer surveys are shared with faculty, students, alumni, practicum preceptors, and employers by way of the Master of Public Health program website, as well as MPH Program Advisory Committee meetings. Additionally, the information is used to identify alumni and employers to highlight on the MPH Program website. See the MPH Alumni Survey in ERF B4-2.

B4.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

The strength of this criterion is the inclusion of an employer survey as a way to triangulate information on competency attainment and post-graduate outcomes.

Weaknesses

Important weaknesses of this criterion include the small and non-representative survey responses received during the most recent survey deployment. Additionally, questions pertaining to alumni self-assessment of success in achieving competencies and their ability to apply competencies after graduation could be better developed in an effort to capture alumni perceptions.

Plan

The MPH Alumni Survey will be undergo enhancements to adequately capture alumni perceptions. These enhancements will include the rewriting of several survey questions. The MPH Program Committee will review the survey during the 2017-2018 academic year in preparation for the 2018 survey deployment. Annually, alumni data will be reviewed by the MPH Program Committee during the fall semester. The review will include discussions of the timeliness of and any potential changes in survey deployment.

Criterion B5.
Defining Evaluation Practices

The school or program defines appropriate evaluation methods and measures that allow the school or program to determine its effectiveness in advancing its mission and goals.

Required Documentation:

1. Present an evaluation plan that, at minimum, lists the school or program's evaluation measures, methods and parties responsible for review. See Template B5-1. (self-study document)
2. Briefly describe how the chosen evaluation methods and measures track the school or program's progress in advancing the field of public health (including instruction, scholarship and service) and promoting student success. (self-study document)
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. (electronic resource file)
4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

B5.1. Present an evaluation plan that, at minimum, lists the school or program's evaluation measures, methods and parties responsible for review. See Template B5-1. (self-study document)

The evaluation plan, as illustrated in template B5-1, is one that allows the MPH program faculty to monitor the progress towards the attainment of the instructional, scholarship, and service goals of the MPH program.

Evaluation measures	Data collection method for measure	Responsibility for review
Instructional Goal. Enhance student knowledge and skills to perform the core functions and essential services of public health through innovative instruction and learning opportunities.		
Measure 1: *Student perception of academic preparation*	A faculty member compiles the student survey responses and presents the data to the data to all faculty at MPH Program Committee meeting.	Program Director will review initial findings, MPH Faculty

Measure 2: *Improved proficiency in student attainment of MPH foundational competencies*	Scores on pre and post MPH program assessment are evaluated by the Program Director and reported to faculty at an MPH Program Committee meeting. Results of annual review of student learning outcomes are reviewed by the Assessment Coordinator and reported at an MPH Committee meeting.	Program Director, Assessment Coordinator, and MPH Faculty
Measure 3: Faculty participation in professional development that supports innovative instruction and pedagogy	These innovative techniques are to be documented in annual faculty portfolios. Faculty are asked to share innovative pedagogy at a spring Department meeting following portfolio submission.	Department Chair reviews the annual portfolios, MPH Faculty discuss innovative teaching techniques
Research & Scholarship Goal. Provide and facilitate research opportunities so that students may better plan, implement, and evaluate health programs and policies that are evidence-based through the dissemination of research findings.		
Measure 1: *Number of students participating in student research colloquium*	Department secretary will maintain database of abstracts submitted to research colloquium and report at a Department meeting.	Department Chair, MPH Faculty
Measure 2: *Number of students submitting abstracts to present at research conferences*	Faculty: Data from annual faculty portfolios are reviewed by Department chair and a summary reported at Department meeting; Student: Department secretary will maintain database of abstracts submitted to Student Research Colloquium.	Department Chair, MPH Faculty
Measure 3: *Student participation in faculty research*	This information is to be documented in annual faculty portfolios. Faculty are asked to share the number and type of student research participation at a spring Department meeting following portfolio submission.	Program Director, MPH Faculty
Measure 4: *Students and faculty conducting and disseminating innovative research in the field of public health*	Faculty document their research in the annual portfolio, the Department chair reviews the portfolio and prepares a summary of faculty research to report to the Dean and at a Department meeting. Student participation in innovative research is document by their abstract submission to student research colloquium, thesis/project proposal submission, and reporting in the Public Health Club newsletter. Student research is documented in a database maintained by the Department secretary.	Department Chair, Program Director, and MPH Faculty
Service Goal. Equip students with skills to support and engage local and global communities to improve health and serve as the hands and feet of Christ.		

Measure 1: *Develop sustainable community and academic partnerships that are receptive to society's needs*	College transition coordinator keeps track and provides a yearly update on MOUs with practicum sites; Preceptor Survey data is compiled by the practicum coordinator and summarized at an MPH Committee meeting.	Practicum Coordinator, MPH Faculty
Measure 2:*Perception of student performance during practicum*	Preceptor rating of students on MPH Preceptor Survey and student self-assessment on practicum MPH Student Self-Assessment are compiled and review by the practicum coordinator to be presented at an MPH Program committee meeting.	Practicum Coordinator, MPH Faculty
Measure 2: *Number of service learning opportunities for students*	Student practicum portfolios documenting service learning projects and Global Health Engagement are reviewed and summarized by the practicum coordinator. The summary is reported at an MPH Program committee meeting.	Practicum Coordinator, Program Director, and Global Health Engagement Coordinator

B5.2. Briefly describe how the chosen evaluation methods and measures track the school or program's progress in advancing the field of public health (including instruction, scholarship and service) and promoting student success. (self-study document)

The MPH Program faculty participate in and are responsible for, the development of the MPH evaluation plan as well as the monitoring and tracking of progress towards the attainment of the program goals. The progress towards advancing the field of public health and promoting student success are measured by tracking changes in- and the impact of- instruction and applied practice experiences. Each of the following measures guide critical programmatic decisions around academic preparation, practical experience, and engagement in research.
These measures include:

1. Annual Student Survey – An instrument used to measure student perceptions of the MPH program and its impact on their preparation for public health practice.
2. Practicum Self-Assessment – Prior to beginning work with a preceptor at an assigned practicum site, MPH students complete an MPH Student Self-Assessment. The assessment includes students' response to questions pertaining to the level at which the students feel that they are able to perform skills that are aligned with the eight (8) MPH foundational competency domains. The MPH Student Self-Assessment data is reviewed by the Practicum Coordinator (Dr. Sangmin Kim) and discussed at the MPH Program Committee meetings. See ERF B5-2 for MPH Student Self-Assessment.
3. Pre and Post Program Assessment –As an element of program evaluation, students complete an online program assessment survey during the MPH orientation and upon the

completion of program course work. The assessment examines basic public health competencies. The questions on the assessment are derived from the Certified Health Education Specialist (CHES) and Certified in Public Health (CPH) examinations. Differences between pre and post assessment scores are reviewed and discussed by MPH faculty at the MPH Program Committee meetings. See ERF B5-2 for MPH Pre/Post Program Assessment.

4. Annual Faculty Portfolio **–** Once yearly, each full-time faculty member completes a Faculty Portfolio. The portfolio serves as a reflection of faculty accomplishments, teaching, scholarship, and service. Faculty produce a summary analysis detailing their past year contributions and areas for improvement. The analysis includes a detailed review of teaching pedagogy and scholarly contributions to the field. See ERF B5-2 for Faculty Portfolio Instructions.
5. Student Research Colloquium **–** The Student Research Colloquium provides MPH students the opportunity to showcase peer-reviewed research, including research conducted during the Integrative Learning Experience (ILE). Student projects are assessed by faculty using a scoring rubric. (See the ERF B5-2 for student research colloquium abstract solicitation and scoring rubric).
6. Public Health Club Newsletter – The Public Heath Student Club produces an annual newsletter highlighting the activities and accomplishments of the students and the MPH program. The newsletter, produced each spring semester, serves as a means for disseminating innovative research and highlighting exciting experiences. The newsletter is published on the College of Health Science website and produced in print form for distribution.
7. Memoranda with Practicum Sites **–** The Applied Practice Experience (APE), referred to as a practicum, is an integral component of the MPH program. Students gain valuable work experience, have an opportunity to network, and apply MPH competencies during their APE. Placement of students in the APE requires collaborative partnerships with government, non-government, and community-based organizations. These partnerships are symbiotic in nature; students gain professional development and are shaped into future public health professionals, while the APE sites gain fresh perspectives from young professionals with proficiency in the use of the latest technology. The MPH program maintains memoranda of understanding (MOU) with local and regional organizations, agencies, and businesses. The establishment of an MOU is initial step in the APE partnership. The MOU formalizes the relationship and is followed with a review of student attainment of MPH foundational and concentration competencies. Each year new APE sites are identified and partnerships established. On an annual basis, led by the Practicum Coordinator (Dr. Sangmin Kim), the MPH Program Committee reviews the current list of APE sites and discuss ways in which new mutually beneficial relationships can be established. Students may participate in either the domestic (traditional) or

international (global health engagement) practicum experience to satisfy their APE degree requirement.

8. Global Health Engagement –The international APE is referred to as the Global Health Engagement Practicum. The purpose of the global health engagement practicum is to provide MPH students with an opportunity to expand their level of understanding of international health, public health, and offer students an opportunity to engage in cross-cultural experiences. As a working partnership between students and public health agencies, the global health engagement practicum offers students hands-on experience in an international public health setting. College of Health Science faculty, inclusive of MPH faculty, lead teams of students each summer on these international practice experiences. This provides an opportunity for both MPH faculty and students to engage in service partnerships.
9. Preceptor Survey – Upon completion of the semester in which the preceptor oversees the work of the MPH student, the MPH practicum preceptors are asked to complete a survey. The survey measures student performance and preceptor satisfaction with participation in the practicum experience. This survey contributes to the overall measurement of success of community partnerships and explores the impact of student service to local and regional community organizations.
10. Student Learning Outcomes –The MPH SLOs and competencies are assessed on a rotating basis, with different sets of SLOs and competencies assessed each semester of the academic year. The Program Assessment Coordinator is responsible for developing the SLO assessment plan, assuring that the MPH program assessments are in compliance with the University requirements as set forth by the Provost's office. The MPH Program has an overall and annual assessment plan. MPH Program can be accessed here: https://www.livetext.com/doc/9303342

    1. MPH Oplan (Overall Plan) is created based on 5-year program assessment cycle that assesses all SLOs over the 5-year period.
    2. APlan (Annual Plan) is an annual plan that is created to carry out the Oplan which reflects what specific SLOs will be assessed in a specific year. Each year's Aplan is due on October 15th. At the end of each semester the APlan will be documented by instructors to analyze the degree of attainment of students' SLOs.

    An illustration of the assessment process can be accessed here: http://web1.calbaptist.edu/sp10/assmt/diagproc.pdf. Details on the SLO analysis and interpretive procedures may be reviewed here: https://insidecbu.calbaptist.edu/ICS/icsfs/Analyzing_Assessment_Data.pdf?target=ff0846ee-da5f-49cf-9366-eb95e10b7bbd. The MPH SLOs and competencies are reviewed and discussed once yearly during an MPH Program Committee meeting.

B5.3. 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. (electronic resource file)

Progress towards program goals and evidence of plan implementation are discussed at MPH Program Committee meetings and with the MPH Program Advisory Committee (PAC). The Program Assessment Coordinator (Dr. Sangmin Kim) leads discussion of evaluation data, with the Department Chair (Dr. Robert LaChausse), and the MPH Program Director (Dr. Marshare Penny). After these initial discussions, the data is presented to the MPH Program Advisory Committee (PAC) and the MPH Program Committee. Twice yearly the MPH Program Advisory Committee (PAC) provides input on MPH evaluation practices. The MPH faculty participate in monthly MPH Program meetings, where programmatic policies, curricula, and evaluation results are discussed. The MPH Program meeting minutes serve as an avenue for the review and documentation of the discussion of evaluation measures (See the ERF B5-3 for MPH Program meeting minutes and MPH PAC meeting minutes).

B5.4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weaknesses

The evaluative elements discussed are newly developed and have yet to be fully implemented. For example, the preceptor survey will be deployed in May of 2018 and discussed during the first program meeting of fall 2018. This evaluation plan will be heavily evaluated over the next academic year, with particular attention paid to the need for potential revisions to the data collection instruments and methods.

Criterion B6.
Use of Evaluation Data

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

Required Documentation:

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 determine the planned change, as well as identifying the change itself. (self-study document)
2. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

B6.1. 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 determine the planned change, as well as identifying the change itself. (self-study document)

At the end of each academic year we make programmatic adjustments based upon review of evaluation results. The review of evaluation results take place during the MPH Program Committee meeting. Based upon the review of MPH program evaluation results there have been a few programmatic changes implemented over the past three academic years.

During the 2014-2015 academic year, feedback from students as well as discussion with the MPH Program Advisory Committee (PAC) led two programmatic changes. First, there was the reduction of MPH degree concentrations from three to two. Initially, the MPH concentration offerings included Health Policy and Administration; Food, Nutrition and Health; and Physical Activity. It was determined that the concentrations of Food, Nutrition, and Health; and Physical Activity were not aligned with traditional MPH concentrations. The MPH PAC supported the decision of the MPH Program Committee to merge the Food, Nutrition and Health, and Physical Activity concentrations into one concentration titled *Health Education and Promotion*.

The next programmatic change was the change from enrolling students during the fall and spring semester, to only offering fall enrollment. This change allowed for better monitoring of student progression through the program. With a new program, and a small team of core faculty, it was important to develop an enrollment and course rotation that ensured there remained sufficient student support and faculty resources to produce successful graduates.

During the 2015-2016 academic year, the review of preceptor survey as well as student feedback on the APE experience, led the MPH Program Committee to determine that a reduction in the required practicum hours would support MPH student needs while ensuring that students still maintained sufficient contact hours for the gaining of applied experience. This decision was presented to the MPH Program Advisory Committee (PAC) for additional feedback and recommendations. The MPH PAC found that substantive student interaction was more significant then completion of a pre-determined number of hours.

During the 2015-2016 academic year, the MPH Program Committee determined it was imperative to conduct reviews of student performance. This is particularly important for students that struggle to maintain acceptable academic progress. This yearly review of student performance begins with a student's written self-assessment of academic progress that is submitted to the MPH faculty advisor and MPH Program Director, along with a current (unofficial) transcript and résumé. The student will then meet with her/his advisor and the Program Director to discuss the student's self-assessment and academic work, and the advisor assesses whether the student is making "satisfactory," "satisfactory but marginal", or "unsatisfactory" academic progress. The information gathered from the student's self-assessment and meeting with their advisor and the program director will be used determine the student's status in the program.

An assessment of satisfactory progress ensures that the student will continue to be eligible for enrollment. An assessment of unsatisfactory progress may lead to probationary status. An assessment of unsatisfactory progress with or without probation must include a specific timeline and a plan for improvement that specifies criteria for achievement of satisfactory progress and/or removal of probation. The decision to place an MPH student on probation will be determined by the MPH faculty advisor and the Program Director, who will make this recommendation to CBU's Academic Success and Student Retention Office. An assessment of unsatisfactory progress puts a student at risk for possible dismissal from the program. The final evaluation report will be signed by the student, the faculty advisor and the Program Director of the Public Health Program and is to be retained in the student's permanent file. The student may submit a letter of rebuttal to the advisor if he/she does not agree with any part of the advisor's evaluation. All MPH students are reviewed on an annual basis by the MPH Program Director and MPH faculty advisor.

B6.2. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Although the process is newly established, the MPH program has employed important programmatic changes based upon student and MPH Program Advisory Committee recommendations and input.

Weakness

None identified.

Criterion C1.
Fiscal Resources

The school or 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.

C1.1. Describe the school or program's budget processes, including all sources of funding. This description addresses the following, as applicable:

a. Briefly describe how the school or program pays for faculty salaries. For example, are faculty salaries fully guaranteed, or are faculty expected to raise funds to support salaries? If this varies by individual or appointment type, indicate this and provide examples. For programs, if faculty salaries are paid by an entity other than the program (such as a department or college), explain.

The MPH Program is administered by the Department of Public Health Sciences, which, through the Division of Academic Affairs, provides the program with its financial support. All faculty salaries are paid out of general operating funds, and are therefore fully guaranteed. In some cases, faculty salaries may be supported through grants by way of limited "course buyouts" based on the availability of extramural grant support for the individual faculty member.

b. Briefly describe how the school or 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.

The request for full-time, tenure-track faculty members is based on programmatic, student FTE, and external accreditation needs. Requests for additional tenure-track faculty or adjunct faculty members are made by the Department Chairman to the College Dean. The College Dean then seeks approval from the University Provost to conduct a national search for any tenure-track positions. Requests for adjunct faculty are made on a semester-by-semester basis. Applications for adjunct faculty are accepted on an on-going basis. Department staff and student assistant requests are made by the Department Chairman with approval from the College Dean.

c. Describe how the school or program funds the following:

a. operational costs (schools and programs define "operational" in their own contexts; definition must be included in response)

The MPH program supports operational expenses through the university general fund which allocated funding based on an annual zero-based budgeting process. Operational costs include salaries, supplies, advertising, and all other expenditures related to the daily operation of the program.

b. student support, including scholarships, support for student conference travel, support for student activities, etc.

Development through the university advancement office and the College of Health Science is the mechanism used to support student scholarships and travel, and its structure is in an early stage of growth. Partnerships with outside agencies such as the Randall Lewis Health Policy Fellowship and the Western Regional Council of Governments fellowship provide financial assistance and paid internships for several MPH students each year. Additionally, students work with faculty to raise funds to support student travel and enrichment activities such as the Global Health Engagement practicum, which offers students hands-on experience in an international public health setting.

c. faculty development expenses, including travel support. If this varies by individual or appointment type, indicate this and provide examples

Faculty development expenses are supported through two different mechanisms. Faculty development support is provided by the university's Faculty Development Fund (FDF) as part of the annual budget and through proceeds from other funds to give support to faculty members in their pursuit of scholarly/faculty development activities. The Department of Public Health Sciences allocates funds for the MPH Program budget. These funds provide faculty development and travel support to full-time faculty in the MPH program. All accreditation related travel expenses are supported through the Department budget.

d. In general terms, describe how the school or program requests and/or obtains additional funds for operational costs, student support and faculty development expenses.

The program director develops a proposed budget for the program in November of each year and submits it to the Chair of the Department of Public Health Sciences, who aggregates the program budgets into a departmental budget and submits to the Dean of the College of

Health Science for review. The Dean submits all departmental budget requests to the Provost's office for further review. The Dean is then invited to make a budget presentation to the university Executive Council, which will make final budget decisions and appropriations. The final budget approvals are released to department heads in the early spring prior to the start of the fiscal year in July.

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

The university does not utilize a standard model for the reinvestment of tuition and fees to specific departments or programs. All tuition and fees go to the university general fund, and all budget requests are reviewed and considered relative to the general fund. Every program director has equal opportunity to provide valuable feedback to the process of resource allocation and the system insures adequate funding of all programs. When a new program is presented for approval a 3-year budget forecast is included. This budget identifies how tuition and fees are used to ensure the program is sufficiently supported at its inception and as it grows.

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

The Provost's Office has recently hired a Director of Research Initiatives and established a research initiatives unit, which is responsible for developing guidelines pertaining to grants and extramural funding. The Provost's Office is in the process of developing guidelines to address how indirect costs associated with grants and contracts are returned to the school or program and/or individual faculty members.

If the school or program is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the responses must make clear the financial contributions of each sponsoring university to the overall school or program budget. The description must explain how tuition and other income is shared, including indirect cost returns for research generated by public health school or program faculty appointed at any institution. (self-study document)

C1.2. A clearly formulated school or 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.

PHP only: If a program does not typically have a separate budget, it must present one of the following:

- **A budget statement for the organizational unit that houses the program's budget in the format of Template C1-1 AND an accompanying table, also in Template C1-1 format, that estimates program income and expenditures, line by line, with accompanying narrative explaining the basis for the estimate (eg, approximately 20% of the department's salary funds support the program).**

Approximately 26% of the departmental budget is allocated to the MPH program. These funds support all program operational costs, faculty and staff remuneration, as well as program supplies and materials.

Template C1-1

Sources of Funds and Expenditures by Major Category, 2014 to 2017			
	2014-2015	**2015-2016**	**2016-2017**
Source of Funds			
Tuition & Fees	405,160	1,073,520	1,614,060
Grants/Contracts	0	0	125,000
Indirect Cost Recovery	0	0	1,875
Gifts	0	0	0
Total	405,160	1,073,520	1,740,935
Expenditures			
Faculty Salaries & Benefits	235,742	364,395	499,387
Staff Salaries & Benefits	49,460	49,686	50,700
Student Worker Salaries & Benefits	2,235	2,501	2,419
Office Supplies and Materials	1,688	1,950	2,104
Program Advertising & Promotion	600	584	566
Course Laboratory Supplies	1,203	2,254	1,240
Postage/Shipping	200	183	176
Promotional Items	834	975	1,361
Copy/Printing	636	1,016	978
Faculty Professional Memberships/Subscriptions	1,483	1,500	1,473
Faculty Books/Resources	1,537	2,333	3,637

Travel	3,810	2,833	6,689
Faculty Software	2,660	3,116	3,485
Hospitality	4,000	4,000	3,551
Minor Equipment	500	1,965	1,118
Major Equipment	5,400	7,000	3,220
Accreditation	5,000	12,200	5,004
Faculty Recruitment	1,450	1,450	2,100
Contracted Services	4,000	4,000	4,496
Faculty Training/Program Development	7,350	9,500	7,175
Total	329,770	473,441	600,879

C1.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

Weaknesses
None identified.

Criterion C2.
Faculty Resources

The school or program has adequate faculty, including primary instructional faculty and non- primary instructional faculty, to fulfill its stated mission and goals.

Required Documentation:

1. Describe A table demonstrating the adequacy of the school or program's instructional faculty resources in the format of Template C2-1. (Note: C2-1 has different formats for schools vs. programs.)

