REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT THE
UNIVERSITY OF CALIFORNIA, IRVINE

COUNCIL ON EDUCATION FOR PUBLIC HEALTH
SITE VISIT DATES:
February 23-24, 2012

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Program in Public Health at the University of California, Irvine (UCI). The report assesses the program’s compliance with the Accreditation Criteria for Programs of Public Health, amended June 2005. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in February 2012 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives, and to verify information in the self-study document by reviewing materials provided on site in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

Founded in 1965, UCI is a public research university located in Southern California. UCI is the fifth-largest campus in the 10-campus UC system with nearly 28,000 students, 1,100 faculty members and 9,000 staff. The university offers 84 undergraduate and 98 graduate/professional degrees. UCI continues to grow: recent additions include public health, pharmaceutical sciences and nursing science programs as well as a School of Law.

UCI's public health program was established in 2003 to provide institutional focus for existing academic departments in various sub-disciplines of public health and to facilitate education and research in emerging aspects of the field. The program’s undergraduate degrees began enrolling students in 2006, and the Department of Population Health & Disease Prevention was established in 2007 to advance the collaborative, interdisciplinary mission of public health research and education. The program’s first MPH cohorts began in 2009. The department offers a BS in public health sciences, a BA in public health policy, a minor in public health and the MPH in the emphasis areas of environmental health, epidemiology and sociocultural diversity and health. This is the program’s first CEPH accreditation review.
Characteristics of a Public Health Program

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

a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education.

b. The program and its faculty shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.

c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem-solving and fosters the development of professional public health concepts and values.

d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.

e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. As a minimum, the program shall offer the Master of Public Health (MPH) degree.

f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the public health program at UCI. The program is located in a regionally accredited university, and program faculty have the same rights, privileges and status as other professional programs on the campus. The program largely focuses on the public health issues facing suburban settlements and emphasizes the societal burdens of human disease and disability within a global context. Interdisciplinary coordination, cooperation and collaboration is supported through joint appointments with other departments and schools at UCI; these faculty members contribute to the program’s teaching, research and service activities. The organizational structure supports public health service and embraces a public health vision, goals and values. Resources are sufficient for the program to fulfill its mission, goals and objectives, and program and university leadership are aware of the additional resources needed as the program grows. The program has developed evaluation mechanisms to ensure that efforts support the program’s mission, goals and objectives; however, much of the implementation began in 2009, resulting in limited data.
1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The program has an appropriate mission statement with supporting goals and objectives to guide its efforts. The mission addresses the population of Orange County, California, where 30% of residents are foreign-born and more than 35 languages are spoken in homes. The program’s mission statement is as follows:

The mission of the public health program at the University of California, Irvine is to create, integrate, and translate population-based knowledge into preventive strategies for reducing the societal burden of human disease and disability through excellence in research, education, and public service.

The program’s goals relate to the areas of education/instruction, research and community service. Each goal has corresponding objectives with targets and performance data. The mission statement and goals are included in the university’s electronic course catalog and posted on the program’s website.

All faculty members have opportunities to participate in the development and adoption of the mission statement, goals and objectives. The program also solicits input from students, community partners and other constituents. Upon its establishment, the program was required to conduct a self-assessment for the university. This effort involved the development of a mission, goals and objectives, which were further reviewed and revised as the program worked toward CEPH accreditation.

The program’s values are derived from UCI’s values, as articulated by the chancellor. These values include intellectual curiosity, commitment to ethics, appreciation of interdisciplinary collaboration, respect for health as a human right and empathy for vulnerable populations. The program operationalizes these values in a variety of ways, such as through the implementation of lines of inquiry to prevent disease in at least 12 countries, the development of a course in the ethical and responsible conduct of research and collaboration with the community group Newkirk Center for Science and Society, which aims to improve science’s response to community needs and to increase the effective uses of scientific results for the benefit of society.
1.2 Evaluation and Planning.

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

This criterion is met with commentary. The program has strategic evaluation and planning procedures that result in a short-term plan for the upcoming academic year and a long-term plan for a five-year period. Throughout the year, committees collect and analyze information that aids in the revision of existing plans and the creation of proposals for new plans. Staff serve as ad-hoc members of the committees and are responsible for collecting relevant data from UCI databases and program materials. The department chair presents a State of the Program address each June to share the program’s progress toward its goals and objectives, challenges and priorities for the following academic year.

Between October and January of each academic year, committees develop proposals to implement new or modify existing objectives for the five-year plan. Proposals may be for curricular revisions, new courses, plans for proposal writing and suggestions for faculty and staff recruitment. Faculty members vote on policies to be implemented or modified, and effort is made to build consensus in faculty meetings. In the case of arbitration, the department chair is responsible for interpreting what the final decision is and why it was taken.

The program’s strategic plan is evaluated according to the requirements of the university-wide review process for academic programs. The public health program’s next five-year review is scheduled for March 2014, with a self-study process taking place in the preceding year.

In addition to the contributions of faculty, staff and students, the program seeks input from its External Advisory Board. The current board was established in January 2011 to solicit recommendations related to academic, administrative and community activities. At the time of the site visit, the board had held two meetings in April and November 2011 followed by faculty meetings at which the board's comments were considered.

The program implemented many of the components of the CEPH criteria, including 1) the development of a mission, goals and objectives, 2) assessment of the curriculum and 3) procedures for program evaluation and planning, prior to 2008 as part of its first university-mandated program review. The self-study document was developed over a two-year period with input from the first two cohorts of MPH students, undergraduate students, the vice provost for academic planning and the External Advisory Board. In addition, the program’s community partners, alumni and students received copies of the draft self-study and were asked to give written feedback and/or participate in a town hall meeting. Student representatives also participated in faculty meetings at which the self-study was discussed.
The program cites a number of examples in the self-study of how it has used the results of evaluation and planning to enhance the quality of its offerings. During the 2010-2011 academic year, the program increased its GPA requirement from 2.0 to 2.5 for undergraduate students seeking a change of major into the public health program, approved new courses for the degree curricula and renamed a number of courses to better reflect the learning objectives of the program. Feedback from practicum preceptors has also helped to refine student standards and expectations. A preceptor who met with site visitors noted that a course in grant writing emerged directly from this process.

The commentary relates to the limited amount of data available. The program has established measurable objectives in the areas of instruction, research and service; however, many are focused on process rather than outcomes. For example, the education-related objectives address admissions standards and the successful completion of all required elements of the curriculum. As the program continues to develop and mature, a deeper level of evaluation would better inform the program’s planning efforts.

### 1.3 Institutional Environment

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

This criterion is met. UCI is regionally accredited by the Western Association of Schools and Colleges (WASC). At the time of the CEPH site visit, the university was also in the midst of regional reaccreditation. WASC is conducting its review in three stages: 1) institutional proposal due in November 2009, 2) capacity and preparatory review in May 2011 and 3) educational effectiveness review in October 2012. Stages 2 and 3 involve site visits with external reviewers.

