

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

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

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## Introduction

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

The University of California, Irvine is a public research university located in Orange County, California. It is one of 10 campuses in the University of California public system of higher education and was founded in 1965. The university enrolls over 33,000 students in 90 undergraduate degree programs, 68 masters and professional degree programs and 50 PhD programs in academic units such as: art, biological sciences, business, education, engineering, humanities, information and computer science, law, social sciences and health sciences. The Susan and Henry Samueli College of Health Sciences houses the School of Medicine, the Sue and Bill Gross School of Nursing, the Department of Pharmaceutical Sciences and the Program in Public Health.

The 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 enrolled its first undergraduate degree students in 2006, and the first MPH cohort matriculated in 2009. The program offers a BS in public health sciences, a BA in public health policy, the MPH in concentrations of environmental health; sociocultural diversity and health; epidemiology; and biostatistics and a PhD in concentrations of global health and disease prevention. The program has plans to transition to a school within the next two to four years.

The public health program has been accredited by CEPH since 2012. During its initial review, the program received a five-year accreditation term. The program submitted a substantive change notice in 2014 to add PhD degrees in two concentrations: global health and disease prevention. The program submitted a substantive change notice in 2017 to add an MPH in biostatistics.

## Characteristics of a Public Health Program

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

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

These characteristics are evident in the University of California, Irvine public health program. The program is located in a regionally accredited university, and the program's students and faculty have the same rights, privileges and status as other similar programs within the university. The program's primary faculty, and the faculty complement as a whole, bring expertise in a variety of disciplinary areas and regularly engage in collaboration across disciplines within the program and across the university. The program encourages the development of core public health values through intellectual curiosity, commitment to ethics and responsible conduct of research, community engagement, respect for health as a fundamental human right, empathy in framing projects and practice inclusion. The program has adequate resources and has developed and implemented a systematic process for planning and evaluation of its teaching, research and service activities.

## 1.0 THE PUBLIC HEALTH PROGRAM.

### 1.1 Mission.

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

This criterion is met. The program has a clear and publicly stated mission that is supported by appropriate goals, objectives and values. The program's mission is to "Create, integrate and disseminate population and community-based knowledge to promote health and reduce the societal burden of human disease and disability through excellence in research, education, and public service." Six value statements guide the public health program.

Four goal statements for achieving the program's mission are aligned with the strategic plan of the university. There is one goal each for research, education, service and strategic growth. Each goal has six to nine objectives by which the program measures its progress. There is a clear and logical relationship between the program's mission, values and goals and those of the university. The strategic plan framework includes a five-year plan, updated annually, as well as one-year short-term plans.

The program developed its guiding statements in 2008 and revisited them in preparation for initial accreditation in 2012. Faculty, staff, students, members of the public health workforce and data from the local Orange County health assessment provided input into the statements. Faculty, staff and students have continuing opportunities to weigh in on identity statements through various avenues, such as faculty meetings, student forums and annual strategic planning meetings. Guiding statements are widely available on the program website and distributed to stakeholders through a variety of methods, such as student orientation materials and External Advisory Board meetings. In addition, they can be found on display throughout the program's physical space.

### 1.2 Evaluation and Planning.

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

This criterion is met. The program has a clear and participatory evaluation system that has opportunities for faculty, staff, student and external stakeholder input. The evaluation system includes the collection and review of progress toward program objectives through a myriad of processes.

The data on progress toward each of the objectives are monitored by the program's committees. Committees focus on objectives related to their charge. The Research, Facilities and Library Resources

Committee is responsible for assessing progress toward the research objectives by reviewing faculty and student grant portfolios and quality and quantity of faculty publications. The Curriculum Committee and Committee on Student Admissions, Performance, Standards and Welfare are jointly responsible for the tracking of the education-related objectives. The Committee on Faculty Affairs is responsible for evaluating the service-related objectives that hold the program accountable for faculty service to the community, university and profession. This committee also reviews progress toward the student-related service objective.