The school or program need not list all faculty but must list sufficient faculty to demonstrate compliance with C2-B and C2-C. For example, if the school or program exceeds the number of faculty needed to document compliance (as defined in these criteria), the school or program may note the number of faculty available in addition to those identified by name in Template C2-1.

The data reflect the most current academic year at the time of the **final** self-study's submission and should be updated at the beginning of the site visit if any changes have occurred since self-study submission. (self-study document)

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

	FIRST DEGREE LEVEL			SECOND DEGREE LEVEL	THIRD DEGREE LEVEL	ADDITIONAL FACULTY+
CONCENTRATION	PIF 1*	PIF 2*	FACULTY 3^	PIF 4*	PIF 5*	
Health Education and Promotion MPH	Robert LaChausse (1.0)	Melissa Wigginton (.63)	Sangmin Kim (.5)			PIF: 0, Non-PIF: 4
Health Policy and Administration MPH	Marshare Penny (1.0)	Ashley Parks (.63)	Sanggon Nam (.5)			PIF: 0, Non-PIF: 4
TOTALS:	Named PIF	6				
	Total PIF	6				
	Non-PIF	5				

C2.2. Explain the method for calculating FTE for faculty in the templates and evidence of the calculation method's implementation.

The calculation of the Full Time Equivalent (FTE) for the MPH program is aligned with the University's FTE calculation. Standard teaching contracts are for two semesters, fall and spring, of an academic year. Within the standard teaching contract, faculty are required to instruct in 24 units during the academic year. In the MPH program, most courses, with the expectation of Thesis, are 3-unit courses. For fulltime status, or 1.0 FTE consideration in the MPH program, faculty must instruct 8 courses in an academic year. The FTE values for instructional faculty is calculated using the University's required instructional load as the denominator and the number of MPH courses taught in the numerator.

Both the Chair of the Public Health Sciences Department and the Program Director of the MPH program maintain reduced instructional loads due to their administrative duties. The Chair, Robert LaChausse, maintains an instructional load of 0.5 FTE or 4 courses per academic year. The MPH Program Director, Marshare Penny, maintains an instructional load of 0.75 FTE or 6 courses per academic year. Due to their instructional requirements as well as their administrative contributions to the MPH program, both (LaChausse and Penny) contribute what is considered 1.0 FTE to the MPH program.

C2.3. If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates. (self-study document)

Not applicable.

C2.4. 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. (self-study document)

a. Advising ratio by degree level.

The six (6) primary instructional faculty (PIF) of the MPH program are responsible for the advisement of MPH students. Each cohort of students (to begin during the fall) includes a maximum of 30 students; across the two (2) year program it is expected there will be 60 students requiring advisement. Each PIF will advise 10 students; 5 first year students and 5 second year students. Academic advisement by the MPH program faculty is new to the program with gradual implementation during the fall 2017 term. The fall 2017 cohort is the first group to receive advising from an assigned MPH faculty member. Currently, there are 63 students in the program with 27 receiving academic advising. This produces an average of 5 students advised by each PIF. During the fall of 2018, the number of faculty academic advisors will increase from 6 to 8. This increase will result from the inclusion of two full-time non-primary instructional faculty

adopting advising responsibilities. This increase will allow to the support of up to 20 additional students, which will be important given the extended graduation times as well as potential enrollment increases.

General advising & career counseling			
Degree level	**Average**	**Min**	**Max**
Bachelor's	N/A	N/A	N/A
Master's	8	5	10
Doctoral	N/A	N/A	N/A

b. If applicable, average number of baccalaureate students supervised in a cumulative or experiential activity.

This element is not applicable.

c. Average number of MPH students supervised in an integrative learning experience (as defined in Criterion D7), as well as the maximum and minimum.

During any semester, each PIF may have a maximum of 3 students they supervise in the MPH Integrative Learning Experience (ILE), referred to as the Thesis. This equates to a maximum of 9 students over the academic year. To further assist with increases in ILE supervision needs (due to extended thesis completion terms and enrollment) two additional faculty will begin supporting the students in their ILE. These additional faculty are full-time and are considered non-primary instructional faculty.

Advising in MPH integrative experience		
Average	**Min**	**Max**
5	3	9

d. Average number of DrPH students advised, as well as the maximum and minimum.

This element is not applicable.

e. Average number of PhD students advised, as well as the maximum and minimum.

This element is not applicable.

f. Average number of academic public health master's students advised, as well as the maximum and minimum.

This element is not applicable.

C2.5. Quantitative data on student perceptions of the following for the most recent year: (self-study document)

a. **Class size and its relation to quality of learning.**
b. **Availability of faculty.**

At the close of each semester or term students complete a course evaluation. The evaluation is administered online through the Office of the Associate Provost for Accreditation, Assessment, and Curriculum. Responses to questions on the evaluations are measured using a 5-point Likert scale, with 1 being "strongly disagree" and 5 being "strongly agree". During the most recent evaluation period 193 students completed the survey where they were asked to rate their agreement with the statement: "Professor is accessible outside of class." Of the student responses from 16 courses offered over the past academic year, there was an average rating of 4.70 on the 5-point Likert scale.

In addition to the CBU course evaluations, which are administered each semester, the MPH program administers the MPH Annual Student Survey during the summer term. Students are asked to rate their agreement with the statement, "The class size was conducive to my learning." During the 2017 summer term, all survey respondents (n=20; 100%) indicated they "strongly agreed" or "somewhat agreed" with the statement.

C2.6. Qualitative data on student perceptions of class size and availability of faculty. (summary in self-study and full results/backup documentation in electronic resource file)

There were few qualitative responses to the end of semester course evaluations, however, when asked about availability of faculty, one student shared: "I really appreciated the structure of the final assignment and paper. The faculty member (replaced faculty name) was very helpful outside of class hours. I believe this was one of the most helpful classes as we prepare for our thesis."

There were several qualitative responses to the MPH Annual Student Survey. In response to questions about class size, comments include:

- "Class sizes were about 6-12 individuals which still allowed for personalized attention."
- "Having a small cohort with less than 21 students is ideal. Students who talk with each other during class time can be controlled and distractions are minimal in comparison to a larger class size."

- "The class size is conducive, there are enough varying perspectives to bring the needed diversity to this program, yet it is not too large that you do not receive the necessary attention from the instructor."

In response to questions about availability of faculty by phone, email, and during office hours, comments include:

- "For the most part this was true. However, there are some professors who are not as available as others."
- "Not all professors communicate efficiently through email and/or are helpful via email. Some professors encourage you to come during office hours which is close to impossible for working adults, which most MPH students are."
- "I work full-time and my professors were very accommodating to Skype with me in the evenings, on the weekends and stay after office hours to meet with me. Also, emails were always responded promptly."

See ERF C2-6 for MPH Annual Student Survey and recent results.

C2.7. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weakness

Although quantitative responses to questions of class size and faculty availability were favorable, the qualitative comments indicate the need for improvement in the area of faculty availability. Over the next academic year, faculty will discuss these responses and put forth a concerted effort to ensure students feel they can access their MPH faculty.

Criterion C3.
Staff and Other Personnel Resources

The school or program has staff and other personnel adequate to fulfill its stated mission and goals.

Required Documentation:

1. A table defining the number of the school or 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. (self-study document)
2. Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel. (self-study document)
3. Provide narrative and/or data that support the assertion that the school or program's staff and other personnel support is sufficient or not sufficient. (self-study document)
4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

C3.1. A table defining the number of the school or 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. (self-study document)

Role/function of MPH Support Staff	FTE
Department of Public Health Sciences Secretary	0.25
College of Health Sciences Administrative Assistant	0.13
College Transition Coordinator	0.13
Graduate Admissions Counselor	0.33
Academic Advising	0.05

The graduate admissions counselor supports the MPH program in addition to the Masters of Science in Nursing and the Athletic Training programs. The academic advisor supports the MPH program as well as all undergraduate programs, College of Health Science graduate programs, the College of Engineering, School of Music, Applied Math and English programs.

C3.2. Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel. (self-study document)

The MPH program employs two student assistants, one undergraduate and one graduate. Both student assistants provide MPH program support, including assistance with the development of program materials and entry of program data. More specifically, the graduate student assistant provides direct support to the MPH program director, assisting with the completion of the CEPH self-study document and supporting materials. The graduate student assistant contributes 0.15 FTE towards the MPH program.

The undergraduate student assistant (.35 FTE) provides general office support to the department chair, department administrative staff, and faculty. This includes but is not limited to clerical support, data entry, filing; receptionist duties, stocking office supplies, delivering office supplies, sorting and delivering mail, shelving books, photocopying, and event planning.

C3.3. Provide narrative and/or data that support the assertion that the school or program's staff and other personnel support is sufficient or not sufficient. (self-study document)

The MPH program receives the support from several administrative personnel, including the College of Health Science Administrative Assistant, the Public Health Sciences Department Secretary, the College of Health Science Student Transition Coordinator, the Graduate Admissions Counselor, the Academic Advisor, and the Graduate Student Assistant.
Direct administrative support is provided by the Public Health Sciences Department Secretary. The secretary maintains MPH program and Departmental meeting agendas, minutes; provides student registration support by completing student registration clearances; and is also responsible for the coordination and implementation of office procedures as well as the direct day-to-day oversight of student workers.

The administrative support for the MPH program is, at this time, sufficient. Although currently sufficient, as student enrollment increases, requests may be made for increases in the size and scope of administrative support and faculty resources.

C3.4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strength

Weaknesses

Criterion C4.
Physical Resources

The school or 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.

C4.1. Briefly describe, with data as applicable, the following. (Note: square footage is not required unless specifically relevant to the school or program's narrative.)

The beautiful 160-acre main campus of California Baptist University is situated in the heart of Riverside's historic Magnolia Avenue district just a short drive from popular beaches and mountain resorts. The main campus is comprised of more than 30 buildings featuring the 94,800 sq. ft. Eugene and Billie Yeager Center, men's and women's residence halls, multiple apartment complexes and modular housing, the 270-seat Wallace Theater, a fitness center, one of the region's largest aquatic centers, the Annie Gabriel Library, the Van Dyne Gym and the JoAnn Hawkins Music building, one of the nation's most advanced music production and recording facilities. During the fall of 2017 the university completed the 5,050-seat, 153,000-square-foot CBU Events Center—which can expand up to 6,000 seats.

The College of Health Science is where the Department of Public Health Sciences (PHS) is housed, and PHS is the home of the Master of Public Health program. Previously, the college was spread out across the main campus, with faculty in offices in Lancer Arms (south campus) and parts of the James Building (north east campus). In 2015, the College of Health Science acquired its own campus adjacent to the Lancers Outdoor Athletic Complex, which includes the soccer, baseball and softball fields.

The Health Science campus sits on 11 acres and is comprised of 68,919 square feet of indoor space. CBU purchased the property in June 2013 from Riverside Christian Schools. Demolition and remodeling began in June of 2015. Walls were removed and rebuilt; exterior and interior walls were painted; carpet laid and audiovisual equipment along with furniture was installed. A significant investment in new classrooms, laboratories, clinics, and office space transformed the campus into a modern, state-of-the-art learning center for health science. CBU's College of Health Science project was a $17.5 million-plus infrastructure remodel. The MPH program shares the Health Science campus with athletic training, communications disorders, kinesiology, physician assistant studies, physical therapy, and radiologic sciences. Approximately 1,200 students are enrolled in programs offered by the College of Health Science and utilize the new Health Science campus.

The Health Science campus has 15 buildings, 23 classrooms, 3 conference rooms, and 60 faculty and staff offices. The Health Science campus also maintains 25 laboratory spaces and several areas of shared student space, including offices used as study rooms, classrooms serving as computer labs, and a full service restaurant with indoor and outdoor seating areas. All campus classrooms are considered smart classrooms that consist of projectors, screen and/or smart boards, and various media players. Classroom sizes range from accommodating a class size of 38 to a large lecture hall with seating space for 80.

The revitalization of the College of Health Science campus at California Baptist University has received a beautification award from the Keep Riverside Clean and Beautiful (KRCB) program. KRCB is a community-sponsored program by the City of Riverside and the Greater Riverside Chambers of Commerce. Its mission is to foster a sense of community pride by creating partnerships that work toward the beautification of the city. CBU received second place in the category of Exterior Reconstruction with Landscaping. Riverside City Mayor Rusty Bailey and Cindy Roth, CEO of the Greater Riverside Chambers of Commerce, presented the KRCB awards after the annual State of the City address in January 2017.

Link to article about the new College of Health Science campus:
http://family.calbaptist.edu/2015/10/#news

Link to article about the College of Health Science campus receipt of Riverside beautification award: http://family.calbaptist.edu/2017/01/

C4.2. Provide narrative and/or data that support the assertion that the physical space is sufficient or not sufficient. (self-study document)

Students in the MPH program have access to resources on both the main campus and the newly acquired and renovated Health Science campus. The Health Science campus provides sufficient physical resources to students in the MPH program. Students have access to instructional and study space as well as access to faculty offices. Instructional rooms and faculty offices are within steps of each other. The revitalization and further development of the nearly 70,000 square feet of indoor space will facilitate the continued growth and improvement of all health science programs, including the Master of Public Health. The College of Health Science students, making it the easiest place to park at CBU, have embraced the addition of more than 600 parking spaces on the Health Science campus in 2016. The new Health Science campus is a point of pride for not only the College of Health Science, but for the university as a whole.

C4.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

The new College of Health Science campus was developed with the vision of prospective growth of health sciences programs, inclusive of the Master of Public Health Program.

Weaknesses

Criterion C5.
Information and Technology Resources

The school or 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.

C5.1. Briefly describe, with data if applicable, the following: (self-study document)

Library resources and support available for students and faculty

The mission of the Annie Gabriel Library is to help meet the research and information needs of the California Baptist University community, both on and off campus. Students and faculty receive access to current and historical information sources and developing and organizing collections that support the many and varied programs offered by CBU. Library staff help diverse users understand and effectively use both new and traditional forms of information and its delivery, and by ensuring the preservation of library and archival materials for future use.

In addition to over 100,000 print books, the library currently subscribes to over 350 print journals, with a number of titles dating back to the 19th century. The library also has over 800 classical music CDs and a growing collection of over 800 DVDs. Search these in-house collections using the library catalog. The library also provides access to a significant collection of online resources, including over 30,000 periodical titles and over 150,000 e-books, accessed through a variety of databases covering all disciplines, most of which include access to full-text content.

The Annie Gabriel Library at CBU recognizes that students pursuing the MPH degree need ready access to current information that supports the program's curriculum. The library holds a current collection of 506 books, and more than 2800 monograph titles related to public health (both print and electronic), and it plans to aggressively add titles to this collection, as well as video and audio resources, over the next few years. The library compliments these holdings by providing access to 147 full-text public health-related journals through its electronic databases, including Medline and CINAHL Plus with full text, which include indexing for hundreds of other health-related journals as well. All of these materials are available to students whether they are located on- or off-campus. Online chat research and reference assistance is provided by professional

librarians in support of student use of these resources. In addition to the preceding, the library regularly sends an electronic communication to the Program Director with upcoming titles for possible selection for the library, using the GOBI notification system. The GOBI is a bi-monthly book alert which includes a link that navigates you to a list of new titles in the public health discipline. Faculty are encouraged to look through the list and recommend titles for addition to the library's collection. (See ERF C5-1 for Sample GOBI Notification).

Cooperative relationships with other libraries will provide MPH students and faculty with access to materials from dozens of public, academic, special, and other libraries through local library organizations and loan networks. Such relationships include the Inland Empire Academic Libraries Cooperative (IEALC), an agreement between 18 San Bernardino, Riverside and eastern Los Angeles County libraries; the Statewide California Electronic Library Consortium (SCELC), a consortium of 109 academic libraries. Students and faculty can request materials from cooperating libraries in-person, through online forms available at the library web page or even from within many of the library's individual online journal databases. An IEALC Card is available to students at the Access Services Desk in the library. This card allows students to visit participating local university and college libraries, where they have borrowing privileges. The AGL belongs to a library consortium called CAMINO, which gives CBU students access within 72 hours to more than 7,000 additional monograph titles in the field of Public Health.

Along with the Annie Gabriel Library's print collection and associated services, MPH students will have access to a variety of online library resources and the Health Sciences Research Guide by first going to http://www.calbaptist.edu/academics/library/home/ and then selecting Health Sciences at the drop down menu under the tab "Guides". Additional resources include more than 100,000 electronic books, online access to the library catalog, access to 67 electronic databases, a document delivery service that ships items from the library's print collection to students living outside of the Riverside area, an interlibrary loan program that locates and obtains books and journal articles that are not part of the Annie Gabriel Library collection, and online support provided by library professionals for all of these services and resources.

Students are also able to reserve study rooms and view media in the library. Finally, Ms. Carolyn Heine, Instructional Services Librarian, works closely with faculty and students within the College of Health Science providing assistance and training on most efficient use of the library resources as well as searches for literature reviews. Ms. Elizabeth Flater, librarian also provides regular opportunities to the Program Director and all MPH faculty members to select books for the library's in-house book collection.

Student access to hardware and software (including access to specific software or other technology required for instructional programs)

All students have email accounts and online access throughout the campus and the university offers two computer labs for students to do independent work on campus at a computer. The CBU website offers students the chance to have a My CBU account, which then connects them to all relevant student resources such as the library, Blackboard, etc. The university also provides each student with an opportunity to purchase a LiveText account, which is good for five years and essentially provides the student with five years of Cloud storage. Important assignments and other documents that provide evidence of the student's accomplishments and experience can be stored in LiveText and the student can extend their access to the software at the end of five years for an affordable fee. In addition, instructors are able to use assignments uploaded into Live Text for instructional dialogue with students for writing assignments. Students also have access to computer labs on the main university and Health Science campuses that include access to SPSS software. The statistics, research methods, and advanced evaluation methods courses are instructed in the health science campus computer lab.

Faculty access to hardware and software (including access to specific software or other technology required for instructional programs)

All classrooms on campus are smart classrooms that consist of projectors, screen and/or smart boards, and various media players. The current Blackboard, and LiveText; Helix Media Library, integrated in Blackboard; Turning technology Clicker response; Smart Evals (student course evaluation system); and WebEx are used for virtual instruction and collaboration. Faculty are provided accounts for MS OneDrive storage, WebEx, Livetext, and the Statistical Package for the Social Sciences (SPSS). The Director of Instructional Technology is the Blackboard and LiveText, campus administrator providing student support as well as support and instructional design best practices for faculty.

Technical assistance available for students and faculty

There are three main areas that provide technological support for teaching and learning: Conferences and Events, IT Helpdesk and the Director of Instructional Technology. Each department, in a collaborate effort, services the University in providing technological training for faculty in using our Smart Classroom Technology, LMS and all applications used for instruction at California Baptist University. Regular training sessions are provided to faculty on how to implement the use of our classroom technology to their teaching environments.

Support Service hours of operation are from 7:00AM to 10:00PM in order to service all issues and problems in the classrooms, web and locally hosted applications. The Director of Instructional Technology is the LMS, Blackboard and LiveText, campus administrator providing student support as well as support and instructional design best practices for faculty.

Conferences & Events is a department that services the University with support for any internal or external event. They also manage and support smart classroom technology as it pertains to Audio & Visual services.

Information Technology Services (ITS) provides and supports technology and services to the University community, collectively known as LancerNet. Support is available through the ITS HelpDesk and on Inside CBU for such issues as LancerMail (University email), anti-virus, login/ passwords, wireless access, general troubleshooting, and internet use.

C5.2. Provide narrative and/or data that support the assertion that information and technology resources are sufficient or not sufficient. (self-study document)

The IT department is very responsive in assisting whenever called and provides almost immediate service when asked for assistance with computer equipment. The office of Conferences and Events also supports academic technology issues in the classrooms. In addition, the university has a strong academic technology staff member who is also on faculty, Mr. Keith Castillo. Faculty are trained in the use of Blackboard, Clicker Technology, LiveText, etc. and training is offered throughout the year.

C5.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weaknesses

None identified.

Criterion D1.
Foundational Public Health Knowledge (SPH and PHP)

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

Required Documentation:

1. Describe how the school or program ensures that all MPH and DrPH students are grounded in foundational public health knowledge. The description must identify all options for MPH and DrPH students used by the school or program. (self-study document)
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. (electronic resource file)
3. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D1.1. Describe how the school or program ensures that all MPH and DrPH students are grounded in foundational public health knowledge. The description must identify all options for MPH and DrPH students used by the school or program. (self-study document)

Content Coverage for MPH	
Content	**Course number(s) or other educational requirements**
1. Explain public health history, philosophy and values	HSC 530: U.S. Health Care Policy HSC 540: Epidemiology HSC 560: Public Health Program Planning, Development and Evaluation
2. Identify the core functions of public health and the 10 Essential Services*	HSC 516: Public Health Promotion, Disease Prevention and Intervention
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	HSC 540: Epidemiology HSC 544: Statistics HSC 560: Public Health Program Planning, Development and Evaluation HSC: 590: Research Methods

4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	HSC 516: Public Health Promotion, Disease Prevention and Intervention HSC 522: Social and Behavioral Sciences Applied to Health HSC 540: Epidemiology HSC 560: Public Health Program Planning, Development and Evaluation
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	HSC 516: Public Health Promotion, Disease Prevention and Intervention HSC 522: Social and Behavioral Sciences Applied to Health HSC 540: Epidemiology HSC 560: Public Health Program Planning, Development and Evaluation
6. Explain the critical importance of evidence in advancing public health knowledge	HSC 522: Social and Behavioral Sciences Applied to Health HSC 560: Public Health Program Planning, Development and Evaluation
7. Explain effects of environmental factors on a population's health	HSC 502: Environmental and Occupational Health HSC: 530: U.S. Health Care Policy HSC 540: Epidemiology
8. Explain biological and genetic factors that affect a population's health	HSC 540: Epidemiology
9. Explain behavioral and psychological factors that affect a population's health	HSC 522: Social and Behavioral Sciences Applied to Health HSC 540: Epidemiology HSC 560: Public Health Program Planning, Development and Evaluation HSC 570: Outbreak and Emergency Preparation and Response
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	HSC 516: Public Health Promotion, Disease Prevention and Intervention HSC 522: Social and Behavioral Sciences Applied to Health HSC: 530: U.S. Health Care Policy HSC 540: Epidemiology
11. Explain how globalization affects global burdens of disease	HSC 570: Outbreak and Emergency Preparation and Response
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	HSC 570: Outbreak and Emergency Preparation and Response
13. Demonstrate a way to integrate Christian faith into public health practice	HSC 570: Outbreak and Emergency Preparation and Response

Students in the MPH Program are grounded in foundational public health knowledge measured by 13 student learning outcomes. The Council on Education for Public Health (CEPH) require 12 learning outcomes to be assessed. CBU is a faith-based academic institution; therefore, the MPH

Program at CBU has included an additional SLO to measure the integration and application of Christian faith into student learning experiences.