Nine programs at UCI are accredited by specialized and professional accrediting organizations. These programs include engineering, nursing, medicine, law, urban and regional planning, genetic counseling, education, chemistry and business.

UCI is one of 10 campuses in the UC system. Each campus has a chancellor who reports to a system president. The president reports to the Board of Regents, whose members are appointed by the governor. Figure 1 presents the UC system’s organizational structure.

UCI is organized into 11 schools, four independent programs (one of which is the public health program) and the Office of Continuing Education, Distance Learning and Summer Session. In addition to the instructional units, independent offices exist for graduate and undergraduate programs, research and library services. Figure 2 presents the organizational structure of the UCI campus.
Figure 1. University of California System-wide Organizational Structure

- THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
  - CHIEF INVESTMENT OFFICER & VICE PRESIDENT FOR INVESTMENTS AND ACTING TREASURER OF THE REGENTS
    - Marie N. Berggren
  - SENIOR VICE PRESIDENT—CHIEF COMPLIANCE AND AUDIT OFFICER
    - Sheryl Vacca
  - OFFICE OF THE PRESIDENT
    - (See UCP Chart)

- PRESIDENT OF THE UNIVERSITY OF CALIFORNIA
  - Mark G. Yudof

- SECRETARY AND CHIEF OF STAFF TO THE REGENTS
  - Diane M. Griffiths

- GENERAL COUNSEL & VICE-PRESIDENT FOR LEGAL AFFAIRS
  - Charles F. Robinson

- ACADEMIC, STUDENT, ADMINISTRATIVE, OTHER ADVISORY GROUPS AND COUNCILS

- CHANCELLOR, BERKELEY
  - Robert J. Birgeneau

- CHANCELLOR, DAVIS
  - Linda Katehi

- CHANCELLOR, IRVINE
  - Michael V. Drake

- CHANCELLOR, LOS ANGELES
  - Gene D. Block

- CHANCELLOR, MERCED
  - Sung-Mo "Steve" Kang

- CHANCELLOR, RIVERSIDE
  - Timothy P. White

- CHANCELLOR, SAN DIEGO
  - Marye Anne Fox

- CHANCELLOR, SAN FRANCISCO
  - Susan Desmond-Hellmann

- CHANCELLOR, SANTA BARBARA
  - Henry T. Y. Yang

- CHANCELLOR, SANTA CRUZ
  - George R. Blumenthal

- DIRECTOR, LAWRENCE BERKELEY NATIONAL LABORATORY
  - A. Paul Alivisatos
Figure 2. University of California, Irvine Organizational Structure

The four independent programs are not housed within schools because the university is in the process of transitioning each to independent school status. Thus, the leadership of the public health program reports to the Office of the Provost through the vice provost for academic planning. University leaders told site visitors that the long-term goal is to build the program into a school of public health. The projected timeline has been extended given the economic hardships facing the state of California and its public post-secondary education systems. Currently, the program has a single department for population health and disease prevention.

Faculty members and groups organized in academic units may propose names, titles and organizational structures for academic programs. The Office of the President reviews all proposals. The Office of the Provost notifies the program of its annual budget and receives reports from the program about its financial allocations and expenses. The provost also determines the program’s allocation of faculty. All recruitment, selection and promotion of personnel is conducted within the program, with recommendations sent to the Academic Senate, in the case of faculty, or the Human Resources Office, in the case of staff. The program’s department chair is responsible for coordinating the academic curricula. The program initiates proposals to modify the curriculum and the Academic Senate Graduate Council and the Council on Educational Policy review and approve such proposals.
1.4 Organization and Administration.

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

This criterion is met. The program's organizational setting is conducive to teaching and learning, research and service. Currently, the professional master's degree and the academic bachelor's degrees are organized in a single department. Each degree level has a director who reports to the department chair. In addition, the department chair oversees the staff complement, which is organized into three categories: 1) academic programs, including student services, 2) operations, budget and personnel services and 3) development, external liaison and community outreach. The administrative staff is led by the chief administrative officer, who oversees the activities of the Student Affairs Office and coordinates the physical and electronic facilities and resources for the program. Figure 3 presents the program's organizational structure, including the administrative relationships among the component offices.

Interdisciplinary collaboration is achieved through a variety of affiliations and appointments with other academic units at UCI. Program leaders said that collaborations with the schools of medicine, social ecology, social sciences, engineering and humanities have been essential to providing a quality program that can achieve its goals and objectives. Members of the External Advisory Board who met with site visitors acknowledged the tendency for work to be done in silos at UCI and expressed their support for even more cross-disciplinary work.

UCI has published guidelines about how to address student grievances and resolve complaints. The policies are accessible on the program's website and included in the student handbook. The program's Student Affairs Office provides opportunities to report grievances in person or anonymously in a drop box. Students may also schedule appointments to meet with the department chair or send him an e-mail explaining the complaint. When complaints cannot be resolved by program administrators, they are referred to the campus ombudsman, the dean of undergraduate education or the vice provost for academic planning. One undergraduate public health major and one MPH student have filed complaints in the last three years. The undergraduate student filed a complaint with the Office of the Ombudsman and the graduate student filed a complaint with the program staff after the program declined to recommend the student for an external fellowship opportunity.
1.5 Governance.

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

This criterion is met with commentary. The program’s governance structure is clearly shared by administrators, faculty members, staff, students and other stakeholders. General policy development is typically initiated at monthly meetings of the faculty, staff and student representatives. Ideas and recommendations that have emerged from committee deliberations are brought to the faculty meetings for discussion and voting.

Public health faculty members are well represented within the university structure and serve on nine university committees, including the Academic Senate Committee on Courses, the Council on Educational Policy, the Undergraduate Council, the Council on Academic Personnel and the Committee on Responsible Conduct of Research Implementation Plan. One of the primary faculty members for the public health program is UCI’s equity officer for health sciences. This position and its role in the recruitment of diverse faculty members is further discussed in Criterion 4.3.

The program has three standing committees: 1) curricula, 2) student admissions, performance standards and welfare and 3) research, facilities and library resources. The Committee on Curricula consists of faculty, student representatives and staff counselors. The committee oversees curricular issues and makes recommendations to the faculty prior to sending proposals to the Academic Senate Council on Educational Policy or the Graduate Council. Substantial modifications to class sizes, course scheduling,
learning objectives, emphasis areas and guidelines for teaching assistants are all issues under the purview of the Committee on Curricula. The Committee on Student Admissions, Performance Standards and Welfare reviews all matters related to the criteria for admission of graduate students, freshmen and transfer students into the public health degree programs. The committee also makes recommendations to the faculty about students seeking a change of major, minimum standards for students to remain in good academic standing, probation decisions, dismissals and student appeals. In addition, the committee serves as the portal for requests and recommendations for improving student welfare and morale. The Committee on Research, Facilities and Library Resources oversees resources such as laboratories, teaching facilities, computing infrastructure and their associated budgets.