Stakeholders receive committee summary reports for decision making and action. Faculty, staff and student representatives are able to discuss, develop action plans and make recommendations related to various program objectives during dedicated monthly faculty meetings. In addition, the External Advisory Board members contribute to the evaluation process by reviewing data and providing input during their annual meeting. Program-level decisions are advanced for higher-level review and approval, if necessary.

The program monitors nine research objectives, eight education objectives, eight service objectives and six strategic growth objectives. Over the past three-year period, the program has exceeded or far exceeded its targets for most objectives.

The self-study document was developed with significant faculty and staff engagement. Other stakeholders who met with the site visit team did not report any direct involvement in the self-study process, but did have an opportunity to review the document after it was finished. Site visitors heard resounding support for the program's responsiveness to stakeholder input. Students, alumni and External Advisory Board members were able to provide multiple examples of situations in which they provided suggestions for improvement and witnessed rapid responses by the program. Alumni described an example from when they were enrolled in the program: they had noticed that internship opportunities were asking for specific data analysis software skills that they did not have. Students approached program leaders; by the next semester, a faculty member had developed a course on STATA, and students were able to take the course before they graduated from the program. Preceptors who met with site visitors also discussed how their projects and organizations benefitted from this additional data analysis software training.

### **1.3 Institutional Environment.**

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

This criterion is met. The university is accredited by the Senior Commission of the Western Association of Schools and Colleges. The University of California, Irvine is one of 10 campuses in the University of California system and was founded in 1965. The university offers 90 undergraduate degree programs, 68 masters and professional degree programs and 50 PhD degree programs. The university offers accredited

degrees in areas such as engineering, law, chemistry, counseling, business, nursing, education, computer science, medicine and urban planning.

The president is the University of California system's chief executive and has responsibility for the operation of all campuses in the state in conformity with the purposes and policies determined by the Board of Regents. All public health program faculty and staff are accountable to the chair of the program, who reports to the vice chancellor in the College of Health Sciences. The vice chancellor reports through the provost and executive vice chancellor of the university, who is accountable to the chancellor of the university. Each UC chancellor reports to the president of the university system.

The budgetary process at the university is driven by the Budget Office, which determines the campus operating and capital budgets. The campus uses a set formula in distributing indirect costs, student fees and other budgeted resources to academic units. The annual budget is communicated directly to the program by the Office of the Provost and Executive Vice Chancellor. The program's resources are estimated based on student enrollment, faculty FTEs and staff allocations. The program returns an average of 30% of overhead costs associated with extramural grants to faculty. Funds generated from the MPH program professional fee go directly to support MPH students and the graduate programs.

New faculty lines are ultimately determined by the provost. The main source of recruitment is through one of the hiring initiatives run by the provost's office. The program has successfully gained an award to recruit two positions under the high-impact faculty recruitment initiative. The program is also recruiting a new faculty member under the mid-career faculty initiative. Recruitment is carried out using campus-wide regulations and guidelines.

The program is involved in the review of faculty for merits and promotion. The faculty review process starts with an ad hoc committee of faculty colleagues, appointed by the chair, which drafts a recommendation. The recommendation is discussed and voted on by all faculty members and then presented to the department chair. The department chair makes his or her own recommendation to the provost and the Council on Academic Personnel. This is a shared governance process that allows full engagement of program faculty to review each other. One junior faculty member stated to site visitors that it is helpful to serve on committees for other faculty because now she has a clearer understanding of what is expected for her own merit and promotion review.

The program's Curriculum Committee is responsible for overseeing and reviewing the curriculum and making recommendations for discussion and approval. Program faculty are also able to initiate proposals to modify the curriculum. Changes in curriculum that result in changes to the university catalog must be approved by the Academic Senate's Graduate Council and the Council on Education Policy.

University-level academic leaders' commitment to the growth of the program and transition to a school was evident during on-site discussions. The site visit team was impressed with the level of enthusiasm expressed by the provost, vice chancellor, associate vice chancellor of academic affairs and associate vice chancellor of administration toward expanding the reach of public health on campus and increasing the visibility of the discipline on campus. University leaders have set a timeline of two to four years to transition to a school and plan to begin a search for a founding dean within the next two months.