Before students begin their coursework, their baseline knowledge of foundational public health elements are assessed. During the MPH program orientation, students complete the MPH Program Assessment. The MPH Program Assessment is comprised of sample questions derived from the Certified Health Education Specialist (CHES) and the Certified in Public Health (CPH) examinations. Upon program completion, student are assessed again on the same foundational elements. The results from this assessment are used to determine student's knowledge of important public health concepts before and after the MPH program. Data is further used to explore possible need for changes to core course curriculum and instruction. Comparison of the assessment data to data obtained on the students that complete the CPH and CHES examinations is used as a way to monitor not only the success of our MPH students, but also as a way to inform curriculum development to ensure student success on these important public health certifications.

D1.2. 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. (electronic resource file)

See the ERF D1-2 for the MPH core course syllabi, the MPH Program Assessment, and the MPH Handbook.

D1.3. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weaknesses

Criterion D2.
MPH Foundational Competencies (SPH and PHP)

All MPH graduates demonstrate MPH foundational competencies.

Required Documentation:

1. List the coursework and other learning experiences required for the school or 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 description of the requirements for each MPH degree. (self-study document)
2. Provide a matrix, in the format of Template D2-2 that indicates the assessment activity for each of the foundational competencies listed above (1-22). If the school or program addresses all of the listed foundational competencies in a single, common core curriculum, the school or 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 school or program must present a separate matrix for each combined degree. If the school or program relies on concentration-specific courses to assess some of the foundational competencies listed above, the school or program must present a separate matrix for each concentration. (self-study document)
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. (electronic resource file)
4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D2.1. List the coursework and other learning experiences required for the school or 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 description of the requirements for each MPH degree. (self-study document)

The MPH program at CBU offers two concentrations: Health Education and Promotion (HEP) and Health Policy and Administration (HPA). The MPH degree program consists of 16 courses, of which eight (8) are core courses, five (5) are concentrations courses, and three (3) are capstone courses. These courses are used to measure attainment of the 22 MPH foundational competencies, which cover the eight domain areas of: evidence-based approaches in public health, public health & health care systems, planning & management to promote health, policy in public health, leadership, communication, interprofessional practice, and systems thinking.

Details on MPH Program coursework and learning experiences can be viewed at:
https://calbaptist.edu/files/3814/6836/4540/Graduate_Catalog_1617_Web.pdf

The required courses for the Master of Public Health include:

Core Requirements 24 units
HSC 502 Environmental and Occupational Health
HSC 516 Public Health Promotion and Disease Prevention
HSC 522 Social and Behavioral Sciences Applied to Health
HSC 530 United States Health Care Policy
HSC 540 Principles and Methods of Epidemiology
HSC 544 Statistics in Public Health
HSC 560 Public Health Program Planning and Evaluation
HSC 570 Outbreak & Emergency Preparation & Response

Capstone Course Requirements 8 units
HSC 590 Research Methods
HSC 595 Public Health Practicum
HSC 599 Public Health Thesis

Concentrations:

Health Education and Promotion (HEP)
HSC 505 Principles of Human Nutrition
HSC 545 Advanced Evaluation Methods in Health Promotion
HSC 553 Behavioral Aspects of Physical Activity
HSC 555 Public Health Leadership
HSC 575 Advanced Methodology in Health Education

Health Policy and Administration (HPA)
HSC 521 Poverty, Inequality and Policy
HSC 535 Health Economics
HSC 539 Health Care Management Strategy
HSC 552 Health Law and Ethics
HSC 565 Financial Management in Public Health Organizations

D2.2. Provide a matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies listed above (1-22). If the school or program addresses all of the listed foundational competencies in a single, common core curriculum, the school or 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 school or program must present a separate matrix for each combined degree. If the school or program relies on concentration-specific courses to assess some of the foundational competencies listed above, the school or program must present a separate matrix for each concentration. (self-study document)

The MPH program addresses all 22 of the foundational competencies; however, they are not all addressed in a single common core curriculum. There are slight variations in assessment opportunities across the two MPH degree concentrations. The variation exists solely within competency #17; applying negotiation and mediation skills to address organizational or community challenges. Students in the Health Education and Promotion (HEP) concentration are assessed on this competency in concentration course HSC 555: Public Health Leadership. Students in the Health Policy and Administration (HPA) concentration are assessed on this competency in concentration course HSC 539: Health Care Management Strategy.

Assessment of Competencies for MPH in Health Education & Promotion, and Health Policy & Administration Concentrations		
Competency	*** Course number(s) or other educational requirements**	**Specific assessment opportunity**
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	HSC 540: Epidemiology	Study Design Assignment- Apply the correct study design to the provided scenarios and produce the correct measure of association. Age Adjustment Assignment - Calculate crude, stratified, and adjusted rates. Discuss impact of stratifying and adjusting data to better data interpret results.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	HSC: 590: Research Methods	Exam 2 and Research Paper - Exam 2 addresses qualitative data collection methods and the research paper address quantitative data collection (question #s 1, 2, and 4; multiple choice question #s 2, 11, 16, 18)
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	HSC 544: Statistics	Exam 1 (question #s 1, 8, and short answer #s 1-3)
4. Interpret results of data analysis for public health research, policy or practice	HSC 544: Statistics	Exam 1 (question #s 5, 6, 9, 10, and short answer #s 2 & 3)
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	HSC 530: U.S. Health Care Policy	Policy brief papers on a current public health problem, structure, function of health care, public health and regulatory systems correspond local, national, and global settings.

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	HSC 530: U.S. Health Care Policy	Exam 1 (questions # 1, 6, 19) and Exam 2 (questions # 7, 9, 14, 24) ask healthcare system and health equity based on the health policy and law including individual rights, social determinant of health, and health insurance & reform.
Planning & Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities' health	HSC 560: Public Health Program Planning, Development and Evaluation	Grant Proposal (Grant Proposal Rubric)
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	HSC 516: Public Health Promotion, Disease Prevention and Intervention	Exam 1 (question #s 6, 31, 36, and 37)
9. Design a population-based policy, program, project or intervention	HSC 516: Public Health Promotion, Disease Prevention and Intervention	Health Promotion and Disease Prevention Intervention Paper
10. Explain basic principles and tools of budget and resource management	HSC 560: Public Health Program Planning, Development and Evaluation	Grant Proposal (Grant Proposal Rubric)
11. Select methods to evaluate public health programs	HSC 560: Public Health Program Planning, Development and Evaluation	Exam 2 (question #s 1, 3, 5, 7, 8, 10, 13, 14, 21, and short answer #1) Grant Proposal (Grant Proposal Rubric)
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	HSC 530: U.S. Health Care Policy	Policy Analysis and Presentation provides specific health policy analyses and policy-making process, including the roles of ethics and evidence to students.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	HSC 560: Public Health Program Planning, Development and Evaluation	Grant Proposal
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	HSC 530: U.S. Health Care Policy	Policy Analysis and Presentation discusses advocate for political, social or economic policies and programs for racial/ethnic minorities, uninsured populations, and older adults.
15. Evaluate policies for their impact on public health and health equity	HSC 502 Environmental and Occupational Health	Policy and Health Equity Case Study
Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	HSC 530: U.S. Health Care Policy	Policy Analysis and Presentation provides health policy decision making process applying leadership, governance and management through healthcare system. This will guide students healthcare visions.
17. Apply negotiation and mediation skills to address organizational or community challenges	HSC 539: Health Care Management Strategy	Marketing Project Paper and Presentation
	HSC 555: Public Health Leadership	Final Exam Question about Negotiation Strategies - short answer question 41
Communication		
18. Select communication strategies for different audiences and sectors	HSC 516: Public Health Promotion, Disease Prevention and Intervention	Exam 2 (questions 2 and 25)

19. Communicate audience-appropriate public health content, both in writing and through oral presentation	HSC 516: Public Health Promotion, Disease Prevention and Intervention	Health Promotion and Disease Prevention Intervention Paper and Presentation
20. Describe the importance of cultural competence in communicating public health content	HSC 522: Social and Behavioral Sciences Applied to Health	Health Coaching Practical Paper
Interprofessional Practice		
21. Perform effectively on interprofessional teams	HSC 570:Outbreak and Emergency Preparation and Response	Disaster Simulation Tabletop Exercise
Systems Thinking		
22. Apply systems thinking tools to a public health issue	HSC 530: U.S. Health Care Policy	Policy Brief Papers examine public health issues to respond to the problem including a description of what other locals are doing in response to the problem, what is known about the policy options from peer review literature and systems thinking tools.

D2.3. 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. (electronic resource file)

See ERF D2-3 for all course syllabi and the MPH Handbook.

D2.4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weaknesses

None identified.

Criterion D3.
DrPH Foundational Competencies (SPH and PHP, if applicable)

Criterion not applicable.

Criterion D4.
Concentration Competencies (SPH and PHP)

MPH and DrPH graduate attain competencies in addition to the foundational competencies listed in Criteria D2 and D3.

Required Documentation:

1. Provide a matrix, in the format of Template D4-1, that lists at least five competencies in addition to those defined in Criteria D2 or D3 for each MPH or DrPH concentration or generalist degrees, including combined degree options, and indicates at least one assessment activity for each of the listed competencies. Typically, the school or program will present a separate matrix for each concentration. (self-study document)
2. For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the school or program must present evidence, including policies and same 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.
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. (electronic resource file)
4. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

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

There are seven (7) competencies for each MPH concentration. These competencies aim to enhance the MPH foundational competencies and ensure that both health education and promotion (HEP) and health policy and administration (HPA) students can directly apply the necessary skills to plan, implement, and evaluate program and policies, as well as manage health care organizations. Each student will complete courses to assist in their attainment of the concentration competencies that are associated with the student's selected MPH concentration.

Assessment of Competencies for MPH in Health Education and Promotion Concentration		
Competency	**Course number(s) or other educational requirements**	**Specific assignment(s) that allow assessment**
1. Apply theory in the development, implementation, and evaluation of health promotion interventions and programs	HSC 575: Advanced Methodology in Health Education	Health Education Intervention/Program for Special Population Paper
2. Develop interventions or programs to effect change at multiple levels, including individual, community, organizations, or policy	HSC 505: Principles of Community Nutrition	Nutrition Intervention Education Report and Presentation
	HSC 553: Behavioral Aspects of Physical Activity	Physical Activity Behavioral Intervention Paper and Presentation - addresses individual, community or
3. Identify, design and deliver a variety of health communication strategies, methods and techniques	HSC 575: Advanced Methodology in Health Education	Midterm Exam (question #s 6, 10, 11, 14, 20, 22 and 32) Learning Activity in Health Education Intervention/Program for Special Populations Paper: Students are required to demonstrate a learning
4. Define evaluation problems, frame evaluation questions, design evaluation procedures, and outline methods of	HSC 545: Advanced Evaluation of Health Promotion Programs	Program Evaluation Plan Assignment: Sections I and II - Develop and evaluation plan with attention on purpose, design and methods of evaluation
5. Examine relationships among behavioral, environmental and genetic factors that enhance or compromise health	HSC 505: Principles of Community Nutrition	Midterm Exam (Essay Question #4)
	HSC 553: Behavioral Aspects of Physical Activity	Midterm Exam (question #s 1-4, 14 and 18)
6. Develop a scope and sequence for the delivery of health education	HSC 575: Advanced Methodology in Health Education	Health Education Intervention/Program for Special Population Paper
7. Analyze leadership characteristics in	HSC 555: Public Health Leadership	Leadership Profile Paper

Assessment of Competencies for MPH in Health Policy and Administration Concentration		
Competency	**Course number(s) or other educational requirements**	**Specific assignment(s) that allow assessment**
1. Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US	HSC 565: Financial Management in Public, Health, and Not-for-Profit Organizations	Final Exam (MC Questions 2, 3, 4, 7, 8, 10, 11, 15, 16, 17, 20 and SA Questions 3, 4, 8) and Midterm Exam (MC Questions 1, 3, 6, 7, 8, 9, 10, 11, 12, 13, 16, 17, 22, 26, 27, 28, 29, 30 and Short Answer Questions 3, 4, 5, 8).
2. Conceptualize, analyze and resolve problems related to health services delivery and finance	HSC 535: Health Economics	Health Economics Research Paper and Individual Health Economics Presentation
3. Apply economic financial, legal, organizational, political or ethical theories and frameworks	HSC 552: Health Law and Ethics	Organizational Responsibiliy and Current Health Care Issues Paper Employment and Labor Relations Group Presentation
4. Employ appropriate qualitative and quantitative techniques to manage human, fiscal, technological, information, physical, and other resources	HSC 521: Poverty, Inequality and Policy	Book review and literature review use a method of qualitative and quantitative techniques to address human, fiscal, technological, information, physical, and other resources in poverty, inequality, and policy issues.
5. Establish and manage systems and	HSC 539: Health Care Management Strategy	Creating a Performance Driven Culture Case Study
6. Apply leadership skills in all levels of public and private health service organizations	HSC 552: Health Law and Ethics	Executive Committee Presentation
7. Integrate theory and practice to plan, market, implement, and evaluate strategies and policies in health services programs, systems and organizations	HSC 521: Poverty, Inequality and Policy	Literature Review and Presentation provide students opportunities to reviews and synthesizes the current understanding of a particular topic. Also, students investigate integration of theory and practice to plan, implement, and evaluate strategies in health services, systems and organizations applied society.

D4.2. For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the school or program must present evidence, including policies and same 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.

This element is not applicable.

D4.3. 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.
See the ERF D4-3 for concentration course syllabi.

D4.4. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)
Strengths

Weaknesses
None identified.

Criterion D5.
MPH Applied Practice Experiences (SPH and PHP)

MPH students demonstrate competency attainment through applied practice experiences.

Required Documentation:

1. Present evidence that the school or program identifies competencies attained in applied practice experiences for each MPH student in the format of Template D5-1. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file. (self-study document)
2. Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience. (electronic resource file)
3. Provide samples of practice-related materials for individuals students from each concentration or generalist degrees. The samples must also include materials from students completing combined degree programs, if applicable. The school or program must provide samples of complete sets of materials (ie, the documents that demonstrate at least five competences) from at least five students in the last three years for each concentration or generalist degree. If the school or program has not produced five students for which complete samples are available, note this and provide all available samples. (electronic resource file)
4. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D5.1. Present evidence that the school or program identifies competencies attained in applied practice experiences for each MPH student in the format of Template D5-1. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file. (self-study document)

The applied practice experience (APE) at CBU is referred to as the MPH Practicum. The practicum takes place following the completion of four (4) semesters, eight (8) core MPH courses, and concurrent enrollment in two concentration courses. The MPH core courses completed and concurrently enrolled are those which ensure the student has met the MPH foundational knowledge competencies (these courses are illustrated in template D2). The practicum course, HSC 595, is generally completed in the 16-week spring or summer semester during a students' second and final year of the MPH program.

The practicum consists of pairing a student with an appropriate preceptor from a governmental, non-governmental, community-based, or for-profit setting for the completion of 150 contact hours. The students must demonstrate the attainment of five (5) competencies; of which three (3) are foundational and two (2) are concentration based. To guide students in their selection of

competencies to focus on during their practicum experience, students must complete the MPH Competency Self-Assessment (See the assessment in ERF D5). This assessment allows students to score and rank the eight (8) core competency domains and the concentration competencies. Students rank on a four-point Likert scale, the degree to which they feel competent in the 22 areas under the eight domains. They then identify the five competencies to develop further during their practicum experience. Once the five competencies are identified, the students review the competencies with their preceptor and develop a scope of work (SOW) for the practicum experience. The SOW is then submitted to the Practicum Coordinator (Dr. Sangmin Kim). The SOW serves as the matrix, matching the competency to be further developed with a specific assessment opportunity or assignment for each student. Over the course of the practicum, the SOW is reviewed by the preceptor and the Practicum Coordinator. Upon completion of the practicum, students submit a portfolio and self-assessment to the Practicum Coordinator. The Practicum Coordinator reviews the portfolio to ensure the product demonstrates each of the stated competencies.

Most students complete the APE during the spring semester of their second year in the MPH program. To prepare for the APE experience, students participate in a practicum orientation and complete the self-assessment during the fall term prior to their enrollment in the APE units. Based upon this timeline, current samples of APE represent the previous competency set. The current student samples were developed during the spring of 2017 following the orientation and preparation for the practicum experience during the fall of 2016. The new competency set was adopted by CEPH in October of 2016 and fully applied to CBUs MPH APE during the fall of 2017. The sample portfolios under the new competency will be available upon the end of the spring 2018 term.

Health Education and Promotion Samples from Template D5-1.

Practice-based products that demonstrate MPH competency achievement: Health Education and Promotion Concentration	
Specific assignment(s) that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
Input program data into SPSS; responsible for assessing instrument for reliability; interpret data and make inferences and programmatic recommendations; present findings to interdisciplinary research team.	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
	4. Interpret results of data analysis for public health research, policy or practice
	21. Perform effectively on interprofessional teams
	HEP 2. Develop interventions or programs to effect change at multiple levels, including individual, community, organizations, or policy
	HEP 4. Define evaluation problems, frame evaluation questions, design evaluation procedures, and outline methods of analysis

Practice-based products that demonstrate MPH competency achievement: Health Education and Promotion Concentration	
Specific assignment(s) that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
Conduct patient outreach; plan and coordinate diabetes information session and focus group; participate in skills fair as a way to update health care professionals on new trends in diabetes care; participate in Latino community diabetes information session; provide community presentations in local schools.	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	HEP 2: Develop interventions or programs to effect change at multiple levels, including individual, community, organizations, or policy
	21. Perform effectively on interprofessional teams
	8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
	HEP 6. Develop a scope and sequence for the delivery of health education

Practice-based products that demonstrate MPH competency achievement: Health Education and Promotion Concentration	
Specific assignment(s) that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
Analyze and interpret data for the (NEOP) Nutrition Education and Obesity Prevention Program; teach nutrition and physical activity education at elementary schools; collaborate with the department of social services, churches, and youth organizations to provide nutrition education; present wellness topic to staff of NEOP	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	HEP 4. Define evaluation problems, frame evaluation questions, design evaluation procedures, and outline methods of analysis
	HEP 6. Develop a scope and sequence for the delivery o health education
	8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
	21. Perform effectively on interprofessional teams

Practice-based products that demonstrate MPH competency achievement: Health Education and Promotion Concentration	
Specific assignment(s) that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
Gather behavioral health data; participate in practice coaches training for implementing Behavior Health Integration – Complex Care Initiative (BHICCI) program; develop evaluation plan for BHICCI program	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	7. Assess population needs, assets and capacities that affect communities' health
	21. Perform effectively on interprofessional teams
	HEP 2. Develop interventions or programs to effect change at multiple levels, including individual, community, organizations, or policy
	HEP 6. Develop a scope and sequence for the delivery of health education

Practice-based products that demonstrate MPH competency achievement: Health Education and Promotion Concentration	
Specific assignment(s) that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
Analyze findings from father survey data for the AIM 4 Teen Moms intervention program; investigate enivironmental factors of AIM 4 Teen Mom's program by exploring the connections between teen pregnancy and behaviors of the fathers the teens; develope a poster for the Children's Hospital Los Angeles (CHLA) Society for Adolescent Health and Medicine (SAHM) conference.	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	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
	4. Interpret results of data analysis for public health research, policy or practice
	HEP 3. Identify, design and deliver a variety of health communication strategies, methods and techniques
	HEP 5. Examine relationships among behavioral, environmental and genetic factors that enhance or compromise health

Health Policy and Administration Samples from Template D5-1.