The program forms a committee for faculty recruitment and retention issues on an ad-hoc basis, depending on faculty FTE allocations from the Office of the Provost and retention issues that may arise during the course of the year. This committee advises the full faculty about recruitment efforts for faculty in the professorial and lecturer series. The composition of the committee depends on the topic area in which the recruitment is focused, but must include at least one tenured professor, one pre-tenure professor, one lecturer and the administrative staff member responsible for academic personnel.

MPH students elect a representative to participate in programmatic governance through participation in monthly faculty meetings. An undergraduate student representative is elected by the Public Health Association to provide input on program policies and guidelines and is requested, but not required, to participate in monthly faculty meetings. Students reported active involvement in appropriate areas of program governance, particularly through student-led organizations.

The commentary relates to the perceived lack of understanding among some members of the External Advisory Board about their role in the program. The program has set specific objectives for the board such as the identification of public health priorities in research, education and service, articulating knowledge and skill bases for public health workforce training, describing evaluation approaches to measure program effectiveness and identifying career and community involvement opportunities. However, it was not apparent to site visitors that the program has fostered this level of leadership yet. Site visitors encourage the program to make this a priority, particularly given the many accomplishments and stature of the members of the External Advisory Board. Members who met with site visitors said it would be beneficial to include a broader mix of organizational representatives to provide input to the program.
1.6 Resources.

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

This criterion is met with commentary. The program’s budget is adequate to fulfill its mission, goals and objectives. Revenue is generated through permanent and temporary university funding, extramural funds from research contracts and grants, supplemental funding, professional degree fees and summer session training. Indirect cost recovery for extramural funding is at 53%, which is shared between the program and the principal investigator on a 70:30 basis, providing faculty with an incentive to develop new public health research initiatives. The economic downturn in the California economy and subsequent diminishing state resources for higher education provide challenges for long-term funding for the program’s future growth. The current funding is sufficient to support full-time primary faculty in the three MPH emphasis areas. The program has had sufficient resources to support faculty and MPH students for continuing professional development and growth.

Table 1 provides a summary of the program’s income and expenditures for the last five years. State appropriations increased through 2010 but were reduced by nearly $80,000 for the 2011 fiscal year. Externally funded research grew significantly from 2007 to 2010 but declined by approximately $100,000 in 2011. Extension education fees were a new category of financial support in 2011 and brought in over $82,000. A graduate growth incentive award and support for lecturers also were new income categories in 2011. Overall program income grew significantly from about $1.6 million to nearly $4 million from 2007 to 2010 but declined by approximately $270,000 in 2011.

Faculty and staff salaries have steadily increased over the past five years as have management and operational costs for grants and contracts. Expenditures for MPH student support and travel as well as support for external speakers for professional development have been added to the budget in the last two years. Overall, the net budget for the public health program has grown from an initial deficit of over $300,000 in 2007 to a net surplus of nearly $900,000 by 2010. In 2011, due to budget constraints, the program’s net surplus was reduced to approximately $265,000.

Administrative personnel, classroom and lab space, computers and library services are sufficient given the current size of the program. Collaboration and formal agreements with numerous community health and social service agencies in Orange County provide excellent training and practice experiences for students and faculty. The program’s outcome measures for resources have been met or are near targets for the last three years.
The commentary pertains to the expected growth of the program and the impact on faculty, financial and other resources. The budget surplus from 2007-2010 was significantly reduced in 2011, and while the program cites 15 recently submitted research proposals, 11 are still pending. The large undergraduate program has allowed the MPH program to maintain very low student-faculty ratios (SFRs). However, the SFR for the undergraduate program is about 60:1 based on primary faculty and 30:1 based on total faculty, as shown in Table 2. These ratios are similar to other undergraduate programs at UCI, but should be monitored going forward. Also, the strong student interest and relatively high enrollment

<table>
<thead>
<tr>
<th>Table 1. Sources of Funds and Expenditures</th>
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<tr>
<td>State Appropriation</td>
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<tr>
<td>University Funds</td>
</tr>
<tr>
<td>Grants/Contracts</td>
</tr>
<tr>
<td>Indirect Cost Recovery</td>
</tr>
<tr>
<td>Gifts</td>
</tr>
<tr>
<td>Extension Education Fees</td>
</tr>
<tr>
<td>Professional Degree Revenue Funds</td>
</tr>
<tr>
<td>Graduate Growth Incentive Award</td>
</tr>
<tr>
<td>Lecturers’ Support</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Expenditures</strong></th>
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</thead>
<tbody>
<tr>
<td>Faculty Salaries &amp; Benefits</td>
</tr>
<tr>
<td>Staff Salaries &amp; Benefits</td>
</tr>
<tr>
<td>Operations – Supp &amp; Exp</td>
</tr>
<tr>
<td>Travel</td>
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<tr>
<td>Student Fees (Readers)</td>
</tr>
<tr>
<td>Grants/Contracts – Salaries &amp; Benefits</td>
</tr>
<tr>
<td>Grants/Contracts – Travel</td>
</tr>
<tr>
<td>Grants/Contracts – Overhead</td>
</tr>
<tr>
<td>MPH Operations</td>
</tr>
<tr>
<td>MPH Student Support</td>
</tr>
<tr>
<td>MPH Travel</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

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numbers in the sociocultural diversity and health emphasis area does not align with the distribution of faculty resources. This issue is further discussed in Criterion 4.4.

Table 2. Faculty, Students and Student/Faculty Ratios by Degree and Emphasis Area, 2011-2012

<table>
<thead>
<tr>
<th>Degree</th>
<th>HC Primary Faculty</th>
<th>FTE Primary Faculty</th>
<th>HC Other Faculty</th>
<th>FTE Other Faculty</th>
<th>HC Total Faculty</th>
<th>FTE Total Faculty</th>
<th>HC Students</th>
<th>FTE Students</th>
<th>SFR by Primary Faculty FTE</th>
<th>SFR by Total Faculty FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BS/BA</td>
<td>16</td>
<td>14.0</td>
<td>32</td>
<td>3.0</td>
<td>48</td>
<td>17.0</td>
<td>832</td>
<td>832.0</td>
<td>59:1</td>
<td>49:1</td>
</tr>
<tr>
<td>MPH – Environmental Health</td>
<td>5</td>
<td>4.5</td>
<td>8</td>
<td>0.0</td>
<td>13</td>
<td>4.5</td>
<td>3</td>
<td>3.0</td>
<td>0.7:1</td>
<td>0.7:1</td>
</tr>
<tr>
<td>MPH – Epidemiology</td>
<td>5</td>
<td>4.5</td>
<td>6</td>
<td>0.0</td>
<td>11</td>
<td>4.5</td>
<td>8</td>
<td>7.0</td>
<td>1.6:1</td>
<td>1.6:1</td>
</tr>
<tr>
<td>MPH – Sociocultural Diversity &amp; Health</td>
<td>4</td>
<td>3.0</td>
<td>12</td>
<td>0.6</td>
<td>16</td>
<td>3.6</td>
<td>13</td>
<td>11.5</td>
<td>3.8:1</td>
<td>3.2:1</td>
</tr>
</tbody>
</table>

*The program calculated FTE Other Faculty based on the proportionate source of total university base salary provided to each faculty member; thus, FTE is underestimated.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Master of Public Health Degree.

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

This criterion is met. As shown in Table 3, the program's degree offerings include a bachelor of arts in public health policy, a bachelor of science in public health sciences and the MPH degree with emphases in environmental health, epidemiology and sociocultural diversity and health.

Table 3. Degrees Offered

<table>
<thead>
<tr>
<th></th>
<th>Academic</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor's Degrees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health Policy</td>
<td>BA</td>
<td></td>
</tr>
<tr>
<td>Public Health Sciences</td>
<td>BS</td>
<td></td>
</tr>
<tr>
<td>Master's Degrees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental Health</td>
<td>MPH</td>
<td></td>
</tr>
<tr>
<td>Epidemiology</td>
<td>MPH</td>
<td></td>
</tr>
<tr>
<td>Sociocultural Diversity and Health</td>
<td>MPH</td>
<td></td>
</tr>
</tbody>
</table>

13
All MPH students are required to take eight common courses that address the foundations of public health, the core public health knowledge areas, the practicum and the culminating experience. In addition, students choose three courses in their emphasis area and three elective courses. The emphasis-specific courses available to environmental health students include environmental health promotion and education, human exposure to environmental contaminants, environmental modeling and risk assessment, toxicology and geographic information systems. Students in the epidemiology emphasis can choose advanced-level courses that focus on epidemiology related to cancer, genetics, infectious diseases and chronic diseases. The emphasis-specific courses about sociocultural diversity and health include health communication, research methods, sociology and demography of health and illness, global health and health promotion planning. On-site review of course syllabi and discussions with faculty and students confirmed that cross-cutting skills such as research methods, program planning and program evaluation are incorporated into courses required of all MPH students.

Students earning a BS in public health sciences complete lower-division courses in public health, statistics, chemistry, biology and social and behavioral sciences. Upper-division students are required to take more advanced-level biology courses and five public health courses with at least one course chosen from each of the following topic areas: 1) epidemiology, genetics and health informatics, 2) environmental and global health sciences and 3) infectious and chronic diseases.

The lower-division requirements for students earning a BA in public health policy are similar to those for BS students. BA students must also take advanced-level general public health courses and seven upper-division courses with at least two courses chosen from each of the following topic areas: 1) health policy and management and 2) social and behavioral health sciences. All undergraduate students majoring in public health must also complete a practicum. While a practicum is not required for academic degrees, program leaders said they value the skills obtained through a field-based experience, even for those students planning to pursue further education.

2.2 Program Length.

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

This criterion is met. The MPH is a 60-quarter-unit degree requiring the successful completion of 14 courses. The program is designed to allow full-time students to complete the degree in five quarters; however, part-time enrollment is also permitted. The program has not awarded any MPH degrees for less than 60 quarter-units of course credit.

Courses at UCI typically offer four quarter-units of credit, with one unit equaling three hours of student work per week. One hour of lecture or discussion may be included in the three hours.
2.3 Public Health Core Knowledge.

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

This criterion is met. The public health core knowledge areas are addressed through five separate courses consisting of four quarter-units each for a total of 20 quarter-units. Those five courses are listed in Table 3.

<table>
<thead>
<tr>
<th>Core Knowledge Area</th>
<th>Course Number &amp; Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biostatistics</td>
<td>PubHlth 207: Public Health Statistics</td>
<td>4</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>PubHlth 206: Epidemiology</td>
<td>4</td>
</tr>
<tr>
<td>Environmental Health Sciences</td>
<td>PubHlth 264: Environmental Health Science</td>
<td>4</td>
</tr>
<tr>
<td>Social &amp; Behavioral Sciences</td>
<td>PubHlth 244: Health Behavior Theory</td>
<td>4</td>
</tr>
<tr>
<td>Health Services Administration</td>
<td>PubHlth 222: Health Policy and Management</td>
<td>4</td>
</tr>
</tbody>
</table>

The student competencies identified and the learning objectives listed in all five core course syllabi are appropriate for students to learn skills important for understanding and engaging in the broad practice of public health. They constitute the intellectual framework through which public health professionals in all specializations approach problem-solving. Waivers of core courses are not permitted.

2.4 Practical Skills.

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

This criterion is met. The practice experience aims to ensure that students can “apply theory, paradigms, principles and methodologies obtained through formal coursework to inform public health practice across community, government, private industry or other institutional setting relevant to public health.” All MPH students complete a 240-hour internship, which comprises four units of an eight-unit practicum/culminating course. A comprehensive field practice manual is available to MPH students on the program’s website; it contains all policies, steps and forms to be completed before, during and after the practicum. Waivers of this curricular requirement are not permitted.

Prospective practicum sites must complete an application and undergo a visit by the department chair or another designated faculty member and the graduate student affairs officer. This meeting is intended to ensure that the available learning opportunities meet the standards of the program. Practicum preceptors must hold advanced degrees in public health or a related field and/or have at least two years of experience in an agency that has hosted interns.
Students can access a list of approved sites online. Currently, 37 sites are approved for MPH students and site visitors deemed them appropriate for the emphasis areas. Students may find a new site if it meets the requirements of the program. Upon completion of the prerequisite courses for the practicum, students develop – often with the assistance of their preceptor and faculty advisor – a proposal that includes learning objectives. The faculty advisor and preceptor must approve the proposal before a student can enroll in the practicum course and begin the on-site hours.

Preceptors who met with site visitors said they were aware of the program’s requirements and the expectations of a site and preceptor. One preceptor noted that she was highly satisfied with the level of maturity, professionalism and skills that the MPH intern applied to the experience and setting. Students’ synthesis of their practicum work is part of the culminating experience and is discussed in greater detail in Criterion 2.5.

Site visitors determined that the practicum is tailored to facilitate students’ learning experiences and to ensure attainment of MPH competencies. Alumni and current students said that their field experiences helped tremendously in their synthesis of theory and practice. In some cases, placements have even led to full-time employment.

2.5 Culminating Experience.

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

This criterion is met. The program’s culminating experience includes a well-developed, competency-based process that allows students to demonstrate the integration of knowledge and skills gained through the curriculum and other learning experiences. Students must pass a two-part comprehensive exam that covers the core public health knowledge areas and cross-disciplinary skills in a multiple-choice format and requires students to analyze a public health issue through an emphasis-specific case study. In addition, students must write a synthesis report, create a poster and give an oral presentation based on their practicum placement.

Beginning in fall 2011, students are also required to develop an electronic portfolio that will document learning, reflection, integration and showcasing of the knowledge and skills acquired through progression in the program. Program faculty expect this product to not only track competency attainment, but also to be useful for job searches and career development.