Practice-based products that demonstrate MPH competency achievement: Health Policy and Administration Concentration	
Specific assignment(s) that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
Develop a healthy dining program- conduct literature review, research current efforts, strategies community involvement and support; develop evaluation plan for healthy dining program; develop and implement dining program survey instrument.	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	7. Assess population needs, assets and capacities that affect communities' health
	19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	HPA 4. Employ appropriate qualitative and quantitative techniques to manage human, fiscal, technological, information, physical, and other resources
	HPA 7. Integrate theory and practice to plan, market, implement, and evaluate strategies and policies in health services programs, systems and organizations
Practice-based products that demonstrate MPH competency achievement: Health Policy and Administration Concentration	
Specific assignment(s) that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
Participate coalition development to establish a healthy and sustainable city resolution; develop presentation on healthy vending for city council members; develop surveys, collect and analyze data community vending machines to evaluate adherence to healthier food and beverage guidelines.	7. Assess population needs, assets and capacities that affect communities' health
	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
	20. Describe importance of cultural competencies in communicating public health content
	HPA 6. Apply leadership skills in all levels of public and private health service organizations
	HPA 7. Integrate theory and practice to plan, market, implement, and evaluate strategies and policies in health services programs, systems and organizations
Practice-based products that demonstrate MPH competency achievement: Health Policy and Administration Concentration	
Specific assignment(s) that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
Worked with local organizations to establish community gardens; assist with policy development handbook on sustainability of community gardens; conduct needs assessment for appropriate placement of community gardens.	7. Assess population needs, assets and capacities that affect communities' health
	9. Design a population-based policy, program, project or intervention
	18. Select communication strategies for different audiences and sectors
	HPA 6. Apply leadership skills in all levels of public and private health service organizations
	HPA 5. Establish and manage systems and processes to assess organizational performance for continuous improvement of quality, safety and effectiveness
Practice-based products that demonstrate MPH competency achievement: Health Policy and Administration Concentration	
Specific assignment(s) that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
Participated in implementation of Flu and TB clinics; provide health education and outreach with nurses and those from other disciplines; created a training bulletin for staff; created a Spanish outreach pamphlet for community.	8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
	21. Perform effectively in interprofessional teams
	20. Describe the importance of cultural competencies in communicating public health content
	HPA 4. Employ appropriate qualitative and quantitative techniques to manage human, fiscal, technological, information, physical, and other resources
	HPA 6. Apply leadership skills in all levels of public and private health service organizations
Practice-based products that demonstrate MPH competency achievement: Health Policy and Administration Concentration	
Specific assignment(s) that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
Gather behavioral health data; participate in practice coaches training for implementing Behavior Health Integration – Complex Care Initiative (BHICCI) program; develop evaluation plan for BHICCI program	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	9. Design a population-based policy, program, project or intervention
	21. Perform effectively in interprofessional teams
	HPA 4. Employ appropriate qualitative and quantitative techniques to manage human, fiscal, technological, information, physical, and other resources
	HPA 5. Establish and manage systems and processes to assess organizational performance for continuous improvement of quality, safety and effectiveness

D5.2. Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience.

See ERF D5-2 for the practicum syllabus and handbook.

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

See ERF D5-3 for sample of five (5) student portfolios per concentration.

D5.4. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weaknesses

None identified.

Criterion D6.
DrPH Applied Practice Experience (SPH and PHP, if applicable)

Criterion not applicable.

Criterion D7.
MPH Integrative Learning Experience (SPH and PHP)

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.

Required Documentation:

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 school or program to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies. (self-study document)
2. Briefly summarize the process, expectations and assessment for each integrative learning experience. (self-study document)
3. Provide documentation, including syllabi and/or handbooks, that communicates integrative learning experience policies and procedures to students. (electronic resource file)
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. (electronic resource file)
5. Include completed, graded samples of deliverables associated with each integrative learning experiences option from difference concentrations, if applicable. The school or program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. (electronic resource file)
6. If applicable, applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D7.1. Present 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 school or program to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies. (self-study document)

All MPH students are required to complete an integrative learning experience, referred to as a Master's Thesis or Project. The development of a Master's Thesis or Project is an on-going process during the student's academic program. In selecting a thesis topic, students are encouraged to meet with the MPH Program Director, their MPH academic thesis/project chair, and other faculty in their area of interest to learn about current issues as well as public health research and practice opportunities.

MPH Integrative Learning Experience for Health Education and Promotion Concentration	
Integrative learning experience (list all options)	**How competencies are synthesized**
MPH Thesis	Students use the MPH Student Self-Assessment to determine the three competencies to address. MPH Oral Defense rubric is used to measure the synthesis of competencies addressed.
MPH Project	Students use the MPH Student Self-Assessment to determine the three competencies to address. MPH Oral Defense rubric is used to measure the synthesis of competencies addressed.

MPH Integrative Learning Experience for Health Policy and Administration Concentration	
Integrative learning experience (list all options)	**How competencies are synthesized**
MPH Thesis	Students use the MPH Student Self-Assessment to determine the three competencies to address. MPH Oral Defense rubric is used to measure the synthesis of competencies addressed.
MPH Project	Students use the MPH Student Self-Assessment to determine the three competencies to address. MPH Oral Defense rubric is used to measure the synthesis of competencies addressed.

D7.2. Briefly summarize the process, expectations and assessment for each integrative learning experience. (self-study document)

The Master's thesis/project must be a substantive undertaking worthy of a Master's degree. The flexibility in the design of the thesis/project affords students an opportunity to contribute to public health research. Although there are no specified page limitations, students must work with their thesis/project chair to determine the appropriate length and scope of the thesis or project.

It is expected that the MPH thesis/project serves as an opportunity for students to integrate both foundational and concentration competencies. The student must select a minimum of three (3) foundational and concentration competencies, of which to illustrate synthesis. The selection will come from the review of their MPH Student Self-Assessment, completed before beginning the applied practice experience. The MPH Student Self-Assessment is to be reviewed and discussed with their Thesis/Project chair to determine which competencies the student would like to improve upon. Assessment of competency synthesis is accomplished during the Thesis/Project Oral Defense using the MPH Thesis/Project Oral Defense Rubric.

The students may collect primary data or utilize secondary data in their thesis research or project. Once the topic and data sources has been identified by the students and their committee, the student must submit a formal thesis/project proposal to the MPH program director for approval.

Once approved by the program director, the student may work to seek institutional review board (IRB) approval. Next, the student may register for the HSC 599 Thesis course. The selected thesis/project chair will serve as the instructor of record during the students' enrollment in HSC 599. Should the student fail to complete the HSC 599 course, they may register for thesis extension units (HSC 598). Students may only register for thesis extension units for a maximum of two semesters.

Each MPH student is required to form a Thesis/Project Committee, which consists of three faculty. The thesis/project chair must be a faculty member in the Department of Public Health Sciences. Students must also select two additional thesis/project committee members to provide additional guidance and feedback. One of thesis/project committee members may be an expert from outside the College and/or University, although he or she must serve a fundamental purpose to the development of the thesis. Once the thesis/project is written, committee members will be in agreement to recommend the student for the oral defense.

The three committee members will evaluate the oral defense using the MPH Thesis/Project Oral Defense rubric. The rubric is used to assess student attainment of MPH core competencies. The rubric is completed by each member of the Thesis/Project Committee and the scores are averaged to produce a composite score. The student must receive a minimum score of 80% for successful completion of the Master's Thesis.

Each thesis is to be submitted in written form for review and approval by the students' thesis/project committee. The thesis will be reviewed for professionalism, scientific merit, and contribution to the field of public health. All formatting is based on the APA Manual (6th Edition). The required sections of the Thesis are as follows (in order):

- Title page
- Copyright page
- Signature page
- Abstract
- Acknowledgements (optional)
- Table of Contents
- List of Tables
- List of Figures
- Chapter 1 (Introduction)
- Chapter 2 (Review of Literature)
- Chapter 3 (Method)
- Chapter 4 (Research Findings)

- Chapter 5 (Discussion and Conclusion)
- References
- Appendices
- Curriculum Vitae

Projects are considered non-research theses and may have a different format. Students are expected to work closely with their Thesis/Project chair to determine the most appropriate format for non-research theses.

D7.3. Provide documentation, including syllabi and/or handbooks, that communicates integrative learning experience policies and procedures to students.

See the ERF D7-3 for the MPH Thesis/Project Handbook, and Thesis/Project Proposal Approval Form.

D7.4. 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.

See the ERF D7-4 for the MPH Thesis/Project Proposal Approval Form, and the Thesis/Project Oral Defense rubric.

D7.5. Include completed, graded samples of deliverables associated with each integrative learning experiences option from difference concentrations, if applicable. The school or program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.

See the ERF D7-5 for a sample of six (6) completed theses; three (3) from the Health Education & Promotion, and three (3) from the Health Policy and Administration concentrations. Thus far, all students have developed a thesis for their ILE; no students have developed a project. Most students begin the ILE during the summer semester of their second year in the MPH program. To prepare for the ILE experience, students develop their thesis/project proposal during the spring term. Based upon this timeline, current samples of the ILE represent the previous competency set. The new competency set was adopted by CEPH in October of 2016 and fully applied to CBUs MPH ILE proposal instructions during the fall of 2017. Sample theses using the new competency will be available upon the end of the summer 2018 term.

D7.6. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weaknesses

Criterion D8.
DrPH Integrative Learning Experience (SPH and PHP, if applicable)

Criterion not applicable.

Criterion D9.
Public Health Bachelor's Degree General Curriculum (SPH and PHP, if applicable)

Criterion not applicable.

Criterion D10.
Public Health Bachelor's Degree Foundational Domains (SPH and PHP, if applicable)

Criterion not applicable.

Criterion D11.
Public Health Bachelor's Degree Foundational Competencies (SPH and PHP, if applicable)

Criterion not applicable.

Criterion D12.
Public Health Bachelor's Degree Cumulative and Experiential Activities (SPH and PHP, if applicable)

Criterion not applicable.

Criterion D13.
Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences (SPH and PHP, if applicable)

Criterion not applicable.

Criterion D14.
MPH Program Length (SPH and PHP)

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

D14.1. 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. (self-study document)

The MPH Program is a 47-unit degree program. The degree units include the completion of a 2-unit Integrative Learning Experience (ILE), referred to as a Thesis, and a 3-unit Applied Practice Experience (APE), referred to as a practicum. The practicum is field work experience under the guidance of preceptor. Students are required to complete 150 hours of field work experience to satisfy the MPH degree requirements.

D14.2. Define a credit with regard to classroom/contact hours. (self-study document)

California Baptist University (CBU) defines a credit hour as a minimum of 45 hours of engaged learning time over the course of a semester based on an hour of instructional time and two hours of engaged learning outside the classroom each week. This engaged learning time may be in face-to-face meetings, in a prescribed lab or internship/practicum setting, in synchronous or asynchronous online learning activities, or through independent reading, research, or writing activities. One credit hour is assumed to be a 50-minute period of seat time each week.

Criterion D15.
DrPH Program Length (SPH and PHP, if applicable)

Criterion not applicable.

Criterion D16.
Bachelor's Degree Program Length (SPH and PHP, if applicable)

Criterion not applicable.

Criterion D17.
Public Health Academic Master's Degrees (SPH and PHP, if applicable)

Criterion not applicable.

Criterion D18.
Public Health Academic Doctoral Degrees (SPH and PHP, if applicable)

Criterion not applicable.

Criterion D19.
All Remaining Degrees (SPH and PHP, if applicable)

Criterion not applicable.

Criterion D20.
Distance Education (SPH and PHP, if applicable)

Criterion not applicable.

Criterion E1.
Faculty Alignment with Degrees Offered (SPH and PHP)

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.

E1.1. Provide a table showing the school or 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. (self-study document)

Primary Instructional Faculty Alignment with Degrees Offered						
Name*	**Title/ Academic Rank**	**Tenure Status or Classification^**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Current instructional area(s)+**
Kim, Sangmin	Professor	Tenure-Track	EdD, MA	University of Northern Iowa; University of Northern Iowa	Curriculum and Instruction -Community Health and Health Education; Health Education	Health Education and Promotion
LaChausse, Robert	Department Chair/Associate Professor	Tenure-Track	PhD, MA	Claremont Graduate; California State University San Bernardino	Developmental Psychology; Health and Behavioral Science	Health Education and Promotion
Nam, Sanggon	Associate Professor	Tenure-Track	PhD, MS	University of Texas Medical Branch; Clemson University	Preventive Medicine and Community Health; Sociology	Health Policy and Management
Parks, Ashley	Assistant Professor	Tenure-Track	DrPH, MPH	University of California, Los Angeles (UCLA); California State University Fresno	Health Policy and Management; Community Health	Health Policy and Management
Penny, Marshare	Program Director/Associate Professor	Tenure-Track	DrPH, MPH	Loma Linda University; San Diego State University	Health Education and Promotion; Epidemiology	Health Policy and Management
Wigginton, Melissa	Associate Professor	Tenure-Track	DrPH, MS	Loma Linda University; California State University Fullerton	Health Education and Promotion; Health and Fitness Promotion	Health Education and Promotion

Several of the primary instructional faculty that support the health policy and administration concentration have no formal training in their instructional area. However, experience in practice and in previous teaching supports the qualifications of the faculty. Dr. Parks has a Doctor of Public Health in Health Policy and Management as well as over a decade of experience in medical center and health plan leadership. Dr. Parks' DrPH is from the UCLA Fielding School of Public Health's Health Policy and Management Department where she also worked for 7 years conducting research in the areas of healthcare deliver, health insurance, and access to care.

Dr. Parks also possesses more than 10 certifications related to healthcare finance, healthcare quality, and health information systems. Dr. Sanggon Nam has previously taught Public Health Policy, System, and Healthcare management for the Department of Health Administration at Pfeiffer University in North Carolina for 4 years before coming to CBU. Dr. Marshare Penny has spent 7 years severing as a local chief deputy registrar, epidemiologist, and health equity program manager, responsible for reviewing, interpreting and enforcing public health policy at the local level. Additionally, Dr. Penny has worked with local cities on using policies and environmental systems change approaches to addressing health disparities.

E1.2. Provide summary data on the qualifications of any other faculty with significant involvement in the school or program's public health instruction in the format of Template E1-2. Schools and 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. (self-study document)

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**	**Current instructional area(s)+**
Amankwaah, Akua	Assistant Professor	Tenure-Track Faculty, CBU	0.25	PhD, MS	Purdue; Bowling Green State University	Nutrition Science; Nutrition Science	Health Education and Promotion, Health Policy and Management
Fahnestock, Lindsay	Assistant Professor	Tenure-Track Faculty, CBU	0.25	DrPH, MPH	Loma Linda University; Loma Linda University	Nutrition; Environmental Health	Health Education and Promotion, Health Policy and Management
Harrington, Susan	Adjunct Professor	Local Health Department Director, Consultant	0.1	MS	University of Nebraska	Human Nutrition and Food Service Management	Health Promotion and Education
Miller, Jessica	Adjunct Professor	Professor, Consultant	0.1	DrPH, MA	Loma Linda University; Azuza Pacific University	Health Promotion and Education; Curriculum and Instruction	Health Policy and Management
Riegel, Kristen	Adjunct Professor	Supervising Environmental Health Specialist, SB County	0.1	MPH	Loma Linda University	Environmental Health	Health Promotion and Education, and Health Policy and Management

E1.3. Include CVs for all individuals listed in the templates above.

See ERF E1-3 for copies of curriculum vitae's for all faculty included in Templates E1-1 and C2-1.

E1.4. If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates. (self-study document)

Not applicable.

E1.5. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

A strength of the MPH is having a strong faculty base that is educationally and professional qualified. Additionally, the MPH faculty complement is made up of faculty with diverse public health expertise.

Weaknesses

None identified.

Criterion E2.
Integration of Faculty with Practice Experience (SPH and PHP)

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

E2.1. 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. (self-study document)

The MPH faculty complement includes those with extensive field experience in public health practice across both health education and promotion, and health policy and administration concentration areas. Additionally, half of the faculty are health education certified, with either CHES or MCHES designations.

Robert LaChausse has experience as a health educator with the American Red Cross. He has also served as an evaluation consultant for Riverside and San Bernardino county health departments. Sangmin Kim has provided health coaching services for communities and health care organizations since 2009. He has used this expertise to aid individuals with chronic conditions and those interested in pursuing lifestyle changes.

Ashley Parks has twelve years of experience working in healthcare administration, healthcare quality, decision support, and managed care. Ashley has been in director and associate vice president roles in healthcare quality, information technology, and risk management. Ashley Parks has eight separate certifications specific to health and healthcare administration, and is an active member and volunteer in several professional associations. Ashley has sponsored CBU students to join professional associations and attend local conferences. Ashley has worked in inpatient medical centers, outpatient facilities, health plans, and in academic research settings and brings case examples and experiences from each setting into the classroom.

Marshare Penny has 17 years of experience in community and public health, with 10 years serving as a local epidemiologist for both Riverside and San Bernardino counties. Marshare, has served in many capacities in local public health. She has served as the Chief Deputy Registrar for the Office of Vital Records, and as the program manager for the Health Equity and Healthy

Riverside County initiatives. Marshare has conducted investigative data collection, evaluated outcome studies, and completed numerous epidemiologic reports. Her training and experience has been used in outbreak investigations as well as in the trending and monitoring of injury and chronic diseases. She maintains collaborations with the departments of public health for the California Cities and Counties of Alameda, Long Beach, Monterey, Riverside, and San Bernardino. These collaborations provide students with practice-based experiences.

Melissa Wigginton has experience working with healthy community initiatives, including the Healthy San Bernardino and Healthy Yucaipa initiatives. Through these programs, she has employed her skills in needs assessment, program planning and implementation, and policy analysis. These are elements used in the instruction of students in the MPH program. Melissa also educates the community on health topics such as Type II Diabetes, Hypertension, healthy food choices and the importance of regular physical activity through community outreach activities, writes articles and employs other health communication strategies such as social media.

The MPH faculty practice experience affords students in the program opportunities for real world application. Although many of the MPH faculty maintain practice-based experience, both Ashley Parks and Marshare Penny have experience outside of that which is associated with an academic career. Currently, there are no MPH faculty in a practitioner designated appointment track.

E2.2. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

The CBU MPH faculty complement is inclusive of diverse public health expertise and talent. The faculty complement includes experience across both MPH concentration areas which include health education and promotion, and health policy and administration.

Weaknesses

None identified.

Criterion E3.
Faculty Instructional Effectiveness (SPH and PHP)

The school or 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.

E3.1. Describe the means through which the school or 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. (self-study document)

The College of Health Science and the Department of Public Health Sciences encourage the maintenance of faculty currency and relevance in their areas of instructional responsibility. This encouragement is facilitated through the financial support of memberships to professional organizations as well as the financial support for the maintenance of relevant credentials and certifications. Additionally, the Department Chair develops course schedules for all faculty, primary and non-primary, that are conducive to continued engagement in professional practice. For instance, all of the MPH courses take place in the evenings and only twice weekly. This allows for faculty to be engaged in practice, research, and service opportunities during the day. Further, the Department supports attendance of conferences and trainings. Both Departmental and MPH program meetings are means by which information on conferences, trainings, and other avenues for instructional currency are disseminated. These opportunities are also documented in meeting minutes and distributed to those in absentia.

The University expects faculty to devote 60% time to teaching, 20% research, and 20% professional, university, departmental, and community service. A number of faculty maintain research labs focused on conducting community-based, applied research and program evaluations to better understand how families, schools, community agencies can best prevent health risk behaviors and promote healthy lifestyles for communities. Faculty have current research funding from NIDA, SAMHSA, and the California Department of Public Health. These research projects are used to inform national, state, and local policy and practice. Through these funded research projects 3 graduate students (GRA), and 2 undergraduate research assistants (RA) are employed.

To further ensure that faculty are informed and maintain currency in their areas of instructional responsibility the MPH program faculty engage with various community-based agencies, state and local health departments, local cities and communities, and professional organizations such as the California Association for Healthcare Quality.

E3.2. Describe the school or program's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable. (self-study document)

The evaluation of faculty instructional effectiveness is a multipronged approach, which includes the review of excellence in teaching using various formats (e.g., lecture, discussion, case method) as documented by student, peer, Chairperson, Dean, and Provost evaluations; quality of course syllabi; evidence of currency in content and pedagogy; and evidence of development in the quality of one's teaching. Chair, Dean, and Provost evaluations are developed upon review of instructional effectiveness as measured by assessment of teaching performance, student course evaluations, and peer course observations.

Assessment of Teaching Performance

The primary mission of faculty at CBU is to facilitate student learning. The student's perceptions of an instructor are an important, though not necessarily decisive, means of assessing the quality of instructional infectiveness. Also important are peer evaluations of teaching, teaching materials, evaluation and grading of student performance, and how these are linked to the use of course materials, course delivery, and course objectives. Faculty are required to complete an annual self-assessment, which should address any discrepancies between expected course outcomes and actual instructor and student experiences.

- Mandatory indicators of teaching performance conducted on behalf the faculty member and reviewed annually:

    1. **Self-assessment:** The faculty member must complete a written discussion of his or her teaching activities that includes both reflective review of his or her teaching performance as well as future goals and direction of teaching.
    2. **A List of Courses Taught:** A semester by semester listing of all courses taught throughout the period of the review must be provided. The list must include the department name, the course name and number, and unit value. (If release time or assigned time was granted, the weighted teaching unit value will be listed along with an explanation of the activities for which time was offered).
    3. **Course Syllabi and Materials:** A representative selection of course syllabi and additional materials prepared by the instructor to facilitate the teaching effectiveness must be included. Tests, study aids, and other materials, such as advanced organizers, video technology, innovative strategies, instructional television concepts and techniques, and evidence of portfolio and case study assessment should be included.

4. **Statistical Summaries of Student Evaluation Data:** The University-provided statistical summaries of student course evaluation data for all courses taught must be included. If data are missing, a written explanation must be provided and verified by an appropriate administrator.
5. A listing and description of any adjustments made to pedagogy, curriculum or teaching materials that were accomplished for the purpose of improving student learning must also be included. This should include reference to student outcomes assessment or program review activities that revealed the need for these improvements.

Student Course Evaluations

Student course evaluations are conducted upon the completion of each course (evaluations are not administered for courses with fewer than six students). Evaluations are accessible to students during the 10-day period before the last week of the course to be evaluated. Evaluations are completed online with questions measured using a 5-point Likert scale, with a score of 5 indicating “strongly agree” and a score of 1 indicating “strongly disagree”. Based on the University-provided statistical summaries of the faculty member’s course evaluation, the following interpretation of the student evaluation is rendered: a. Unacceptable – A score of less than 85% 4 or 5 ratings; b. Good – a score of 85 - 89% 4 or 5 ratings; and c. Excellent – a score of 90% or more 4 or 5 ratings. Faculty receive the summary reports for each course instructed three days after the deadline for grades submission. See ERF E3-2 for sample of course evaluation questions.