2.6 Required Competencies.

For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of educational programs.
This criterion is met. The program has clearly defined, appropriate competencies for each degree program and emphasis area. Eight core competencies have been developed for the MPH degree that address theoretical and methodological concepts and the cross-cutting interdisciplinary skills expected of master's-prepared public health professionals. The program considered the recommendations of the Association of Schools of Public Health (ASPH) as it developed its core competencies and it has created a matrix of competencies mapped to the required coursework.

Competencies for the environmental health emphasis are based on the recommendations of the combined efforts of the National Center for Environmental Health, the Centers for Disease Control and Prevention and the American Public Health Association. The six competencies developed by the program fall into the three major categories of assessment, management and communication. The six competencies for the emphasis in epidemiology focus on assessing the distribution of disease and disability, improving quantitative skills and understanding the determinants that underpin morbidity and mortality. The program developed six competencies for the sociocultural diversity and health emphasis based on the recommendations of the joint panel commissioned by ASPH and the Association of American Medical Colleges to create a set of cultural competencies appropriate for medical and public health students. These competencies prepare students to conduct evidence-based analyses of public health problems, create research proposals and construct and evaluate health behavior change intervention programs.

The program has developed competencies for the BA and BS degrees, and matrices of the competencies and learning experiences are provided in the self-study. Successful attainment of these competencies ensures that students can assess the health status of populations, identify cross-cutting themes, principles and strategies for addressing challenges in public health, apply epidemiologic and quantitative methods and demonstrate abstract reasoning and critical thinking.

A committee of faculty members and public health practitioners developed competencies for the MPH program while the graduate degree was in the approval process at the university. The competencies and the proposal to offer the degree were first vetted at the campus level by administrators, the Graduate Council and the Council on Planning and Budget. After the campus-level approval, the proposal was reviewed by the Coordinating Council on Graduate Affairs (CCGA), comprising representatives from each of the 10 UC campuses. The CCGA requested additional review by public health experts at CEPH-accredited schools of public health, who further refined the plan for the degree and the associated competencies. After students were admitted to the program, public health faculty members, in consultation with members of the community, preceptors and students, reviewed the competencies and compared them to those promulgated by ASPH and other national public health organizations. As a
result, the faculty generated a condensed version that presents competencies in the modular format representing the public health practice categories of assessment, intervention and communication.

The MPH competencies are used to establish specific learning objectives for individual courses, to create comprehensive examinations and to evaluate students at the completion of the culminating experience. Students are made aware of the competencies during their first quarter in two required courses (PH-200: Foundations of Public Health and PH-291: Graduate Seminar in Public Health). The competencies are also listed on the program’s website and students reflect on each competency in their electronic portfolios.

Competencies for the undergraduate degrees were developed through a consultative and deliberative process that included faculty from the schools of social ecology, medicine, biological sciences, social sciences and engineering, along with officials from the Orange County Health Care agency. The original competencies were further revised by academic councils, unit leaders and administrators as part of the approval of the undergraduate degrees. In 2008-2009, the program received a grant from the Office of Undergraduate Education to refine the competencies for its undergraduate degree programs and to develop assessment metrics. Competencies are presented to students in the initial required course and are available on the program’s website.

The program looks to its External Advisory Board to provide information about the changing needs of the public health workforce. This input is considered when competencies are reviewed for both the MPH and undergraduate curricula. Practicum preceptors are also asked to assess the appropriateness of the competencies as part of their evaluation of the experience.

On-site review of syllabi found clearly stated learning objectives that have been linked to competencies. Meetings with faculty and students showed a commitment to and general familiarity with the competencies. Faculty also said the core and emphasis-specific competencies have forced them to write better learning objectives and think more critically about course content.

2.7 Assessment Procedures.

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

This criterion is met with commentary. MPH student performance is assessed through course examinations, term papers, a two-part comprehensive exam, the practicum project and the culminating experience. Students must pass all courses that count toward the MPH curriculum with a B or better and maintain a 3.0 GPA to remain in good academic standing. In addition to individual course grades, the first part of the comprehensive exam tests competence in the core curriculum. The exam includes 200
questions covering the program’s seven core competencies and is based on learning experiences from the curriculum. Competence in the emphasis area is assessed in part through the second half of the comprehensive exam. Students are presented with emphasis-specific case studies that they analyze over a two-week period. To advance to candidacy, students must earn a 70% or higher on each part of the exam. Students’ final demonstration of competence in the core subjects, the emphasis area and the integration of skills and knowledge from throughout the curriculum is achieved through the successful submission and defense of a report about their practicum project and how they integrated the didactic and practice-based learning into the culminating experience.

Assessment of undergraduate students also involves exams, term papers and course grades. Students must maintain an overall GPA of 2.5 to remain in good academic standing. Competency attainment for undergraduate students is largely assessed through the culminating experience, which includes three major writing assignments. Students must also present and defend their work to an audience as part of the final letter grade.

The program graduated its first MPH students in 2010-2011 and achieved a rate of 87.5%. Full-time students are permitted to take up to nine quarters to complete the degree while part-time students can take up to 15 quarters.

Graduation rates for undergraduates are based on a four-year time to graduation for freshman and a three-year time to graduation for transfer students. Data presented in the self-study show that graduation rates are generally higher for transfer students, but aggregate data are above for 70% for the last three years, with one exception. Between 2008-2009 and 2010-2011, BA students had completion rates of 85%, 81% and 71%, respectively. During the same time period, BS students had rates of 75%, 73% and 55%. In all cases, the degree completion rates for public health majors meet or exceed the rates for other majors at UCI. The California Post-secondary Education Commission reports that the average four-year completion rate for students in the UC system is 51.4%. For UCI in particular, the average rate ranges from 36.3% to 54.7%. These relatively low rates are attributed to the increasing cost of post-secondary education.

Job placement data for the first cohort of MPH students is available. Of 15 students, 80% reported being employed or pursuing further education. With the exception of three students reporting unemployment, all others reported involvement in the following areas: non-profit (two graduates), health care (one graduate), university/research (three graduates) and further education (six graduates).
The program recently surveyed alumni of the undergraduate program and found that 46 of 56 respondents were either employed or unemployed by choice. The program would likely benefit from a more detailed question that inquired about the type of work students were doing or whether they were pursuing further education.

In addition to graduation and job placement rates, the program also tracks the average GPA of graduating classes, average score on each part of the comprehensive exam and alumni satisfaction with learning outcomes. Additional outcome measures for undergraduate students include the number elected to Phi Beta Kappa and the number earning campus-wide honors. While some fluctuation exists from year to year, the program has generally achieved its targets in the last three years.

The program began asking students to self-assess their attainment of competencies in fall 2011. Only three students have completed the assessment thus far, but site visitors observe that this will be informative to the program as more data are collected. An employer survey is in a similar stage of development, and while responses are still quite limited, the program should, in time, be able to use the data to determine how prepared its graduates are for their positions.

The commentary relates to the lack of a systematic process for surveying graduates of the program. Program leaders discussed the current difficulty in accessing data from various sources and the need to oversee more processes within the program. This challenge is evident in the extremely low response rate to the alumni survey by undergraduates. A timeline should be established to survey alumni and a strategy to increase response rates should be developed as well.

### 2.8 Academic Degrees.

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

This criterion is met. The program offers two academic degrees: a BA in public health policy and a BS in public health science. All students in the undergraduate program acquire a broad introduction to public health through the required courses Public Health 1 (Principles of Public Health) and Public Health 2 (Case Studies in Public Health). In addition, all baccalaureate students are required to take an introductory course in epidemiology. Students pursuing academic degrees also gain an understanding of how their majors contribute to the profession by completing a 100-hour practicum. The practicum is designed to facilitate hands-on experience at agencies and/or laboratories dedicated to public health practice. One component of the practicum is tutorials on the development of writing and communication skills about contemporary public health topics.
Baccalaureate students also complete a culminating experience, which builds on the practicum. Students are expected to integrate their didactic and practice learning experiences and apply them to a topic of research in public health that addresses a challenging problem for a selected community or population. Students must 1) write a 1,000-word op-ed article targeting a specific newspaper or magazine to communicate a particularly salient aspect of the topic to a general audience, 2) submit a 2,000-word scholarly review article that critically assesses the state of knowledge about the topic and 3) write a 5,000-word proposal to solve the public health problems addressed in the previous writing assignments. The culminating experience concludes with a 10- to 15-minute PowerPoint presentation.

2.9 Doctoral Degrees.

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

This criterion is not applicable.

2.10 Joint Degrees.

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

This criterion is not applicable.

2.11 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. The program has an active research agenda that emphasizes the translation of science and research into public health practice and delivery. The number of submitted research
proposals has increased each year along with the number of published articles in peer-reviewed journals. Externally funded research is largely focused in the environmental health and biological sciences arenas, and many projects have a strong global health component. All primary and many secondary faculty members are engaged in funded research. Funding ranges from smaller, university-based grants (eg, $3,700) to relatively large National Cancer Institute and National Institutes of Health grants (eg, $1.5 million). The program has large, multi-year funded projects through the Institute for Clinical and Translational Science, the National Children’s Study and anti-malaria initiatives.

Opportunities for community participation and engagement include research on topics such as exposure assessments, relationships between income and infant health, smokers’ perceived cancer risks and sunscreen protection messages. The program is working to expand its community-based research agenda and to develop consistent criteria for describing “community-based research initiatives.” Students are listed as participating in the majority of faculty research initiatives based on the availability of student funding for the research project.

The program has established five outcome measures to evaluate the success of its research enterprise. While each primary faculty member is expected to publish three research articles each year, the average for 2010-2011 is higher than six articles per faculty member. Faculty members are also expected to submit at least one proposal annually; the 14 primary faculty members submitted 36 proposals in 2010-2011. The program also measures the impact of published articles, the cumulative number of citations and the expenditures for awarded grants. All targets have been met or exceeded in the last three years.

3.2 Service.

The program shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.

This criterion is met. Service is an important element of the program and is considered in faculty performance, merit and promotion reviews. Faculty are encouraged to seek partnerships and initiatives with public agencies to provide service, technical assistance, consultation and other forms of collaboration. Activities have been conducted at the local, state, national and international level with organizations such as the Health Care Foundation of Orange County, the Great California Shake-Out, the Community Leadership Board of the American Diabetes Association, California’s Green Ribbon Science Panel and the World Health Organization. In addition, faculty participate in professional organizations, sit on local, state and national boards and provide consultation to community partners.

The program considers student involvement in service activities to be vital to professional development and the cultivation of values that guide public health work. The student-run Public Health Association is an organization of primarily undergraduate public health students that plans and conducts service events
such as Public Health Week, Omega 3 Awareness Day, Sexual Assault Awareness Week and Pride Week. In 2012, the Public Health Association will hold a month of campus-wide activities highlighting the 40th anniversary of the Clean Water Act. Engineers without Borders and Students at Irvine Public Health Emergency Response Surveillance (SIPHERS), a group sponsored by the Orange County Health Care Agency, provide service opportunities for students. Furthermore, the program has established a formal agreement with the Center for Studies and Community Empowerment at the Fundacion Neotropica de Costa Rica, at which students can participate in the implementation of emergency response systems.

3.3 Workforce Development.

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

This criterion is met. The program provides workforce development opportunities through two principal means: 1) enrollment in undergraduate public health courses by any non-matriculated individual through the university’s Office of Continuing Education, Distance Learning and Summer Session and 2) participation in the university’s OpenCourseWare program, which provides online video-casts of program-sponsored seminars.

During summer sessions, the program teaches introductory and mid-level undergraduate courses, and enrollment is unrestricted. Members of the community – public health practitioners and others – may enroll in these courses. Because the Office of Continuing Education, Distance Learning and Summer Session coordinates enrollments for summer courses, the program has not been able to track the number of participants. The program also offers a twice-monthly graduate seminar about the challenges and opportunities in public health. Community members may attend in person or view the seminar through a webcast. While attendance varies widely, the self-study indicates community interest both in-person (often between two and 10 community members) and online (an average of 50 unique page views for each seminar).

The program does not currently offer certificate programs; however, there is collaboration with another university. As director of the Unit on Research, Education, Training and Career Development, the department chair coordinates the collaboration between UCI and UC San Diego to offer certificate programs. Since 2009, between three and six students enrolled at UC San Diego each year have taken classes on the Irvine campus.

The self-study notes that the course “Public Health Programs for the Corporate World” has been offered through the Office of Continuing Education and has attracted 60 participants from around the state and nation. No data are available about the types of professionals who enrolled. Also, the program is considering developing continuing medical education (CME) credits for a new course, “Disparities in
Health Care,” which is jointly organized by the Diversity Relations and Education Program in the Office of Equal Opportunity, the School of Medicine’s Office of Diversity and Community Engagement and the Diversity in Medicine student group. This course invites health care practitioners to discuss their experiences and 120 students have enrolled from across the campus. While site visitors applaud the development of this course, its ability to attract community-based public health workers was not evident.

While the program is in the early stage of development of the program’s workforce development efforts, its response to the initial site visitor report identifies a plan that is designed to produce professional development activities and is linked to specific stakeholder needs identified in a recently completed needs assessment. As the plan is implemented, the activities should be tracked and attendance taken so that the program has a better sense of who is participating.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met with commentary. The faculty complement is clearly defined and able to support the program’s mission, goals and objectives. Within the three MPH emphasis areas, the environmental health and epidemiology tracks have a highly qualified, tenured faculty with backgrounds in the biological sciences, the environmental health sciences, microbiology, biostatistics and epidemiology. The sociocultural diversity and health emphasis has a qualified faculty based on a combination of training and experience.