Faculty Peer Evaluations

The peer evaluation is comprised of a course observation conducted at least once during the academic year. The purpose of the peer evaluation is to use the feedback of a colleague to enhance teaching and learning. The course observation involves a pre-visit conference, a classroom visit, and a summary report submitted to the Department Chair to be included in the annual review of faculty performance. The summary report includes an evaluation of the instructor’s: (1) command of the subject matter in class, (2) methods of communication used in course, (3) appropriateness of the level of class content in class, (4) organization of the material presented in class, (5) sequence and pacing of the class activities, (6) interactions between the instructor and the students in class, (7) evidence of learning taking place in the course (not just in that class meeting), (8) pedagogical strategies used in the class meeting, (9) innovation in teaching used in the course (technology, pedagogical strategies, faith integration, etc.), and (10) the assessment procedures (both formative and summative) and the assignment of letter grades used by the instructor for this course. The peer observer is asked to rate the degree to which the

elements of syllabus clarity, knowledge of subject, lesson organization, attitude toward material, use of technology/media, ability to explain, critical thinking opportunities, faith integration, classroom management, dialog during instruction, student and instructor rapport, and overall quality and value of the class session contribute to student learning during the observation. The rating categories are scored using a 5-point Likert scale of which 5 indicates “a very high degree” and 1 indicates “detrimental”. The faculty observer is also encouraged to provide a rationale for their scoring See ERF E3-2 CBU PHS Observation Form.

E3.3. Describe available university and programmatic support for continuous improvement in faculty’s instructional roles. Provide three to five examples of school or program involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty. (self-study document)

The university supports faculty development and growth in their instructional area by a number of means. Opportunities are provided to both primary instructional faculty and non-primary instructional faculty. However, faculty must be full-time in order to receive university funding towards many instructional supports.

Educational Assistance Loan Program

All full-time, benefit eligible, CBU faculty and staff may qualify for the Educational Assistance Loan Program. The program was designed to assist first time Master's and/or Doctoral degree students, enrolled in regionally accredited programs. Applicants are responsible for making their own payment arrangements with the institution they attend. CBU reimburses the employee 75% of tuition. This program has been very successful in raising the percentage of terminally degreed faculty across many CBU academic Programs.

Faculty Development Funds

The Faculty Development Fund (FDF) is provided by the university as part of the annual budget and through proceeds from other funds to give support to faculty members in their pursuit of scholarly/faculty development activities. The Faculty Development Committee (FDC) manages the dispersion of the faculty development funds. The FDC is comprised of faculty members from a variety of disciplines and seeks to generously assign funds to all full-time faculty members seeking professional development opportunities.

Full-time faculty members considering engaging in faculty development activities are invited to apply for financial support through the FDF. Each year, faculty can apply to receive up to $3,000

of faculty development support. While the primary use of FDF in the past has been attendance and presentation at conferences, it is the intention of the committee to consider funding for other scholarly endeavors. Activities such as administrative conferences, faculty recruitment, public relations or institutional development, while worthy endeavors, fall outside of the primary goals and purposes of the faculty development fund. Faculty members interested in such activities are encouraged to seek funding for these kinds of activities through other university sources. The Faculty Development Committee makes recommendations to the Provost regarding the use of faculty development funds, sabbatical leaves, and leaves of absence. The Faculty Development Committee consists of four tenured faculty members and two non-tenured faculty members, appointed annually by the Provost.

With regards to support for continuous improvement, three of the MPH faculty were awarded Faculty Development Funds during the recent academic year (2016-2017). The awardees include Robert LaChausse, Marshare Penny, and Melissa Wigginton. Awards were used to support faculty attendance of the American Public Health Association, the American Evaluation Association, and the Society for Public Health Education's annual meetings. See ERF E3-3 for FDF Application Instructions.

Micro-Grants

Micro-grants are available to fund full-time tenured and tenure-track faculty members' research projects. The purpose of the micro-grant is to support research, such that without the micro-grant, the research would not take place or would be delayed pending additional funding. Research projects are limited to one micro-grant, regardless of the number of participating faculty members. If the faculty member does not spend all of their allotment in the fiscal year, the unspent funds will remain available the next fiscal year. Micro-grant proposals are due November 1 of each year. The due date for the final report and evidence of a presentation or publication resulting from the funding support is November 1 of the year following the award. See ERF E3-3 for Micro-Grant Application Instructions.

Teaching and Learning Center

CBU's Teaching and Learning Center (TLC) exists to foster a culture of integrated teaching and learning that impacts both the curricular and the co-curricular aspects of the CBU experience and equips professionals to provide service to the University and the community. The TLC facilitates the development of expert pedagogical practices through the university's annual faculty gathering where workshops and training sessions are conducted over a span of two weeks, leading into the commencement of the fall semester. Additionally, the TLC introduces faculty to committees for service opportunities, a way by which faculty may learn instructional and pedagogical techniques from their peers across the university.

The TLC provides:

- Workshops that focus on best practices for integrated teaching and learning
- Presentations of best practices and current approaches to the discipline of teaching
- Peer mentoring opportunities, observation, peer evaluation and individual coaching
- Research opportunities and training in scholarship activities
- Extended learning opportunities such as the Seminar on Faith in the Academic Profession, Perspectives classes and learning communities
- Resources to help educators in Christian higher education
- Opportunities to explore new technology and innovations in teaching and learning
- Regular training in and individual support for instructional technology
- Development opportunities across campus including training for junior doctoral faculty, academic leaders (deans, assistant/associate deans, program directors and chairs), adjuncts, schools and departments, and new faculty

All faculty in the MPH program utilize the Teaching and Learning Center. Resources such as Blackboard (a learning management system) support, the use of instructional aids such as Turning Point Software (audience response systems and data collection solutions for all learning environments), and student course evaluation support are provided by the TLC. The TLC maintain and online Help Center, and provides access to resource via apple and android applications. The TLC is led by Dr. Dawn Ellen Jacobs, one of the most senior faculty at the university, who has held leadership positions at the departmental and university level. Dr. Jacobs maintain expertise in effective pedagogical strategies.

Use of the TLC can be initiated an individual faculty decision or by recommendation. Course evaluations are a means by which early intervention and supports can be offered to faculty. When a faculty member's student course evaluation scores drop below 85%, there are supports in place to facilitate improvement. Many of the supports are provided through the TLC and include additional training and faculty development recommendations. See ERF E3-3 for sample of instructional supports.

E3.4. Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement. (self-study document)

California Baptist University recognizes the importance of (a) teaching; (b) scholarly and creative activities; and, (c) service as vehicles to give meaning to the mission of the University. Within this rubric it also acknowledges the evolving process of scholarship as it reflects the philosophy of the University, its schools, and each of its departments/programs.

All full-time faculty will be evaluated on an annual basis with regard to their progress toward promotion, tenure or successful post-tenure review, and to determine merit increases in salary.

Non-tenured faculty will meet on an annual basis with their area dean or department chair to review their progress toward promotion and tenure. Self-evaluations and evaluations by the area dean (and department chair, if applicable) will be reviewed at that time. Merit pay is determined by performance in the three areas that are also evaluated for promotion and tenure: teaching, scholarship, and service. A weight of 60% is assigned to performance in teaching; 20% is assigned to scholarship and service, respectively. Evaluations of instructional effectiveness are a significant part of the annual faculty merit pay decisions and advancement decisional matrix (promotion, and tenure portfolios). Faculty in a department or school are ranked by their department chairs or deans, based on their aggregate performance in the areas of teaching, scholarship, and service. The department chair or dean will then ascertain a grand ranking for the faculty in the department or school. These rankings will then be forwarded to the Provost, who will make recommendations to the President regarding merit pay. Final assignment of merit pay will be decided by the President.

The promotion and tenure committee is charged by the Provost to make promotion and tenure recommendations. The committee reviews and evaluates the portfolio of each faculty member to be considered for tenure, promotion or post-tenure review. In this evaluation, the committee will comment upon the candidate's qualifications under each category listed in section 3.200 of the Faculty Handbook. The committee receives the department chair's and/or dean's written evaluation of the faculty member up for review. The committee will formulate a recommendation, in writing. The recommendation and evaluation report will be approved by a simple majority vote of the committee. A recommendation for promotion, tenure, or post-tenure review will be forwarded to the Provost who will present it to the President. In the case of promotion, the President will offer final approval or disapproval. In the case of tenure, upon approval of the President, request for approval will be forwarded to the Board of Trustees.

E3.5. Select at least three indicators, with one from each of the listed categories that are meaningful to the school or program and relate to instructional quality. Describe the school or 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 school or program may add indicators that are significant to its own mission and context. Schools should focus data and descriptions on its public health degree programs.

Faculty currency

- Faculty maintenance of relevant professional credentials or certifications that require continuing education – The Department of Public Health Sciences provides financial support for the maintenance of professional credentials or certifications. Faculty also receive financial support for the attendance of trainings and conferences that support the maintenance of relevant credentials and certifications. There are four members of the MPH faculty that

have received Departmental financial support towards the maintenance of their certifications. The faculty include Sangmin Kim, Robert LaChausse, Ashley Parks, and Melissa Wigginton.

Faculty instructional technique

- Student satisfaction with instructional quality – Student course evaluations are conducted upon the completion of each course (evaluations are not administered for courses with fewer than six students). Evaluations are accessible to students during the 10-day period before the last week of the course to be evaluated. Evaluations are completed online with questions measured using a 5-point Likert scale, with a score of 5 indicating "strongly agree" and a score of 1 indicating "strongly disagree". Based on the University-provided statistical summaries of the faculty member's course evaluation, the following interpretation of student evaluation form is rendered: a. Unacceptable – A score of less than 85% 4 or 5 ratings; b. Good – a score of 85 - 89% 4 or 5 ratings; and c. Excellent – a score of 90% or more 4 or 5 ratings. Responses to questions on the evaluations are measured using a 5-point Likert scale, with 1 being "strongly disagree" and 5 being "strongly agree". During the most recent evaluation period students were asked to rate Over the past three academic years, the evaluation response rate has dropped from 92% during the 2014-15 academic year to 70% during the 2016-17 academic year. During the same three-year span, the scores for the students' rating of their agreement with the statement: "Professor is accessible outside of class", remained relatively stable from 4.76 during the 2014-15 academic year to 4.70 during the 2016-17 academic year. Overall, students rated the instruction of the graduate courses favorably, with the rating for the most recent academic year at 4.68, reflecting what is considered at CBU, an excellent score of 93.6%. Table 3.5b provides scores on select responses over the past three academic years.

Table E3.5a. Student satisfaction with instructional technique as measure by select course evaluation responses.

	AY2014-15	**AY2015-16**	**AY2016-17**
	Mean or Percent	*Mean or Percent*	*Mean or Percent*
Overall percent completed SmartEval	92%	65%	70%
Overall Accessibility	4.76	4.53	4.70
Overall SmartEval Score	4.61	4.50	4.68

School- or program-level outcomes

- Courses that use higher-level assessments – Assessment of student learning utilizes Bloom's Taxonomy that includes several levels of learning such as analyzing and evaluating concepts, processes, procedures, and principles, rather than just remembering facts. This includes a

student's ability to recall, apply, evaluate, analyze, and create. For example, the HSC590 (Research Methods) includes an SLO that states "Students will be able to collect and analyze data using SPSS or other relevant statistical package." Three separate assignments are used to measure that SLO with 3 items measuring higher-learning indicators. The Table 3.5b below demonstrates higher level assessment of the SLO stated above:

Table E3.5b. Example of higher level assessment used in HSC 590 course.

<table>
<tr><th>Bloom's Taxonomy Item</th><th>Assignment</th><th>Measure</th></tr>
<tr><td>Recall</td><td>Exam</td><td>MC Question- A nutritionist has developed a new diet to help people lose weight. She recruits 20 adults to participate in the study (10 males and 10 females). She then records their weight (in pounds) before they go on the diet. Which statistical significance test should the nutritionist use to determine if there are gender differences in weight?
A. Paired samples t-test
B. Chi Square
C. Correlation
D. Independent samples t-test</td></tr>
<tr><td>Application</td><td>Exam</td><td>Short Answer- A president of a small, liberal arts college is concerned about alcohol use among college students. She recently read a research report that stated that male students drink more alcohol than female students. She hires you to examine gender differences in alcohol use at the college based on a survey. The President wants to know if she should focus the alcohol prevention activities on both genders or just on men. Write up your results based on the appropriate analysis and make your recommendations based on the current data about what the college should do.
Group Statistics
<table><tr><th></th><th>GENDER</th><th>N</th><th>Mean</th><th>Std. Deviation</th></tr><tr><td>ALCOHUSE In the last 30 days, how many drinks of alcohol have you had?</td><td>Male</td><td>24</td><td>11.63</td><td>3.92</td></tr><tr><td></td><td>Female</td><td>29</td><td>9.83</td><td>4.11</td></tr></table>
Independent Samples Test
<table><tr><th></th><th colspan="2">Levene's Test for Equality of Variances</th><th colspan="3">t-test for Equality of Means</th></tr><tr><th></th><th>F</th><th>Sig.</th><th>t</th><th>df</th><th>Sig.</th></tr><tr><td>ALCOHUSE In the last 30 days, how many drinks of alcohol have you had?</td><td>.031</td><td>.861</td><td>1.619</td><td>51</td><td>.112</td></tr></table></td></tr>
<tr><td>Analyze</td><td>Homework</td><td>Short Answer- A hospital administrator is examining gender differences in annual salary among health care executives. He hypothesizes that the average salary for men is higher than that of women. He collects data on a random sample of 14 male and 15 female CEO's. He fails to reject the H_0 and concludes that there is no difference in salary based on gender. Which of the following is most likely TRUE about this study?</td></tr>
<tr><td>Create</td><td>Project</td><td>Students conduct an actual research project, collect data, analyze data and write an APA style manuscript.
From the rubric:
☐ States main findings and nature of the effect(s)</td></tr>
</table>

		☐ Gives descriptive statistics (means/percentages for groups/variables) ☐ Gives results of inferential statistical tests (correct test and reporting of values) ☐ Description of statistically significant relationships/differences ☐ Clear & correct tables/figures; formatting (both table and graph)

- Courses that employ active learning techniques – As a part of MPH foundational knowledge, all students complete the HSC 570: Outbreak and Emergency Preparedness and Response course. In collaboration with the County of Riverside's Emergency Management Department (EMD), students conclude the course with an interactive application of course content. Students participate in a disaster simulation facilitated by the County's EMD program chief. The 2-hour simulation takes place off campus at the County's Department Operations Center (DOC), the departmental command post during times of emergency. The County's DOC is activated during major emergencies or disasters. During the simulation, students work with public health trained practitioners as well as professionals across the diverse field of emergency management, including nurses, paramedics, and public information specialists. The simulation provides an opportunity for students to work across professions and silos, while also learning to manage stress and chaos during a disaster. Students are expected to be able to illustrate their ability to "manage by objectives" (a strategy under the National Incident Management System) as they develop scenario appropriate objectives by completing an Incident Action Plan (IAP) after being provided with a fictional command center situational update. Students' participation and response during the drill is observed and noted using an observation scoring rubric. This opportunity provides experiential knowledge and facilitates the attainment of MPH core competency 21: Perform effectively on interprofessional teams. See the ERF E3-5 for sample IAP, command center situational update, and observation scoring rubric.

E3.6. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Moving forward, MPH students and MPH alumni will receive additional opportunities to evaluate instructional effectiveness, aside from the traditional course evaluations. The new survey complement will ask students and alum for their perceptions of curricular effectiveness and ability to apply the knowledge attained in public health practice.

Weaknesses

Criterion E4.
Faculty Scholarship (SPH and PHP)

The school or 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.

E4.1. Describe the school or program's definition of and expectations regarding faculty research and scholarly activity. (self-study document)

As a University and program committed to excellence in teaching, we aim to balance scholarship with teaching and service. California Baptist University incorporates the four-part construct of scholarship proposed by the Carnegie Report, *Scholarship Reconsidered: Priorities of the Professoriate* (Boyer, 1990). This Carnegie model is both complementary to the standards of scholarship currently supported at the University, and reflective of the practice of scholarship throughout the nation. As such, "discovery," "teaching," integration and application" (Carnegie standards of scholarship) can inform the CBU definitions of scholarly and creative activities, teaching, and service.

All full-time faculty are required to actively support the policies of the University and work toward the achievement of its objectives. There are 5 areas of responsibility that faculty must be in compliance with; these include academic, professional, denominational, social, and moral areas of responsibility. The University attempts to retain and promote faculty who excel in the areas of faculty responsibility as outlined in policy 3.103 of the faculty handbook. Both promotion and tenure are two actions that are heavily influenced by several factors, including faculty engagement in research and scholarly activities.

Research and scholarly activities are an important contribution to the qualification for earning promotion and tenure. Where learning is preeminent, scholarly and creative activities refer to research, publications, professional presentations, grants, policy analysis, consultation, program evaluation, creative works, performances, and so forth. Faculty engagement in scholarly and creative activities generate benefits for the faculty member as well as the University. Such activities may: (a) complement teaching; (b) contribute to the advancement of the field and, more broadly, to human achievement; (c) promote currency in the knowledge, methodology, and the spirit of inquiry available to students and faculty alike; (d) increase opportunities for students in academic and professional disciplines; (e) enhance the professional growth of the faculty

member; (f) contribute to the overall quality of the department/program/school and the University; and (g) advance the reputation of the University.

E4.2. Describe available university and school or program support for research and scholarly activities. (self-study document)

Faculty Development Funds

The Faculty Development Fund (FDF) is provided by the university as part of the annual budget and through proceeds from other funds to give support to faculty members in their pursuit of scholarly/faculty development activities. The Faculty Development Committee (FDC) manages the dispersion of the faculty development funds. The FDC is comprised of faculty members from a variety of disciplines and seeks to generously assign funds to all full-time faculty members seeking professional development opportunities. Full-time faculty members considering engaging in faculty development activities are invited to apply for financial support through the FDF. While the primary use of FDF in the past has been attendance and presentation at conferences, it is the intention of the committee to consider funding for other scholarly endeavors.

Departmental Travel Support

The Department of Public Health Sciences provides travel support to full-time faculty. This support is prioritized to support those traveling to present research and scholarly work at professional meetings. However, due to the availability of University supported Faculty Development Funds (FDF), is it recommended that faculty apply for FDF to support their travel and the Department may fill any deficiencies to ensure 100% travel support.

Micro-Grants

Micro-grants are available to fund full-time tenured and tenure-track faculty members' research projects. The purpose of the micro-grant is to support research, such that without the micro-grant, the research would not take place or would be delayed pending additional funding. Research projects are limited to one micro-grant, regardless of the number of participating faculty members. If the faculty member does not spend all of their allotment in the fiscal year, the unspent funds will remain available the next fiscal year. Micro-grant proposals are due November 1 of each year. The due date for the final report and evidence of a presentation or publication resulting from the funding support is November 1 of the year following the award).

Office of the Provost

The Office of the Provost has recently established a new faculty support unit and has hired a director of Research Initiatives. The new director, Mr. Robert Chan, works with faculty, departments, schools and colleges to increase and administer extramural contracts, grants and cooperative agreements for research, scholarly activities, education, outreach and infrastructure ("sponsored projects"). Research Initiatives facilitates a myriad of sponsored projects related activities, such as: identifying funding opportunities; proposal development, review and submission; negotiation and award acceptance; account setup; award monitoring in accordance with sponsor terms, policies, governmental regulations and university policies and procedures; sub-award issuance and monitoring; post-award accounting; and award closeout.

Sabbatical Leave

Sabbatical leaves are granted for the purpose of providing opportunity for faculty to pursue projects of advanced study and research. Application may be made for a leave of one semester or one full year. The faculty member will receive full salary for the one semester leave or one-half salary for the full year leave, as applicable. See ERF E4-2 for Sabbatical policy in the Faculty Handbook.

Following return from a sabbatical leave, the faculty member will file with the Provost a full report on his or her sabbatical experience. The faculty member will also be expected to give a presentation to the Faculty. Within six months of returning, this document will be placed in the faculty member's personnel file to be considered at any post-tenure review.

Grant Writing Support

California Baptist University's University Advancement Department features a Grants Administrator that, working in conjunction with the Director of Research Initiatives, provides extensive writing support and technical assistance to facilitate faculty research endeavors. Specific assistance includes ideation and concept development, prospect research, narrative drafting and editing, grant packaging for submission and comprehensive post-award support.

E4.3. 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. (self-study document)

There are a number of MPH faculty that are active in the area of research and scholarship. Additionally, faculty engage students in their research activities and use research experience as an opportunity to enhance teaching and learning in the classroom.

Table E4.3. Faculty research activities incorporated into instruction.

Faculty Research Activity	Instruction Incorporation
RFA submitted to the DHHS Office of Minority Health (Fall 2016 and 2017)	Students review the RFA and use it as a guide as they develop their own response to the RFA. (Fall semester)
NIH-funded study on adolescent drug use and parental monitoring (Summer 2016 and 2017)	Students in the statistics course analyze all data collected on this study and develop their own research questions and hypotheses. (Fall semester)
California Department of Public Health funded study of mental health disparities (March 2017-February 2022)	Students use the stakeholder work group formation protocol from this funded study to develop a stakeholder analysis in their evaluation plans. (Spring semester)
Published study on implementation fidelity of a theory-based teen pregnancy prevention program (Fall 2017)	Students review the study results and discuss its relevance to the social and behavioral applications of health. (Spring semester)

E4.4. Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities. (self-study document)

Research Presentations

Four MPH students; Krissy Ruiz, Nicole Centofranchi, Jason D'souza, and Taylor Marie Vandenbossche; have worked in faculty research labs over the past 3 years. The research conducted with faculty have led to student presentations at national conferences. Ms. Ruiz won the 2016 Western Psychological Association (WPA) Graduate Student Scholarship award for her research on adolescent health and attitudes toward contraceptives. Mr. D'Souza and Ms. Centofranchi worked on obesity prevention research project funded by the USDA, and Ms. Vandenbossche worked on a SAMHSA drug free communities project and presented at a conference in 2017.

Research-based Practicum Experience

Students may elect to use their required practicum experience to develop in a number of professional areas, including research. Several of the practicum placement opportunities provide students with research experience. These placements include ETR Associates, Healthy Heritage Movement, and the Riverside Community Hospital, where students support faculty research being conducted in collaboration with these practicum sites.

Student Research Assistant Positions

Whenever possible, students may apply for paid research assistant positions, which are made available through faculty research projects. There are currently two faculty with funded research projects, providing opportunities for student engagement in research. These opportunities range from participation in data collection, developing IRB protocols, data entry, data analysis, report

writing, and conference presentations. Currently, three MPH students are working on funded faculty research projects with the aforementioned faculty. These research projects include a SAMHSA study regarding community-based drug abuse prevention, a school-based obesity prevention program funded by the USDA, and a California Department of Public Health funded project aimed to reduce mental health disparities.

E4.5. Describe the role of research and scholarly activity in decisions about faculty advancement. (self-study document)

All full-time faculty are evaluated on an annual basis with regard to their progress toward promotion, tenure or successful post-tenure review, and to determine merit increases in salary. Yearly, non-tenured faculty are expected to submit an annual review of performance to their Department Chair and Dean, which includes the assessment of research and scholarly activities. The annual assessment assigns a weight of 20% to performance in the area of research. Evaluations of research contributions are also an important part of the annual faculty merit pay decisions and advancement decisional matrix (promotion, and tenure portfolios). Scholarly and creative activities are evaluated in light of their ability to: complement teaching; contribute to the advancement of the field and, more broadly, to human achievement; contribute to the overall quality of the department/program/school and the University; increase opportunities for students in academic and professional disciplines; enhance the professional growth of the faculty member; advance the reputation of the University; and promote currency in the knowledge, methodology, and the spirit of inquiry available to students and faculty alike. The University does not endorse any rigid formula for assessing contributions in this area; quality, quantity, and the impact of one's contributions all need to be considered and seen in light of prevailing professional standards.

E4.6. Select at least three of the following measures that are meaningful to the school or 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 school or program may add measures that are significant to its own mission and context. Schools should focus data and descriptions on faculty associated with the school's public health degree programs.

Outcome Measures for Faculty Research and Scholarly Activities				
Outcome Measure	**Target**	**2014-2015**	**2015-2016**	**2016-2017**
Percent of primary faculty participating in research activities each year	75%	69%	70%	75%
Number of faculty-initiated IRB applications	2	2	0	3
Number of students advised	3	0	4	2
Number of articles published in peer-reviewed journals each year	5	5	5	7
Presentations at professional meetings each year	5	3	4	5

Criterion E5.
Faculty Extramural Service (SPH and PHP)

The school or 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.

E5.1. Describe the school or program's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations. (self-study document)

It is expected that all faculty engage in extramural service as described in the Faculty Handbook. Extramural service is an important element of the promotion and tenure policy. Service, is evidenced by willingness to work on departmental and/or University committees including willingness to engage in department projects and activities, assessment of student learning, program review, leadership in professional organizations, community service, and Christian service. The contributions of faculty members in the area of service must be recognized as important, both within and beyond the expected service to the department/program and University. The success of any University or department is partially dependent on the active participation by its faculty members in the various organizational and governance tasks. Within some schools and departments there is an unusually heavy demand for involvement in program activities, such as advisement, curriculum development, assessment of student outcomes, program review for accreditation purposes and so forth. These duties fall upon a relatively few full-time faculty. All faculty are therefore expected to assume an active role in addressing the needs of the department/program, the school or college and the University. In the area of service, faculty are to provide evidence of service during the past year. These items can be used when the faculty member is considered for promotion or tenure or post-tenure review. This evidence will be reviewed by the Department Chair or Dean, who will then rank faculty in the department or school.

E5.2. Describe available university and school or program support for extramural service activities. (self-study document)

There are a number of ways in which students and faculty receive support for extramural service. Service is an important element of working for- or attending CBU's MPH program.

Global Health Engagement

The global health engagement is a practicum experience open to MPH students interested in expanding their level of understanding of, and experience as, an international health public health professional. Students also gain new insight about the commitment it takes to serve as an international health care provider and public health professional. As a working partnership between students and public health agencies, the global health engagement practicum offers students hands-on experience in an international public health setting. MPH faculty lead teams of students each summer on these international service-learning experiences.

Hangzhou Medical College

The undergraduate and graduate public health programs have established an educational partnership with Hangzhou Medical College (HMC), located in Zhejiang Province, China. This unique partnership allows faculty to spend 8-weeks providing instruction to freshman and sophomore Chinese students. Faculty live and work in Hangzhou, becoming immersed in the culture and student life. The students hope to complete undergraduate or graduate academic training in public health; however, their institution does not offer the training they wish to attain. Through this need, CBU and HMC have established a yearly teaching schedule, allowing different faculty to travel to Hangzhou each summer to instruct six (6) courses as service to CBU and HMC.

International Service Projects and Summer of Service

Research at CBU shows that community and responsibility are the top two concerns of students. In this regard, several facets of CBU's service projects set it apart from other universities. CBU provides extensive cross-cultural training for students serving in the US and overseas. The faculty and staff leaders seek to connect with and invest in students to challenge them to take their next step in engaging the world. CBU's Office of Mobilization strives to create opportunities that match students' passion to serve both domestically and abroad through International Service Projects (ISP) and Summer of Service (SOS). For instance, graphic design faculty may lead design teams to New York City; nursing faculty may lead nursing students to operate clinics in the rural villages of South Asia; music faculty may lead music students to perform in various public venues in Japan; and behavioral science students do ethnography in a

village in the Middle East. Public health students have had the opportunity to serve on diverse teams, participating in interprofessional collaboration. The Office of Mobilization refers to this as the hybrid model of "academics on missions." CBU is a leader in utilizing this approach with more students on short-term service-learning projects than any other university in the country.

- **International Service Projects (ISP)** are 21 days in length, with teams departing in four waves beginning early May with the final teams returning home mid-July. Teams average 10 members and are led by faculty, staff and/or alumni. Students may also apply to be a student leader on an ISP team.
- **Summer of Service (SOS)** is 8 weeks in length and is primarily for students who have already participated on an ISP team or who have cross-cultural expertise. SOS teams are comprised of 3 to 5 students and a team captain.

E5.3. Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students. (self-study document)

Table E5.3. Faculty extramural activities incorporated into instruction.

Faculty Extramural Service Activities	Instruction Incorporation
Dr. LaChausse is Chairman for the Health Evaluation section of the American Evaluation Association (AEA)	He incorporates the work that he does for the association (evaluation policy, standards, and ethics) in his graduate instruction.
Dr. Penny serves as a Subject Matter Expert (SME) for Hagerty Consulting, an emergency management firm that assists businesses, agencies, and organizations prepare for and recover from disasters.	She uses her experience with Hagerty to develop practical application opportunities in the form of tabletop exercises and simulations.
Dr. Wigginton is the chair for the Healthy Yucaipa Committee; a Committee which is part of the Healthy Cities Initiative in California	She uses her experiences with the Healthy Yucaipa Committee to teach students about the importance of committee membership and how committees such as these function. She is also able to use her experience with the committee to provide examples of how policy can be used to make a difference in the health of community members.

E5.4. Describe and provide three to five examples of student opportunities for involvement in faculty extramural service. (self-study document)

Student involvement in faculty extramural service allows for students to become more engaged in services opportunities in areas of professional practice. Students can use service to become familiar with organizations and conferences, as well as enhance their networking skills.

Examples of student opportunities for participation and involvement in faculty service include:

- Three students presented research with an MPH faculty member at the Western Psychological Association (WPA), the California Association of Physical Education, Health and Recreation, and Dance (CAPEHRD), and the American Public Health Association (APHA) conferences.

- Students have helped MPH faculty develop documents for the revised (2019) California Health Education Framework for Public Schools as responsibility of the faculty's role as a member of the California Department of Education committee. This service collaboration has mostly involved developing background literature reviews on prevention topics and proofreading draft documents.

- MPH faculty members advise both the Public Health Student Club and the Eta Sigma Gamma Honorary Society. Students actively participate in these clubs to become more involved in campus and program activities, gain leadership experience, as well as engage in service-learning opportunities. Students and faculty advisors are responsible for planning and implementing major program and departmental events such as National Public Health Week. (2014-Present)

E5.5. Select at least three of the following indicators that are meaningful to the school or program and relate to service. Describe the school or 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 school or program may add indicators that are significant to its own mission and context. Schools should focus data and descriptions on faculty associated with the school's public health degree programs.

The MPH program at CBU has just concluded its third academic year. Since the program's inception, opportunities for student and faculty service engagement have dramatically increased.

- Percent of faculty (specify primary instructional or total faculty) participating in extramural service activities – 100% of primary instructional faculty participate in extramural activities during the recent 2016-2017 AY. This rate has not changed over the past 3 years, as service is such an important and integral part of CBU and the MPH program. Primary instructional faculty serve on both University and extramural committees

- Number of faculty-student service collaborations – Examples of faculty-student service collaborations include the Global Health Engagement, Public Health Club, and collaborative research presentations at professional conferences. This academic year (2016-2017) there were four such collaborations.

- Public/private or cross-sector partnerships for engagement and service – Over the past 2 years, the numbers of cross-sector partnerships for service engagement have increased. Students may participate in service opportunities through the required applied practice experience of which we maintain affiliations with public health and non-public health agencies. Additionally, students may apply to participate in either the Western Regional Council of Governments (WRCOG) or the Randall Lewis Health Policy Fellowships (RLHPF). These fellowships afford students the opportunity to engage in service-learning working with local communities and government agencies.

E5.6. Describe the role of service in decisions about faculty advancement. (self-study document)

All full-time faculty are evaluated on an annual basis with regard to their progress toward promotion, tenure or successful post-tenure review, and to determine merit increases in salary. Yearly, non-tenured faculty are expected to submit an annual review of performance to their Department Chair and Dean, which includes the assessment of extramural activities. It is explicitly outlined in the Faculty handbook (See ERF E5-6 for the Faculty Handbook) that service is not only a requirement, but an expectation of all faculty. The annual assessment assigns a weight of 20% to performance in the area of service. Evaluations of service contribution is also an important part of the annual faculty merit pay decisions and advancement decisional matrix (promotion, and tenure portfolios).

Evidence of service by members of the University faculty are recognized and evaluated by such indicators as listed below or any other indicators deemed appropriate by the faculty and the Promotion and Tenure Committee.

1. Self-Assessment
2. Active participation in University/school/department or program committees including evidence of the faculty member's contributions to the committee. This would include active participation in the assessment of student outcomes and/or program review.
3. Services provided to the community.
4. Participation in community groups related to the profession.
5. Involvement as faculty advisor, chair or committee member of student theses or projects, sponsor, or liaison with student groups.
6. Formulation of or participation in programs or institutes.
7. Active membership on advisory boards in the community or within the University.
8. Lecture/staff development given to University audiences.
9. Service to churches.
10. Assuming professional leadership roles.

11. Providing private practice or consultations relevant to the field.
12. Reviewing grant proposals.
13. Receiving professional training or providing additional professional training to others.
14. Engaging in other professional activities deemed equally valuable to the professional community.

E5.7. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weaknesses

Criterion F1.
Community Involvement in School or Program Evaluation and Assessment

The school or 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).

Required Documentation:

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. (self-study document)
2. Describe how the school or 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.
3. Describe how the program's external partners contribute to the ongoing operations of the school or program. At a minimum, this discussion should include community engagement in the following:
    a. Development of the vision, mission, values, goals and objectives
    b. Development of the self-study document
    c. Assessment of changing practice and research needs
    d. Assessment of program graduates to perform competencies in an employment set

(self-study document)

4. Provide documentation (eg, minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3. (electronic resource file)
5. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

F1.1. 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. (self-study document)

The involvement of community in the evaluation and assessment of the MPH program at CBU is an imperative. Constituent and stakeholder input ensures the MPH program remains relevant and continues to meet the needs of the students and the profession. The formal structures for input from MPH community partners include the MPH Program Advisory Committee (PAC), MPH Preceptor Survey, and the MPH Alumni Survey.

The MPH PAC is committed to advancing the vision, mission, values, goals, and objectives of the MPH program at California Baptist University. The MPH PAC is comprised of representatives from local public health agencies, community-based organizations, hospitals and health care organizations, local cities, and businesses. The MPH PAC is also inclusive of one student member and one alumnus. The student member applies to serve a one-year term. The applications are collected during the spring semester and the successful student applicant will begin their term the fallowing fall semester. The committee meets, at a minimum, once each semester or twice each academic year.

There are 12 voting members on the PAC: eight members from the local public health professional community, the MPH Program Director, the Department Chair, one MPH student member, and one MPH alumnus. The committee often assists in making programmatic decisions, including recent changes, which included the reduction of practicum hours, and the changes to the list of MPH concentrations.

Table F1.1. MPH Program Advisory Committee, 2017-2018

Master of Public Health
Program Advisory Committee
2017-2018

Marshare Penny, DrPH Director, Graduate Program of Public Health California Baptist University Office: 951-552-8385 mpenny@calbaptist.edu	Robert LaChausse Chair, Department of Public Health Sciences California Baptist University Office: 951-552-8484 rlachausse@calbaptist.edu
Cecilia Arias, MPH, MCHES Community Benefits Manager Kaiser Permanente Office: 951-602-4193 Cecilia.x.arias@kp.org	Evette De Luca Executive Director Partners for Better Health Office: evettemdeluca@gmail.com
Susan Harrington, MS RD Public Health Consultant SDH Consultants Office: (951)286-3814 Susan@sdhconsultants.com	Gayle Hoxter, MPH Chief of Nutrition Services Riverside University Health System-PH Office: 951-358-5311 ghoxter@rivcocha.org
Eddy Jara, DrPH Program Coordinator City of Riverside Office: 951-826-5813 ejara@riversideca.gov	Sarah Mack, MPH Assistant Chief Executive Officer County of Riverside Office: 951-955-1110 ssmack@rivco.org
Eileen Berrios MPH Student (2nd Year) Eileen.Berrios@calbaptist.edu	Justin Swanson, MPH, EP-C MPH Alumni (2016 Grad) Office: 909-537-4350 Justin.swanson@csusb.edu
Kim Saruwatari, MPH Director Riverside University Health System-PH Office: 951- 358-7036 KSaruwatari@rivcocha.org	Tianyun "Steven" Su, PhD Scientific Director West Valley Mosquito and Vector Control District Office: 909-635-0307 tsu@wvmvcd.org

An additional avenue to engaging external constituents is by way of the MPH practicum preceptors. The preceptors are professionals in the field of public health, or closely affiliated professions, and lead students through a semester of practical application and further development of select MPH core and concentration competencies. There are currently 25 practicum sites; however, these relationships continue to grow and expand with each semester. See ERF F1-1 for list of MPH Practicum placements and preceptors.

F1.2. Describe how the school or 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.

The MPH program engages its external partners in the regular assessment of the content of the MPH program curricula. Each semester, the MPH PAC and MPH practicum preceptors are provided opportunities to review curriculum and provide content recommendations. The MPH PAC members meet during the fall and spring semesters on campus for 2-hour convenings, led by the MPH Program Director. Many (n=6) of the PAC members are also preceptors; this allows for their input to reflect two perspectives.

The MPH practicum preceptors complete a survey at the end of each semester of which they provide any student guidance. The preceptors work with students to identify MPH competencies to improve upon and are also responsible for assessing each students' attainment of their selected competencies at the end of the semester. The questions on the preceptor survey solicits information on the preceptors' perception of academic preparation of students. There are also questions that inquire about preceptor's perception of curricular relevance to public health practice. Each May, the Department of Public Health Sciences hosts a preceptor luncheon, which provides another opportunity to ascertain preceptor feedback on curricular relevance through facilitated discussions regarding student preparedness and the MPH curriculum.

Once a student graduates from the program, they become an important MPH program and University constituent. The MPH Alumni Survey provides an avenue for constituent feedback. Each year, during the summer months, the alumni survey is deployed and responses are discuss at the first MPH Program Meeting of the academic year. Alumni are asked about their experiences in the program as well as how prepared they feel in their profession following the completion of the MPH. The MPH alumni are further asked to describe how courses and programmatic experiences (such as thesis, practicum, and networking opportunities) have influenced and impacted their post-graduation experiences. This information is valuable feedback and used when reviewing curriculum content.

F1.3. Describe how the program's external partners contribute to the ongoing operations of the school or program. At a minimum, this discussion should include community engagement in the following:

a. **Development of the vision, mission, values, goals and objectives**
b. **Development of the self-study document**
c. **Assessment of changing practice and research needs**
d. **Assessment of program graduates to perform competencies in an employment setting**

(self-study document)

The MPH program's external partners have contributed to the operations of the program in numerous ways. The development of the guiding values (vision, mission, values, goals and objectives), the development of the self-study document, and the assessment of changing practice and research needs has not been accomplished in a vacuum. The MPH Program guiding values were developed and are revisited, with the contribution from all MPH faculty as well contributions from the MPH PAC. The role of the MPH PAC is primarily to review, make suggestions, and approve of the program's guiding values. MPH PAC members have reviewed the program's guiding values and offered comment and recommendations. Discussion of the program's guiding values have also included discussion of the ways in which the guiding values are evaluated and measured.

The accreditation self-study document was drafted primarily by the MPH faculty; however, the MPH PAC participated in the review of, and response to, several self-study criteria. Reviews of the accreditation self-study document take place during the MPH PAC meetings. The MPH PAC members provided review and feedback on criteria F1, F3, and F4. MPH PAC accreditation discussions have been notated in PAC meeting minutes and are provided for those in absentia. The minutes are further used to facilitate additional discussion and feedback. See ERF F1-3 for MPH PAC Meeting Minutes.

The assessment of changing practice and research needs continues to be an ongoing area of discussion within the MPH PAC. Since the MPH program is relatively young, it has remained important to engage in discussions about current research needs as we further develop practicum placement opportunities for students. One specific discussion centered around using practicum experiences as an opportunity for student led research, as often times the preceptors are not equipped (in terms of staffing or current experience) to conduct research atop of their required duties. Many MPH PAC members shared the need for assistance with program evaluations.

Several faculty participate in the county's health coalition and initiative, Riverside County Health Coalition and Healthy Riverside County, where the changing public health needs and

scope continue to be a leading topic of discussion. Engagement in these committees, and the discussions that take place within them, allow for the MPH program to grow and develop students in a way that meets the needs of public health practice. (See ERF F1-3 for October 2016 MPH PAC meeting minutes)

F1.4. Provide documentation (eg, minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3. See ERF F1-3 for meeting minutes and notes.

a. Development of the vision, mission, values, goals and objectives – MPH PAC Meeting Minutes (October 2016)
b. Development of the self-study document – MPH PAC Meeting Minutes
c. Assessment of changing practice and research needs – Riverside County Health Coalition and MPH Program PAC Meetings

F1.5. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weaknesses

Criterion 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.

Required Documentation:

1. Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate. (self-study document)
2. Provide examples of professional and community service opportunities in which public health students have participated in the last three years. (self-study document)
3. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

F2.1. Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate. (self-study document)

Students in the MPH program are introduced to numerous community and professional service opportunities. Engagement in these opportunities are encouraged through the inclusion as both compulsory and optional course work. There are several communication avenues by which to introduce students to these opportunities. These introductory mechanisms include MPH course instruction, announcements during Public Health Student Club meetings, announcements using the CBU email system, postings to the MPH pages in Blackboard learning management system, and via text messaging.

The Blackboard learning management system is the system adopted by CBU. All courses, face-to-face and online alike, utilize Blackboard. Students in the MPH program are enrolled in the MPH Community Blackboard page, which is primarily utilized to provide students with information about conferences, trainings, jobs, internships, and program requirements. The site also provides students with access to the MPH Program Handbook, MPH Program Practicum Manual, and the MPH Program Thesis Manual. The Blackboard site is also used to administer the MPH Program Assessments (pretest and posttest).

All MPH students are members of the *Remind.com* application. *Remind* is a communication application developed specifically for schools. This application allows MPH faculty the ability to send brief and quick text message reminders to students as well as create event invitations. Since its use begin during the fall of 2016, 13 messages and reminders have been sent to MPH students using the *Remind.com* application.

F2.2. Provide examples of professional and community service opportunities in which public health students have participated in the last three years. (self-study document)

Examples of professional and community service opportunities that MPH students have participated in include:

Randall Lewis Health Policy Fellowship (RLHPF)
The Randall Lewis Health Policy Fellowship is a prestigious and competitive fellowship for master and doctoral level students interested in health policy and related disciplines. The purpose of the Randall Lewis Health Policy Fellowship is to ensure the development of health professionals who possess the necessary skills to influence positive change in public policy, systems, and the built environment in our local communities. The Fellowship is a collaboration between participating cities, agencies, businesses, health systems, local not-for-profits, county departments of public health, and universities. Each fellow is placed according to skill sets needed by the hosting city, agency, or business and fellow's interest and training. The fellowship is an 8-month commitment, commencing in late September through the following May. CBUs MPH students have participated in the fellowship annually, beginning with the inception of the MPH program during the 2014-2015. Since that time there have been five (5) students accepted and successfully placed in the fellowship. Students successfully accepted and placed include: Jason D'Souza (AY 2015-2016); Chiassidy Ikeokonta and Meghan Stillwell (AY 2016-2017); and Rebecca Frost and Javier Munoz (AY 2017-2018).