The program has set four outcome measures to assess the qualifications of its faculty complement. The program aims to have a primary faculty complement that includes 75% of individuals with an academic research doctorate degree and 25% of individuals with a practice-oriented postgraduate degree and a secondary faculty complement that includes 50% of individuals with an academic research doctorate degree and 50% of individuals with a practice-oriented postgraduate degree. These targets have been met. Program leaders said they hope that the value placed on graduate-level training through professional programs (eg, MPH, MD, DrPH, PharmD, DNP) will support the program’s recruitment efforts, particularly among secondary faculty.

The commentary relates to the fact that only one primary faculty member has a terminal degree in the social and behavioral sciences. The other primary faculty listed claim qualification because of their current efforts to conduct research and teach in this emphasis area. Also, the number of primary faculty members with professional degrees in public health is relatively small; however, the program has a significant
number of public health practitioners in the lecturer and instructor series and invites practitioners to serve as guest lecturers in public health courses.

4.2 Faculty Policies and Procedures.

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

This criterion is met. The university’s Academic Personnel Manual is a comprehensive handbook with specific rules for various faculty ranks and policies related to recruitment, appointment, promotion, tenure and faculty evaluation. Faculty development programs include the Postdoctoral Fellowship Program, Career Partners Programs, equity initiatives, the ADVANCE grant and health and welfare programs such as the Housing Mortgage Origination Program. A portion of grants received are returned to faculty for professional development. The faculty competence and performance evaluation process includes external reviewers and faculty voting. The evaluation cycle is two years for untenured faculty and three years for tenured faculty. Several program faculty members have received excellence in teaching awards from the Teaching Learning and Technology Center (TLTC). Documentation of course evaluations by students were provided on site and overall evaluations were quite positive.

4.3 Faculty and Staff Diversity.

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

This criterion is met. The program has processes and procedures in place to promote a diverse faculty and staff complement. The program’s diversity standards are established and evaluated based on the race/ethnicity and gender distributions across the state. The program’s primary faculty includes 28 males (58%) and 22 females with a racial/ethnic makeup of 75% Caucasian, 13% Asian/Pacific Islander, 6% Hispanic/Latino and 6% African American. Diversity is further supported through the program’s secondary faculty and guest lecturers.

The program’s approach to diversity is in accordance with UCI’s Office of Equal Opportunity and Diversity and conforms to federal, state and local anti-discrimination policies. The program also complies with the university president’s statement on nondiscrimination and affirmative action. All faculty members are required to complete an online training about the campus’ diversity programs. In 2001, UCI received a $3.45 million grant from the National Science Foundation to support the implementation of programs demonstrating the campus’ commitment to gender equity and diversity in the professoriate. Under this program, a professor in the public health program was appointed to serve as the equity advisor for the health sciences. The equity advisor must review and approve all recruitment efforts before open positions may be advertised. The entire UC system has implemented austerity measures over the last
three years due to the state’s budget crisis. Despite the limited recruitment opportunities, the program has been reasonably successful at maintaining the diversity of its faculty and staff.

4.4 Student Recruitment and Admissions.

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

This criterion is met with commentary. The program has recruitment and admissions policies and procedures in place to enroll a qualified student body. Recruitment efforts at the graduate level involve graduate school fairs, outreach presentations, informational brochures, the program’s website, social media sites and advertising online and in national journals and newsletters. The program’s graduate student affairs officer attends to student inquiries by phone, e-mail and in person. Inquiries received via Gradschool.com are responded to with a mailed brochure and automated letter from the chair.

The admissions criteria for the MPH degree are based on the minimum requirements for consideration for admission to graduate study at UCI as specified by the Graduate Division with modifications appropriate to the discipline, as approved by the Graduate Council. Applicants must submit GRE scores, Test of English as a Foreign Language (TOEFL) scores for applicants whose primary language is not English, transcripts from all academic institutions attended with proof of successful completion of a baccalaureate degree from a recognized academic institution, a cumulative undergraduate GPA of 3.0 or above and three letters of recommendation.

The graduate student affairs officer coordinates the MPH admissions process, assists applicants and manages the Graduate Application Tracking System. All faculty members participate in the admissions process by reviewing applications online and making recommendations based on the following considerations:

- Final cumulative undergraduate GPA
- Undergraduate coursework, particularly in math and science
- Public health experience, volunteer or paid
- Admission test scores
- Letters of recommendation
- Personal statement and personal history
- Previous education
- Research and other extracurricular experience

For each emphasis area, two faculty members are asked to use their expertise to review each application to determine fit. The entire faculty meets to discuss the applications that were reviewed and to vote on the first round of candidates for admission. Final decisions are subject to the approval of the chair and the graduate advisor. If an applicant does not meet the university’s minimum requirements, such as a 3.0
GPA or the lack of a GRE score, and the program still wishes to admit the student, the program must seek written approval from the graduate dean prior to admitting the student.

The program accepts two categories of undergraduate students (ie, freshman and those transferring from community colleges) through the university’s Office of Admissions. During the spring quarter, the program participates in campus activities such as Discover UCI Week, Public Health Week, Career Week, Campus Honors Day and Celebrate UCI. Newly admitted and prospective students and their families are invited to visit the campus to meet with the counseling staff, attend presentations, explore future careers and advanced degree offerings, tour the campus and learn about housing, financial aid and scholarship opportunities.

The University of California guarantees admission to California residents who rank in the top 9% of California high school students or who rank in the top 9% of their graduating class in a participating high school. All admitted students must have completed a minimum of 15 college-preparatory courses, with at least 11 finished before their senior year of high school. Applicants must also have a 3.0 or better GPA (3.4 for non-residents) in the college-preparatory courses with no grade lower than a C and have taken either the ACT or SAT. Additional admissions criteria for freshmen include evidence of intellectual or creative achievement or substantial public service; special talents, achievements and awards in a particular field, such as visual and performing arts or athletics; and academic accomplishments in light of the applicant’s life experiences and circumstances. The highest priority for admissions is given to California resident junior-level applicants from California community colleges. In addition to the same considerations given to freshmen, the program considers personal accomplishments, potential and the experience of transfer students. The program seeks to create a strong, thoughtful match between the program and the applicant’s academic and career objectives, preparation, talents and skills. After the first round of admissions is complete, the program hosts an open house to actively recruit admitted students who may be considering multiple offers. The chair also writes a letter to each accepted undergraduate student encouraging him or her to enroll in UCI’s public health program.

Data provided in the self-study suggest a strong demand for college-level education in public health, and the program is highly selective in the students it admits. In 2011-2012, 756 prospective students applied to the BA and BS degrees and 125 or 17% were accepted. The program has received more than 100 applications to MPH emphasis areas in each of the last three years. Of the graduate-level applicants, about 10% select environmental health and the remainder is evenly split between epidemiology and sociocultural diversity and health. However, the number of students who choose to enroll is a fairly small percentage of those admitted. The program attributes this small matriculation rate in part to the ability of applicants to attend already-accredited schools and programs. To improve the yield of accepted students who enroll, the program offered financial incentives for meritorious applicants during the 2010-2011
admissions cycle. Program administrators who met with site visitors said they are still perfecting the
timing of acceptances and incentives to appeal to the best applicants. Site visitors noted the substantial
time and effort devoted by faculty and staff to recruitment and the low rates of matriculation.