Western Regional Council of Governments (WRCOG) Public Service Fellowship
The WRCOG Public Service Fellowship, administered in partnership with University of California, Riverside and California Baptist University, is aimed at encouraging students to seek careers in public policy and local government by gaining meaningful, hands-on experience. Fellows are assigned to work in one of WRCOG's member agencies. WRCOG focuses on solving issues pertinent to the 22 cities and various agencies it represents throughout the Inland Empire region. Since its inception (2015-2016 AY), there have been three (4) MPH students accepted to participate in the unique and prestigious 9-month fellowship. Students successfully accepted and placed include: Eduardo Sida (AY 2016-2017); and Maria Marquez and Michelle Holguin (AY 2017-2018).

Eta Sigma Gamma (ESG)
Eta Sigma Gamma is a National Professional Honorary Society in Health Education and is comprised of a national headquarters and chapters at colleges and universities throughout the United States. There are currently 15 members, of which seven (7) are MPH students and three (3) are MPH faculty. Students in ESG volunteered 12 hours (April 2017) at the Ragnar Running Relay Race in Southern California. ESG students held a chapter installation, developed chapter bylaws, and planned and implemented new member initiation in November 2016 and planned

and implemented new member initiation in December 2017. ESG students assisted hosting high school students from Jurupa Valley Unified School District at the Food Innovation Center (FIC) learning about nutritional health in November 2017.

F2.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weaknesses

Criterion F3.
Assessment of the Community's Professional Development Needs

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

Required Documentation:

1. Describe the school or program's professional community or communities of interest and the rationale for this choice. (self-study document)
2. Describe how the school or 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. Include the description and summary results in the self- study document, and provide full documentation of the findings in the electronic resource file.
3. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

F3.1. Describe the school or program's professional community or communities of interest and the rationale for this choice. (self-study document)

The professional community for CBU's MPH program includes those interested in pursuing a public health degree, as well as current public health practitioners in need of a graduate degree for advancement. The rationale for the selection of this population as a community of interest, is based upon research done by public health professional organizations, as well as CBU faculty, that illustrate the fact that only one in five local public health practitioners have formal training in public health. Public health education and training programs are where most of the learning and research regarding public health theory and practice occurs. Additionally, only one in five who holds a public health leadership role has earned an MPH degree, the recognized entry level into the public health profession. The difficulties in obtaining appropriately trained staff can negatively affect capacity to effectively deliver the essential public health services; such as evidence-based interventions. The local county health agency, Riverside University Health System – Public Health (RUHS-PH), commonly referred to as the department of public health, is located within 4 miles of the CBU campus. The MPH program maintains a strong professional and student developmental relationship with the local health department and its staff. The CBU-health department relationship and well-established academic and professional development needs support the MPH program's selection of the working professional as a community of interest.

F3.2. Describe how the school or program periodically assesses the professional development needs of its priority community or communities, and provide summary results of these assessments.

As previously described, the MPH program maintains a strong relationship with the local county health agency, Riverside University Health System – Public Health (RUHS-PH). RUHS-PH is currently undergoing public health accreditation through the Public Health Accreditation Board (PHAB). As a requirement of the public health accreditation process, the local health department has developed a workforce development plan derived from a workforce development survey conducted in fall of 2016. MPH faculty participated in the Community Health Needs Assessment (CHA) and the development of the Community Health Improvement Plan (CHIP), each important elements of the public health accreditation. The MPH program faculty were given an opportunity to review the workforce development plan survey prior to its deployment as a constituent and partner. The frequency of the assessment of the public health workforce is currently proposed to occur every 5 years, as required by PHAB. The MPH program does not have a formal agree with this RUHS-PH to participate in their CHA and CHIP; however, the MPH Program Director serves on the RUHS-PH accreditation advisory board and the RUHS-PH Director serves on the MPH PAC. This reciprocal relationship can facilitate ongoing partnerships to ensure that both academia and practice remain connected.

The County's Public Health Workforce Development Plan provide summaries of the currently staff competencies, and it summarizes training needs. Findings of the survey indicate the need for development in the following areas:

1. **Public health data** – Basic data principles (reliability, etc.) and how to find and utilize the best data to produce informal and formal community health assessments.

2. **Planning and policy** – Basics of community health planning from community engagement and how to ensure diverse perspectives are included in the process and any resulting policies.

3. **Performance management and quality improvement** – Expand training on PMQI to staff at all levels.

4. **Public Health Funding** – How to advocate, negotiate and leverage new and existing public health funds, resources, and cross-sectional partnerships.

5. **Fundamentals of Public Health** – Expand awareness of staff roles in the provision of the 10 Essential Services of Public Health.

RUHS-PH maintains an ethnically diverse workforce, comprised predominately of females. A department of 648, staff range in age from 22 to 70 years old with an average of 45 years. Roughly 60 percent of staff in supervisory and management positions are at least 50 years old, with a minimum of 5 years of experience in the County system making them eligible for retirement. The survey was well-received by staff with 338 completed responses (a 52% completion rate). Nearly 60% of the survey respondents have worked in the field for more than 10 years and nearly the same percentage (57%) have a Bachelor's degree or higher.

See ERF F3-2 for the County's complete Public Health Workforce Development Plan and assessment instrument,

F3.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weaknesses

Although the MPH faculty were given the opportunity to review the survey prior to its deployment, the MPH Program was not engaged in the development and deployment of the workforce development survey nor the County's Public Health Workforce Development Plan. There will be future opportunities for engagement, as the workforce assessment will be conducted every five years.

Future plans include offering webinar trainings to support develop and meet the scheduling needs of the workforce, assisting in the future assessment of the local public health workforce, expand assessment to include those employed in non-profit, community-based, and private organizations, and to expand and enhance the number development opportunities.

Criterion F4.
Delivery of Professional Development Opportunities for the Workforce

The school or 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.

Required Documentation:

1. Describe the school or 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. (self-study document)
2. Provide two to three examples of education/training activities offered by the school or 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 school or program). (self-study document)
3. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

F4.1. Describe the school or 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. (self-study document)

There were several contributing factors that led to the development and implementation of professional development activities for the local public health workforce. These contributing factors include the identification and discussion of workforce development needs with the MPH PAC and the MPH Program Committee, as well as the local health agency's Workforce Development Plan. The MPH PAC discussed workforce development at the March 2017 meeting. The committee members suggested training and education opportunities that would support the public health workforce. Additionally, PAC members suggested strengthening relationships with local public health organizations to better expand and enhance potential trainings. The MPH Program Committee reviewed the recommendations of the MPH PAC and conducted a review of the Workforce Development Plan. Through these means, the MPH Program Committee identified training opportunities that aligned with the Public Health Workforce Development Plan and needs of the identified community of interest.

F4.2. Provide two to three examples of education/training activities offered by the school or program in the last three years in response to community-identified needs.

The 2016-2017 academic year was the first year the MPH Program offered development trainings. There were two (2) Institutional Review Board (IRB) trainings offered during the academic year. These trainings were not developed or identified through means such as a needs assessment or survey; however, these trainings stemmed from the need to better support students as they develop research concepts. Information about these trainings were subsequently shared with community partners, who demonstrated interest in attending such trainings.

The County's Public Health Workforce Development Plan and the MPH PAC were resources used to identify public health workforce needs and develop the following list of MPH Program sponsored trainings. These trainings will be planned and implemented over the upcoming academic year (2018-2019).

Development Needs*	MPH Program Sponsored Trainings
Public health data – Basic data principles (reliability, etc.) and how to find and utilize the best data to produce informal and formal community health assessments.	• Training in data analysis and program evaluation (future training) • Navigating the IRB (January 16, 2018)
Planning and policy – Basics of community health planning from community engagement and how to ensure diverse perspectives are included in the process and any resulting policies.	• Data Translation: Presenting data in a publicly friendly and usable form. Telling stories with data. (future training) • Why your health prevention program is not working and how to fix it (June 2018 at the Health Professions Conference by Reach out, a community-based organization)
Public Health Funding – How to advocate, negotiate and leverage new and existing public health funds, resources, and cross-sectional partnerships.	• Grant writing trainings (future training)

*The development needs align with training needs identified in the County's Public Health Workforce Development Plan

F4.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weaknesses

As the MPH program is a newly established program and as such there have been few workforce development opportunities supported by the program. The MPH Program Committee established a plan, which includes offering trainings that support needs identified through the MPH PAC and the County's Public Health Workforce Development Plan. Due to the development of the MPH program and working through the accreditation requirements, the training offerings planned for the 2017-2018 academic year have been delayed.

Criterion G1.
Diversity and Cultural Competence

The school or program defines systematic, coherent and long-term efforts to incorporate elements of diversity.

Required Documentation:

G1.1. List the school or program's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the school or 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. (self- study document)

The MPH program faculty at CBU have defined the priority under-represented student populations as males, students of color (which include non-white students), and international students (which include students from any country outside the US). These populations were identified and defined following discussions held during the MPH Program committee meetings. Upon analysis of admissions data for the last three years as well as CBU enrollment data, the underrepresented groups were identified and agreed upon by the faculty.

Demographic data from the California Department of Finance, California Baptist University, and the MPH program were reviewed. Upon review of recent Riverside County (where appropriate), CBU, and MPH program data, males currently make up 49.7% of the population of Riverside County, California; 28% of students in graduate program at California Baptist University, and 13.7% of the enrollment in the MPH program. Males remain underrepresented in the academic setting (as students), and more specifically in the area of public health practice. In the most recent public health workforce survey conducted by the Riverside University Health System – Public Health, males represent only 15% of the local public health workforce.

Persons of color make up 62% of the population of Riverside County, California, 60% of students at California Baptist University, and 78.7% of CBU's MPH program, which is an achievement to be celebrated by the MPH program. A focus for the MPH program is to retain the diverse nature of its student body. The core faculty of the MPH program are one of the most diverse in the University. Persons of color comprise 50% of the MPH core faculty and males make up 50% of the faculty complement.

California Baptist University supports a wide range of highly active international programs. Motivating MPH students to engage in public health practice globally is one important aspect of

the international focus, along with providing international students the opportunity to complete an MPH degree at CBU. Currently, international students comprise 2% of the student population at California Baptist University, and 2% of CBU's MPH program. As a priority population, the MPH program aims to increase enrollment and graduation of international students.

G1.2. List the school or 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. (self-study document)

After defining the underrepresented population, several goals were established for increasing representation of the identified populations.

During the 2018-19 academic year, the MPH program goals include:

Goal 1: Increase the proportion of male students;

Goal 2: Increase the proportion of international student enrollment;

Goal 3: Retain a racially and ethnically diverse student body;

Goal 4: Retain a diverse MPH faculty

G1.3. 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 school- or program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies. (self-study document)

There are several actions and strategies that will be employed to advance the goals for increasing representation of MPH defined priority populations. The process used to identify these strategies include examining data on the number of local community colleges to explore source populations that may not be aware of our undergraduate and graduate public health programs. Next, the program used applicant and acceptance data from graduate and international admissions to explore ways in which to market the program to students at local colleges and to better assist international students with moving from acceptance to enrollment.

First, collaborating with local community colleges, particularly those with greater proportions of males and students of color, as a way to introduce the public health profession as well as the MPH degree program as preparation for entrance into public health practice. In Riverside County, there are a number of local community colleges and districts of which to forge these

partnerships and include Barstow Community College, Chaffey College, Community Christian College, College of the Desert, Copper Mountain College, Crafton Hills College, the Mt. San Jacinto Community College District, Palo Verde College, the Riverside Community College District, and San Bernardino Valley College. The map below illustrates the proximity of community colleges in the Inland Empire to CBU.

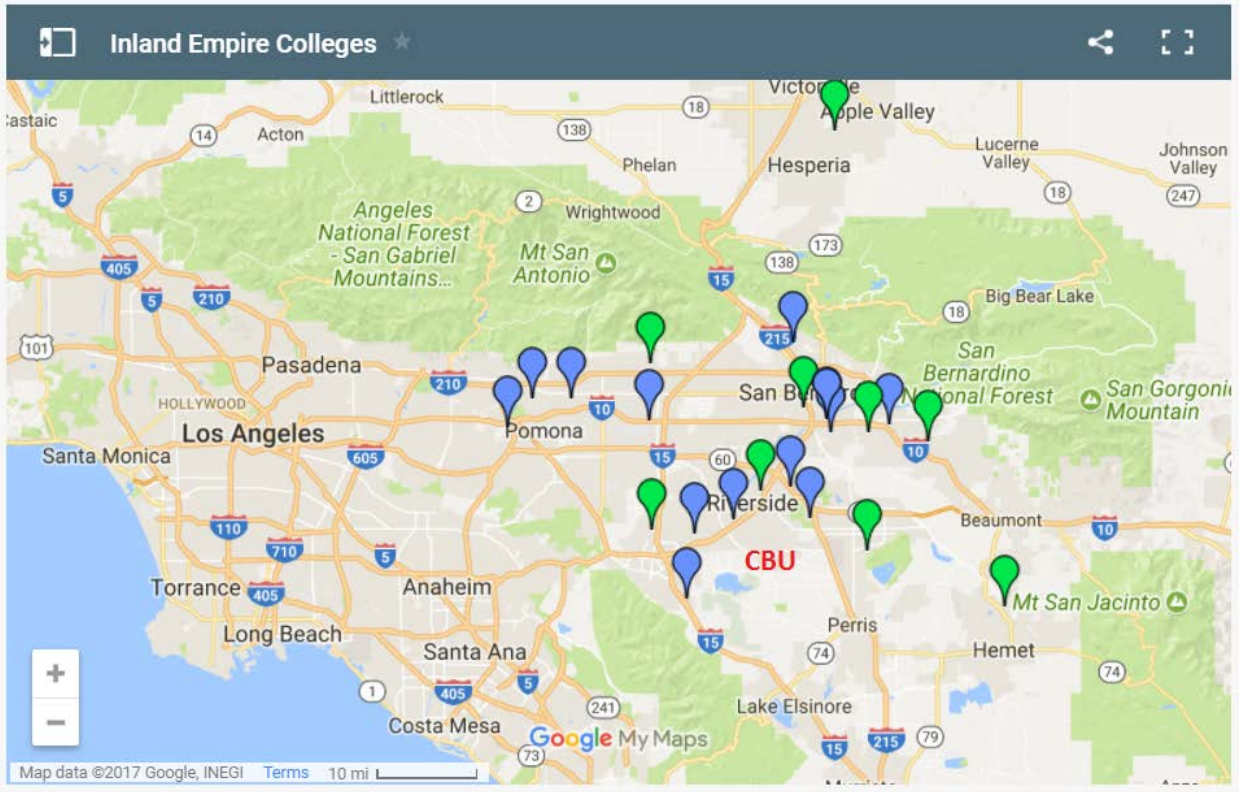


Image courtesy of Inland Empire US.

Second, working with CBU Graduate Admissions to host and participate in on and off campus events, particularly aimed at improving the application, acceptance, and enrollment of males and students of color. These events include participating in annual open enrollment fairs hosted by local employers as a means of advertising the program. The MPH program will also host in-person and online informational sessions developed specifically to tailor to the interests of members of the priority populations.

Third, working with CBU International Admissions to better facilitate the application and visa process with our international applicants and partners. This need is evident, as during the application process for the 2016-17 academic year, 13 international students were accepted to the MPH program, yet none enrolled. Lastly, the MPH program will convene the MPH PAC to assist

in strategizing additional opportunities to improve the enrollment and success of the identified priority populations.

G1.4. 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. (self-study document)

There are several key strategies employed to maintain a culturally competent environment for students and faculty of the MPH program. These strategies have been identified by MPH faculty through discussions during MPH Program committee meetings and supported using data on program admissions and enrollment, practicum site options and placements, and the numbers of professional networks students and faculty are engaged in.

- **Diverse body of student and faculty**– CBU is committed to maintaining a diverse faculty and student body. The MPH program is inclusive of a student body where at least 70% self-identify as a person of color; however, this is one element of diversity. Another important area for student diversity includes that of professional experience. Students' undergraduate training and employment are reviewed and considered as an important component of acceptance decisions. The MPH program acceptance procedures include considerations for both cultural diversity as well as diversity in training and expertise. The MPH faculty complement is also one that includes a cadre of culturally and professionally diverse public health professionals.

- **Practicum placements** – The MPH program maintains agreements for placement with practicum sites that cover a wide range of specialty areas that work to meet the needs of a diverse community. Students are placed with organizations that not only allow them to meet and improve upon MPH core and concentration competencies, but expose students to diverse professional environments as a way to enhance their skills to work in and with diverse communities. Such examples include the Global Health Engagement (GHE), which provides MPH students with an opportunity to expand their level of understanding of international health, public health, and offer students an opportunity to engage in cross-cultural experiences.

- **Diverse professional networks** – The MPH program maintains relationships with a diverse professional network of organizations that look to support MPH students through their academic training, but also offer employment opportunities. These organizations recognize the value of an inclusive and diverse environment to improve public health

outcomes. Through relationships with these organizations, students have gained practicum placement and fellowship opportunities and the MPH program curricula has undergone enhancements. These networks have also provided the program with access to a diverse range of guest lectures, adjunct faculty, and scholarship opportunities. These organizations include: the JW Vines Medical Society, MPH Program Advisory Committee, Randall Lewis Health Policy Fellowship, Riverside Community Health Foundation, and the Riverside County Health Coalition.

G1.5. Provide quantitative and qualitative data that document the school or 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. (self-study document)

Table G1.5. Measurement of priority populations during each academic year.*

Priority Populations	2014-2015	2015-2016	2016-2017	2017-2018
Male Students	12%	12.5%	20%	10.3%
International Students	15%	4%	0%	10.3%
Students of Color	77%	70.8%	78.7%	78.5%
Diverse Faculty	50%	40%	50%	50%

*Student data is for the newly enrolled cohort at the start of each academic year

Successes – Over the past four academic years, the MPH program has successfully recruited and enrolled an increased proportion of male students. Public health is a profession dominated by females, which correlates with enrollment data for academic programs. The proportion of students of color has also remained strong over the past three years. Although there have been peaks and drops in enrollment of this priority population, the enrollment rates have remained above 70%, which supersedes the county's rate of persons of color. Lastly, the proportion of diverse MPH faculty has remained relatively stable. Maintaining a diverse faculty complement will remain a focus of the MPH program as it experiences growth among its student and faculty.

Challenges – An area requiring attention is the enrollment of international students. Over the past three academic years, the proportion of international students enrolled in the program has steadily declined from a high of 15% in the first year of the program to zero in the third year. To improve in this area, the MPH program has built strong partnerships with the CBU International Admissions office as well as with several international colleges including Hangzhou Medical College in Zhejiang Province, China. These partnerships allow for the concerted marketing of the MPH program to students in undergraduate programs where a graduate degree in public health would support professional growth.

G1.6. Provide student and faculty (and staff, if applicable) perceptions of the school or program's climate regarding diversity and cultural competence. (self-study document)

Each year, MPH students are asked to complete the MPH Program Survey. This survey contains questions about student experiences, academic preparation, and program climate.
The survey is deployed each summer, online, using Qualtrics. Students are emailed a link to the survey and given two weeks to provide their responses. The response rate for the 2017 survey was 58% (n=25). Most respondents (85%) were female, and 60% were of the health education and promotion concentration. About half of respondents were Hispanic, and half expected to graduate from the program in 2018. Responses to questions on program climate can be viewed in the table below.

Table G1.6. Summary of responses to climate questions on MPH program survey.

Questions regarding MPH program's diversity climate	**% who Agree or Strongly Agree**
To what extent do you agree or disagree with each of the following statements:	
Students in my program are treated with respect by faculty	85%
Faculty members are willing to work with me	95%
Rapport between faculty and students is good	85%
My own relationships and interaction with faculty are good	90%
There are tensions among faculty that affect students	35%
Students in my program work well with each other	95%
My relationships and interactions with other students is good	90%
Overall, the climate of my program is positive	90%

Additional survey questions inquired about feeling valued as a member of the CBU community. When asked, *How valued do you feel in the learning environment at CBU?*, 65% of respondents indicated that they felt very or extremely valued in the learning environment at CBU. When asked, *How much do you feel the MPH faculty care about you?*, 70% of respondents indicated they felt the MPH faculty cared about them a lot or a great deal. When asked, *How strong a sense of community do you feel at CBU?*, 85% of respondents indicated that they felt some, or a strong sense of community

The results of the student surveys are shared and discussed at the MPH Program Committee meetings. During these meetings faculty have shared that student relationships as well as student-faculty relationships have continued to strengthen with each new cohort enrolled in the program. Data from the recent MPH program survey support this notion and will continue to be monitored.

G1.7. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

The actions and strategies identified in

Weaknesses

The inaugural MPH student survey of 2017 provided the MPH program with data that will certainly support the program's further development. Data from previous years was not collected, therefore, trend data is not available. The current plan to address this weakness include the annual collection of this valuable information.

Additionally, it has been recognized that, although there have been increases in the diversity of the MPH student and faculty complements, program literature and advertisements fail to represent members of the populations deemed a priority for the MPH program. To address this, a concerted effort will be made to ensure images on program materials reflect the diversity experience and aims of the MPH program.

Criterion H1.
Academic Advising

The school or 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 school or program's curricula and about specific courses and programs of study.

H1.1. Describe the school or program's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering. (self-study document)

The MPH Program has a comprehensive advising system that engages students throughout their progression through the program. Academic advising remains the same for each MPH student, regardless of their selected concentration. See the following elements of the MPH Program's academic advising system:

- **Faculty Advisors** – All full-time MPH program faculty are familiar with the MPH student advising needs. There are six (6) primary instructional faculty (PIF) that have student advising responsibilities. These responsibilities include guidance through course sequencing, program documents, and program matriculation. Each PIF is assignment no more than 10 MPH students for advisement. New MPH students are encouraged to meet with their assigned MPH advisor during their first month in the program. During the fall of 2018, the number of faculty academic advisors will increase from 6 to 8. This increase will result from the inclusion of two full-time non-primary instructional faculty adopting advising responsibilities. This increase will allow to the support of up to 20 additional students, which will be important given the extended graduation times as well as potential enrollment increases.

- **University Academic Advising** – The University academic advising office provides academic advising for students and provides tools and resources to enable students to effectively register and create degree plans using CBUs online registration system. Once the new MPH student is accepted into the program, a University academic advisor contacts the student and assists them with their onboarding and initial course enrollment.

- **MPH Community Blackboard Page** – MPH students are enrolled in the MPH Community Blackboard page, which is primarily utilized to provide students with information about conferences, trainings, jobs, internships, and program requirements.

The site also provides students with access to the MPH Program Handbook, MPH Program Practicum Manual, and the MPH Program Thesis Manual.

- **Remind Application** – All MPH students are members of the *Remind.com* application. *Remind* is a communication application developed specifically for schools. This application allows MPH faculty the ability to send brief and quick text message reminders to students as well as create event invitations. Students are informed of upcoming program due dates and development activities.

- **MPH Student Email Group –** All students are enrolled in the MPH Student Email Group as another important communication tool. Often times students are notified of important program information through more than one avenue, with email serving as the consistent modality utilized.

- **MPH Annual Student Meeting** – Each fall the MPH Annual Student Meeting is hosted by MPH faculty and specifically targeted towards second year MPH students. This meeting provides students with details on all upcoming program activities and requirements such as the applied practice and integrative learning experiences.

H1.2. Explain how advisors are selected and oriented to their roles and responsibilities. (self-study document)

The primary source for academic advising are the primary instructional faculty (PIF), of which each student is assigned to one PIF as their advisor. Academic advisors are required members of the MPH Program Committee where student advisement, curricula, accreditation, and all other MPH Program matters are discussed. These meetings are a source for orienting faculty to their roles and responsibilities as an academic advisor. Advising practices and procedures are discussed and formally decided upon by this committee. There are three PIFs for each MPH concentration. As best as possible, PIFs are assigned by the Program Director to advise students that have elected the concentration in line with the PIFs primary instructional area.

If a change in advisors must occur, the Program Director will review the advising needs of the student and work with faculty to determine the most appropriate advisor for the student. Faculty advisors do not receive formal advising training; however, informal training occurs during the MPH Program committee meeting in preparation for the MPH Program orientation. At this program meeting faculty review and discuss the advising resources which include the MPH Program Handbook, Thesis/Project Handbook, MPH Practicum Manual, the course schedule for the academic year, the course planning guide, and the graduate catalog.

H1.3. Provide a sample of advising materials and resources, such as student handbooks and plans of study, that provide additional guidance to students.

See ERF H1-3 for MPH Student Handbook, Course Sequencing, MPH Course Planning Guide, and Graduate Catalog.

H1.4. Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings. (self-study document)

On a recent MPH program survey, students were asked to indicate their level of satisfaction with academic advising. The response rate for the annual program survey was 59.5%. Response categories are indicated below:

Questions regarding academic advising	% who are Extremely Satisfied or are Satisfied
Availability of assigned faculty advisor	64%
Advisor's ability to provide accurate info about degree requirements	60%
Advisor's assistance with appropriate course sequencing	68%
Advisor's knowledge about post-graduate educational opportunities	40%
Advisor's knowledge about post-graduation employment opportunities	36%
Overall academic advising experience	72%

See ERF H1-4 for MPH student survey and survey results.

H1.5. Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each. (self-study document)

Following acceptance into the MPH Program and prior to the start of the fall semester, incoming MPH students are required to attend the MPH Program Orientation. The orientation is a full day experience planned by the MPH Program faculty. The experience includes completion of a program pre-assessment, introduction to the MPH Program faculty, review of the MPH Program Handbook and requirements, guest speakers from campus resources such as the CBU Career Center, and the meeting and mingling with second year students. The orientation time provides students and opportunity to become familiar with their peers, faculty and campus. The orientation process is ongoing, as students receive additional orientation to program requirements during their second year of the program at the MPH Annual Student Meeting.

See ERF H1-5 for MPH Program Orientation and MPH Annual Student Meeting agendas.

H1.6. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weaknesses

Student satisfaction with academic advising was rated below program standards. This highlights an important area for improvement. It is evident from these data that students are unware of advising resources, or feel that the resources available are inadequate. For example, in terms of adequacy, only 36% of students felt satisfied with their advisor's knowledge about post-graduation employment opportunities. One factor contributing to this poor rating is the use of both a university-wide and programmatic advising structure. University advisors have not public health training and often experience difficulty in advising students. Programmatic advising is relatively new to the MPH program (implemented fall 2017) and students may not have understood the differences in the advising roles between the university advising office and the programmatic advising offered by the MPH faculty. Data on student satisfaction with regard to advising will continue to be gathered from both current and former MPH students. Moving forward, these data will inform program activities and procedures.

Plan

To address the low student satisfaction with advising, there have been two changes to better support MPH students. First, students are assigned to an MPH faculty member who will serve as their advisor throughout their time in the program. Students are given an opportunity to meet with their advisor during the MPH program orientation, as a way to begin connecting and establishing a relationship with faculty before the semester begins. Next, as an additional element of support, students are provided with a course planning guide. This guide allows students to track their satisfactory completion of core and concentration courses. Students are expected to use the course sequence document to determine course offerings and use their course planning guide to monitor their course completion. See ERF H1-6 for the course planning guide.

Criterion H2.
Career Advising

The school or 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.

H2.1. Describe the school or 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. Schools should present data only on public health degree offerings. (self-study document)

The primary instructional faculty (PIF) serve as the principal source for career advising. Often times, students request and receive career counseling from faculty that serve as their academic advisor as they are placed with an advisor who has expertise in the students' elected concentration area. MPH students may, however, connect with, and receive career counseling from any MPH faculty member. To further meet students' needs, career opportunities are posted using online and electronic communication, including the MPH Blackboard Community and the MPH Student Email Group. These communication methods connect students to public health employment boards including www.publichealthjobs.org, and public health credentialing organizations.

Students also have access to University career advisement through the CBU Career Center. The CBU Career Center partners with students in aligning their education and career pursuits by providing opportunities for individual planning, professional development and hands-on experience in their chosen profession. They provide professional career advice and practical programming to assist students in their personal and career development. The Career Center hosts career fairs, employer presentations, seminars, provides assistance with resume development, and conducts mock interviews to better support students in their quest for internships, fellowships, or full-time employment. The Career Center has relationships with outside employers who are continuously looking to fill their open positions with CBU students and graduates. These employers post their positions on CBU Career Connect and participate in Career Fairs, on campus recruitment and presentations. Many of the MPH Program preceptors, including local public health agencies and organizations, participate in the CBU Career Fair as well as other events hosted by the Career Center. The CBU Career Center provides a number of online and print resources to assist students. See the Career Center website here: https://calbaptist.edu/career-center/

Practicum Preceptors provide a unique career counseling opportunity for MPH students. Through the practicum experience, students become more familiar with duties and responsibilities in their professional area of interest. Preceptors can provide invaluable career advice and expertise to students. They can assist students in their exploration of career options and additional skill areas that can enhance their employability.

H2.2. Explain how individuals providing career advising are selected and oriented to their roles and responsibilities. (self-study document)

As with preparation for academic advisement, primary instructional faculty (PIF) participate in MPH Program Committee meetings where student advisement, curricula, accreditation, and all other MPH Program matters are discussed. Faculty are expected to provide career advisement that they feel adequately qualified to provide, such that they are providing advisement in their areas of expertise. Once each year, the MPH Program Director meets with the Career Center staff to discuss their role in career advising as well as career and internship opportunities for MPH students. Career Center staff members participate in new student orientation, introducing students to the offerings of the CBU Career Center.

H2.3. 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. (self-study document)

Over the past three years there have been a number of career advising services offered to students. Examples of services provided include:

- **Faculty Advisors** – Students receive career advisement from any of the full-time and part-time MPH program faculty. Many of the MPH faculty have worked or currently work in public health practice, which provides students with unique and relevant career advisement experiences.

- **Practicum Professional Portfolio Development** – All MPH students are required to complete an applied practice experience, referred to as the MPH Practicum. As a requirement of the practicum experience, students must develop a professional portfolio. The portfolio is instrumental in highlighting the skills and talents of the MPH students. It serves as a way to showcase their capabilities as a future public health professional. The portfolio includes a statement of professional goals, a resume, and a self-assessment of core competencies. There have been 35 students that have developed the professional portfolio.

- **Resume Development** – The MPH faculty and CBU Career Center provide students assistance with resume development. The resume is a required component of the Thesis and is to be included in the appendices of the completed manuscript. There are 10 MPH students that have utilized faculty and/or Career Center assistance with resume development.

- **CBU Alumni Association** – Graduates of CBU are invited to become a member of the CBU Alumni Association. Membership in the Alumni Association provides former students with access to CBU Career Center services, including online job boards, career fair attendance, and resume and interview skills workshops.

H2.4. Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings. (self-study document)

On a recent MPH program survey, students were asked to indicate their level of satisfaction with career advising. Responses are indicated below:

Questions regarding career advisement	% who are Extremely Satisfied or are Satisfied
Availability of information about internships, fellowships, and career related experiences	55%
Access to employment opportunity information	50%
Helping with preparing for interviews, developing resumes, etc.	27%
Usefulness of career resources online and on campus	50%
Overall career services experience	40%

H2.5. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weaknesses

As with data on academic advising, student satisfaction with career advising was rated below program standards. This highlights another important area for improvement. These data suggest that students are unware of career advising resources, or feel that the resources available are inadequate. For instance, satisfaction with resume development and preparing for interviews was rated at a low 27%. This is important to note, as one of the most used and successful programs of the CBU Career Center is its assistance with the development of resumes and portfolios as well as its mock interviews. Data on student satisfaction will continue to be gathered from both

current and former MPH students. The MPH Program does not have an adequate system in place for capturing data on career center use among its alumni.

Undergraduate students are more likely to utilize the CBU Career Center as they are more likely to take classes during the day, during the Career Center's operational hours of 8:00am – 5:00pm. The inverse is true for the MPH students. The MPH students take classes in the evening and are therefore not on campus during the Career Center's hours. This could also impact student perceptions of access to career advisement and resources.

Plan

To improve awareness of career advising resources, the CBU Career Center has been invited to participate in the MPH annual student meeting. Historically, the CBU Career Center has participated in the MPH orientation, but it has been recognized that students may not recall the resources offered by the Career Center once they enter their second year of the program, leading into graduation. Participation in the MPH annual student meeting, which is generally attended by MPH students in their second year, will ensure that students are reintroduced and exposed to services offered by the Career Center closer to when they will need these resources. This will also connect students to resources during the evening when they on campus for classes.

Additionally, to address the lack of data on its alumni population, the MPH Program will develop a sound process for capturing information from its previous students, which will include working with the CBU Career Center to capture data on alumni utilizing career advisement services.

Criterion H3.
Student Complaint Procedures

The school or program enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students.

H3.1. Describe the procedures by which students may communicate any formal complaints and/or grievances to school or program officials, and about how these procedures are publicized. (self-study document)

The MPH program follows and abides by the student grievance policy and procedures as outlined in the Grievance section of the *CBU Student Handbook and Calendar*. A physical copy of the CBU Student Handbook and Calendar is provided to each MPH student and can be accessed online at:
http://www.thezonelive.com/SchoolStructure/CA_CaliforniaBaptistCollege/handbook.pdf.
In addition to being described in the handbook, grievance procedures are also detailed in each course syllabi.

H3.2. Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal. (self-study document)

There are formal and informal complaint and grievance procedures in place for students in the MPH program. Informally, students may share any program-related concerns with MPH core faculty, the MPH Program Director, the Public Health Sciences Department Chair, and the Dean for the College of Health Science. Concerns may also be discussed at the MPH student meetings. Students who feel a conflict exists with a university official and/or faculty member are encouraged to address the issue with the respective individual. It is the desire of the MPH program to resolve student concerns through the informal process.

In the event an informal resolution cannot be reached, the student is encouraged to contact the Director of Student Conduct or Dean of Students to file a formal grievance, which is considered an a decision(s) rendered during the informal process. Formal grievances must be submitted in writing and include ─the nature of the grievance, the evidence upon which the grievance is based, and the redress sought.

Written grievances are addressed by the following offices:

Nature of Grievance	Office
Issues related to Academics	Office of the Provost
Issues related to Student Services	Student Services Office
Issues related to Student Accounts	Finance and Administration Office
Issues related to Financial Aid	Finance and Administration Office

H3.3. 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. (self-study document)

There have been no formal complaints or student grievances submitted during that last three academic years.

H3.4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weaknesses
None identified.

Criterion H4.
Student Recruitment and Admissions

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

H4.1. Describe the school or program's recruitment activities. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each. Schools should discuss only public health degree offerings. (self-study document)

There are a number of ways in which the MPH program recruits qualified applicants. These include:

MPH Informational Sessions – These one-hour informational meetings are held on campus during the evening and are open to the public. The meetings are hosted by the MPH Program Director and the MPH Graduate Admissions Counselor. The meeting includes a semi-structured presentation format, along with a question and answer session. Each academic year, a minimum of five informational sessions are held. Those who attend the informational sessions are provided an application fee waiver.

CBU International Center – The International Center actively recruits students for graduate programs at CBU. This recruitment strategy includes traveling abroad to introduce the programs to international academic institutions and assisting prospective students with the application process.

Distribution of MPH Flyers and Program Guides – These materials are showcased at conferences and recruiting events. Opportunities to present the program materials at exhibit booths such as at professional conferences, including APHA, are utilized. Additionally program mailers are sent out to local colleges and universities that lack an MPH program but include undergraduate degree programs that serves as good preparation for and MPH degree. During the most recent application period, more than 70 mailers were sent out to local colleges and universities, which included Council for Christian Colleges and Universities (CCCU) member and affiliate schools. The MPH program also remains an active member of the Association of Accredited Public Health Programs (AAPHP).

Recruitment Events – There are several recruitment events and fairs hosted by the CBU Office Graduate Admissions. Some of these events take place off site at community fairs and events.

There are also events hosted on the CBU campus such as *Sneak Peek Saturday*. *Sneak Peak Saturday* is an opportunity for prospective graduate students to attend an information session who would otherwise not be able to during the week due to work-schedule conflicts. The event also features grad students, and alumni interested who share their personal story during a 30-minute panel presentation.

H4.2. 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. Schools should discuss only public health degree offerings. (self-study document)

Students are admitted to the MPH program once a year, during the fall semester. Applications are accepted between July 1 and March 1 for early admission and between July 1 and May 1 for standard acceptance. If there are fewer acceptances that anticipated, applications may be accepted until July1. Applying to the MPH program requires submission of application materials to the Office of Graduate Admissions. The required materials include:

1. Application submitted online at www.calbaptist.edu/gradapp.
2. Application Fee: A non-refundable application processing fee is required.
3. Completion of a bachelor's degree from a regionally accredited institution or the evaluated equivalency of a bachelor's degree from a regionally accredited institution is required.
4. Official transcripts from a college or university reflecting completion of a baccalaureate degree.
5. Meet a minimum cumulative or last 60 semester (or 90 quarter) unit 2.75 grade point average
6. At least 2 letters of recommendation
7. A 1,000 word personal statement
8. An applicant whose first language is not English and/or does not have a degree from an institution where English is the primary language of instruction is required to demonstrate English language proficiency.
9. Completion of an undergraduate statistics course

Each fall, admission is offered to 30 qualified applicants. Admission to the MPH Program is decided by the MPH Program committee. A minimum of two full-time faculty review each MPH applicant file. Files are scored using a rubric and applicants considered for admission are invited to campus for an interview. Interviews are scored and added to the application rubric scores producing an overall MPH applicant score. Faculty reviewers rank student applicants using the MPH applicant score. Admission decisions are made within MPH Program Committee meetings. The committee is responsible for reviewing files of all MPH program applicants provided by the Graduate Admissions Counselor (Tamakia King), conducting applicant

interviews, and make admissions recommendations to the Program Director (Dr. Marshare Penny).

The top 30 ranked applicants are offered admission into the MPH Program. Admission consideration is made for students that not only meet the MPH scholastic requirements, but those that demonstrate their ability to fulfill the mission of CBU. If the applicant pool contains more than 30 qualified applicants, a number of them may be waitlisted. As the number of accepted students' decline, due to some applicants deciding to attend other institutions, students from the waitlist may be offered admission to meet the cohort seat capacity of 30. If the applicant pool contains fewer than 30 qualified applicants, fewer students will be offered admission into the program. There is no minimum number of seats for acceptance; however, there is a maximum of 30 seats for acceptance. See the MPH Admissions File Review Rubric in ERF H4-2.

H4.3. Select at least one of the following measures that is meaningful to the school or 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 that follows, the school or program may add measures that are significant to its own mission and context.

Outcome Measures for Recruitment and Admissions				
Outcome Measure	**Target**	**Year 1: 15-16**	**Year 2: 16-17**	**Year 3: 17-18**
Quantitative scores (GPA) for newly matriculating students	**2.75**	**3.18**	**3.19**	**3.17**
Percentage of priority under-represented students (males) accepting offers of admission	**12**	**12.5**	**20**	**7.4**
Percentage of priority under-represented students (internationals) accepting offers of admission	**15**	**4**	**0**	**7.4**

H4.4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Weaknesses

An important weakness to be addressed is the admission of students that struggle to be successful in the MPH Program. These students contribute to the high attrition in the MPH program.

Plan

The MPH Program faculty will continue to monitor and evaluate admission, attrition, and graduate data and identify better tools and resources for selecting qualified students for enrollment into the MPH Program.

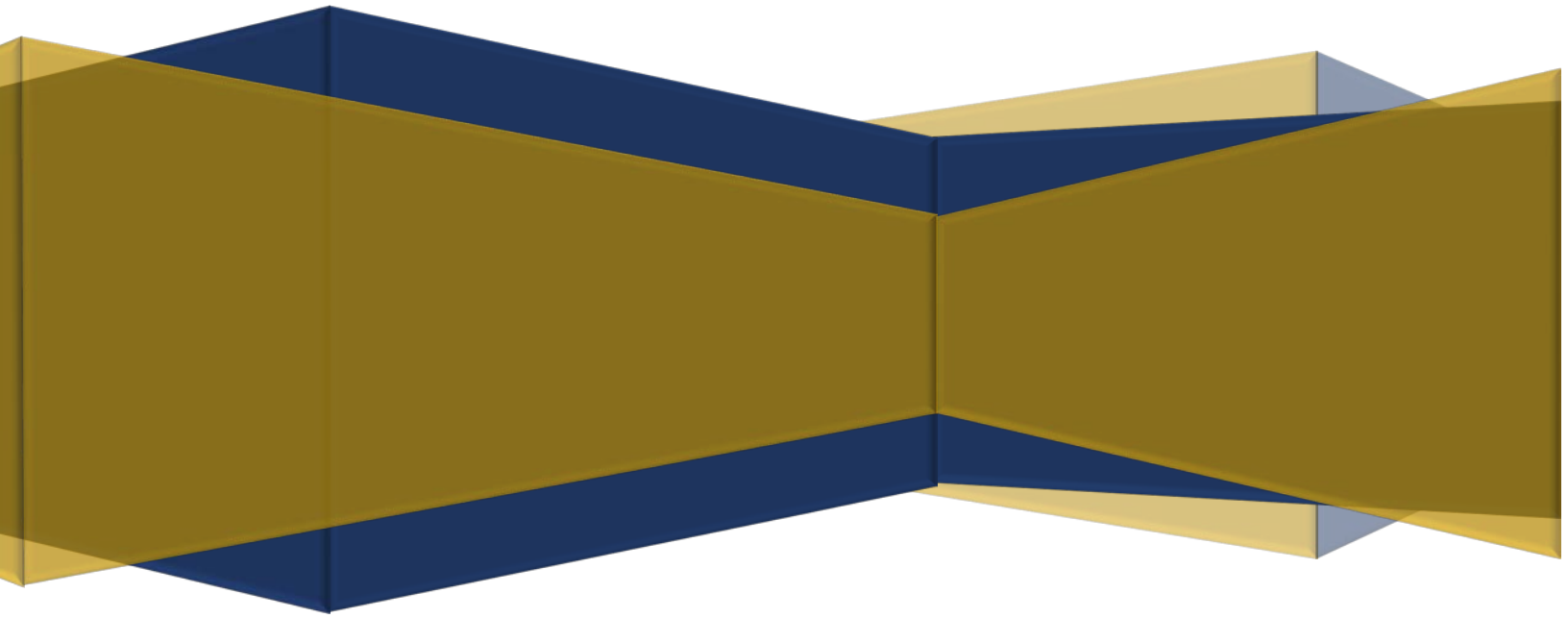
Criterion H5.
Publication of Education Offerings

Catalogs and bulletins used by the school or 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.

H5.1. 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. (self-study document)

The published educational offerings for the MPH Program can be found in the Graduate Catalog. The graduate catalog includes necessary information on graduate admissions policies, university grading policies, standards for academic integrity, student supports, and degree requirements. The University Catalogs are available online. The online versions have been enhanced with hyperlinks and bookmarks to provide quicker navigation. There are several routes to accessing information on educational offerings. They include:

- CBU Website:
  - Undergraduate Catalog Page: https://calbaptist.edu/office-registrar/academic-catalogs/undergraduate
  - Graduate Catalog Page: https://calbaptist.edu/office-registrar/academic-catalogs/graduate
- InsideCBU:
  - Both Catalogs can be found on this page: https://insidecbu.calbaptist.edu/ICS/Academics/University_Catalogs.jnz
  - Undergraduate Catalog Page: https://calbaptist.edu/office-registrar/academic-catalogs/undergraduate
  - Graduate Catalog Page: https://calbaptist.edu/office-registrar/academic-catalogs/graduate

The University Calendar is also available online at the following locations for convenience, aside from being available in the University Catalog**.**

- CBU Website: https://calbaptist.edu/academics/academic-calendar
- InsideCBU: https://insidecbu.calbaptist.edu/ICS/Academics/Academic_Calendars.jnz