The commentary relates to recruitment into the environmental health emphasis area. While this emphasis
has an extremely qualified faculty complement, it receives the lowest number of applicants and only four
students have enrolled in the last three years. Faculty are in the process of changing the name of the
emphasis to “global and environmental health” to attract more students; however, interviews with various
constituent groups led site visitors to question the effectiveness of this approach. Global health is a clear
interest for many students and alumni who met with site visitors and each of the emphasis areas would be
appropriate to engage in global health topics. However, students and alumni repeatedly cited the
sociocultural diversity and health emphasis to be a good fit for pursuing their global health interests. More
specific marketing of all the possibilities available to students focusing on environmental health may be
needed in addition to changing the name of the emphasis.

4.5 Student Diversity.

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

This criterion is met. The program establishes and evaluates its standards for student diversity by
comparing the distribution by ethnicity/race and gender of enrolled students with the demographics of
California. Though UCI’s location in Orange County gives it a slightly different diversity mix and higher
percentage of Asian/Pacific Islanders than the state as a whole, the university and the program use the
diversity mix of the state as a comparison given the UC system’s charge to serve all of the people of
California.

The program’s undergraduate applications and admissions are reflective of the range of diversity seen in
other programs on the campus. The program builds on UCI’s outreach to and enrollment of a diverse
population. In 2010, freshmen and transfer students yielded increases in the percentage of under-
represented populations. Despite this success, the program is still striving to increase the enrollment of
minority, out-of-state and foreign students.

Similarly, graduate applications and admissions show a mix of students from diverse racial/ethnic groups.
Between 2009 and 2010, the enrollment of Hispanics/Latinos increased from 0% to 6%. Currently, the
graduate student affairs officer participates in outreach events and recruitment fairs between September
and May. Selection of events and venues are determined, in part, with the goal of obtaining greater
student diversity. The California State University system is often targeted due to its tendency to have
highly diverse groups from which to draw. The program also sends select faculty, staff and students to
national meetings of professional organizations to recruit. The program offers an application fee waiver to need-based students seeking admission, which reduces a barrier to enrollment in graduate school.

The chancellor discussed a new campus-wide recruitment strategy that aims to attract the students most likely to actually enroll. The university has historically focused on the most select applicants and lost them in the highly competitive environment of other universities in the state and around the country. The program also expects its focus on global health issues to attract students.

4.6 Advising and Career Counseling.

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

This criterion is met. The program has clear academic advising processes for undergraduate and MPH students. The MPH Student Handbook provides a clear description of advising services and undergraduate students are made aware of the resources available to them through faculty advisors, course instructors and program staff.

MPH students receive initial enrollment advising in mid-June and an on-campus program orientation session in mid-September before the first quarter of classes begin. Orientation includes such topics as program history and overview, degree requirements, curriculum, faculty and student introductions, examples of student work and library and career services resources.

The graduate student affairs officer and faculty mentors are the two main sources of academic advising for MPH students. Faculty mentors are assigned when students are being recruited into the program and finalized at the beginning of the academic year. The graduate student affairs officer provides information about program requirements, practicum procedures, course selection and degree progress. Faculty mentors advise students about course selection in the emphasis area and practicum site selection. Students must meet individually with the graduate student affairs officer and their faculty mentor at least once per quarter to have their proposed course schedule for the next quarter approved. During the winter and spring quarters, the department chair holds an informal meeting with MPH students to answer questions about the program.

The graduate student affairs officer was described as the “hub” of all advising efforts and students and alumni both spoke of her knowledge of the program, commitment to students and enthusiasm. The accessibility of the faculty and their interest in individual goals and experiences was also noted as a highly valued strength of the program.
Academic advising for undergraduate students is supported by peer advisors and staff counselors in a dedicated suite. Peer advisors see students on a drop-in basis and typically provide guidance about course planning, scheduling and other campus activities that may enhance the student’s overall learning experience. Counselors meet with students by appointment. These meetings are allocated for more challenging issues such as program planning, practicum planning, change of major and degree certification. Counselors also respond to e-mail queries from students and offer group workshops designed to provide advising to target groups to discuss specific topics.

While students are currently satisfied with the availability of faculty and staff, site visitors would encourage the program to begin thinking about more formalized career service offerings given its plans for growth. These services are especially important for undergraduate students who have limited work experience.
Thursday, February 23, 2012

9:00 am  Meeting with Program Administration
Zuzana Bic
Brandon Brown
Lisa Grant Ludwig
Dele Ogunseitan
Elizabeth Eastin
Liza Krassner
Delsa Langford
Sandy Miller
Stephanie Uiga

10:00 am  Break

10:15 am  Meeting with Faculty and Staff about Curricular Issues
Scott Bartell
Zuzana Bic
Brandon Brown
Tim Allen Bruckner
Lisa Grant Ludwig
Cynthia Lakon
Dana Mukamel
Dele Ogunseitan
David Timberlake
Jun Wu
Liza Krassner
Stephanie Leonard
Stephanie Uiga

11:15 am  Break

11:30 am  Meeting with Faculty to Discuss Research and Service
Hans Ulrich Bernard
Bill Cooper
Lisa Grant Ludwig
Frank Meyskens
Michael Montoya
Dele Ogunseitan
Dan Stokols
Lari Wenzel
Guiyan Yan

12:30 pm  Break

12:45 pm  Lunch with Community Partners and Practicum Preceptors
William Bonney
Gwyn Grenrock
Eric Handler
Barry Ross
Shelly Baker
Allison Hickey
Pamela Austin
Curtis Condon
2:00 pm  
**Meeting with Alumni**  
Stacy Condie  
Bernadet Garcia Silva  
Kristina Faeldan  
Mary Mikhail  
Allen Suh  
Sara Wei  
Brian Filadelfia  
Tom Heinz  
Shireen Khalife  
Eric Tom  
Liat Vaisenberg  

3:00 pm  
**Break**  

3:15 pm  
**Meeting with Students**  
Karen Munoz  
Emi Oshima  
Armaan Rowther  
Wendy Yang  
Madeline Grace Antiga  
Morgan Bailey  
Chun Chen  
Anna Chikova  
Laurie Heinrich  
Vincent Kennedy  
Christine Le  
Chunyang Li  
Kareem Sharaf  
Aditi Wahi  
Nriiya Hosamane  

4:15 pm  
**Break**  

4:30 pm  
**Executive Session**  

5:30 pm  
**Adjourn**  

**Friday, February 24, 2012**  

9:00 am  
**Meeting with Institutional Leadership**  
Michael Drake  
Michael Clark  

9:45 am  
**Break**  

10:00 am  
**Executive Session**  

1:30 pm  
**Exit Interview**