#### **1.4 Organization and Administration.**

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

This criterion is met. The program provides an organizational setting conducive to public health learning, research and service. The department chair reports directly to the vice chancellor of health affairs. The department is the primary reporting unit of all public health program faculty, and the unit is responsible for ensuring effective teaching, research and service. The directors of the bachelor's, MPH and PhD programs report to the department chair.

The program's location in the College of Health Sciences fosters interdisciplinary communication, collaboration and cooperation. Program faculty work collaboratively with faculty from the schools of medicine, nursing, pharmaceutical sciences and other academic units who are appointed without salary to the public health program.

The program's research and service activities demonstrate rich interdisciplinary collaboration, which benefit students and faculty. For example, the international public health class offered each summer allows students to conduct a community needs assessments and work collaboratively with non-governmental organizations in Bali, Argentina and Chile.

During the site visit, reviewers learned of the regular collaboration among faculty across campus programs and within the University of California system. The program also draws faculty from diverse disciplinary backgrounds, which creates an active learning environment for students. Community stakeholders, alumni and students stated that the program's success is due to the dedication and commitment of its faculty and staff.

## 1.5 Governance.

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

This criterion is met. The program has a well-defined governance structure that supports faculty, student and external constituent involvement in decision making. The program has five standing committees that give program stakeholders formal opportunities to contribute to curriculum development, student admissions and welfare, faculty affairs and research.

The Curriculum Committee is chaired by a primary faculty member and consists of six faculty members, student advising officers and student representatives. Faculty represent all three degree-level offerings as well as different concentrations. The Curriculum Committee reviews and oversees curricular issues and makes recommendations where appropriate. This committee meets monthly and more frequently during the fall quarter.

The Committee on Student Admissions, Performance, Standards and Welfare includes the director of the undergraduate program, the MPH graduate program director, the PhD graduate program director, student representatives and staff members from the student advising office. Members serve five-year terms. The committee reviews and provides recommendations on all matters relating to the admission of students into the public health majors. The committee also makes recommendations on minimum standards for students to remain in good standing, probation, contracts, dismissals and student appeals.

The Committee on Faculty Affairs comprises one tenured professor, one pre-tenure professor, one member of the lecturer series and an administrative staff member responsible for academic personnel. This committee reviews and makes recommendations to the faculty on affairs related to recruitment, retention, recognition and advancement for faculty in the professorial series and in the lecturer series. The committee also ensures that all faculty searches are conducted according to university policies, deserving faculty are recognized for teaching and service and that concerns related to retention and advancement are addressed in a timely manner. Members are appointed on an ad hoc basis.

The Committee on Research, Facilities and Library Resources is composed of four faculty members including at least one tenured member and staff members that represent academic affairs, facilities and academic personnel. The committee makes recommendations on resources that include research, teaching, libraries and facilities. The committee also solicits proposals for funding of small grants to the program faculty.

The External Advisory Board includes individuals who represent professionals in the public health community. Seven members are appointed for two-year terms, and positions are renewable. The board provides input about academic, administrative and community activities. The board identifies public health priorities in research, education and service; articulates skills and knowledge required of public health training at the various degree levels; identifies approaches to evaluating the program; communicates career opportunities for graduates and shares opportunities for faculty and student involvement in the community. Representatives from the External Advisory Board expressed how receptive leaders are to feedback that helps the program better serve students and the community.

Public health students participate in the Public Health Association, which is a student-run organization. Graduate students elect two representatives, one from the MPH program and one from the PhD program. Undergraduates also appoint a student representative. These elected representatives are expected to attend all monthly faculty meetings and participate in discussions. Every year, a graduate student representative is elected to represent public health in the Graduate Student Association at the university. Students also described to site visitors the ability of any students to approach a student representative, who takes feedback to the program and presents it to faculty. In the past, this method of communication has resulted in changes to course offerings.

#### **1.6 Fiscal Resources.**

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

This criterion is met. The program has adequate financial resources to meet its mission, goals and objectives. The University of California, Irvine is a publicly funded state institution. Funds flow from the state legislature to the university and are allocated from the Office of the Provost to the executive vice chancellor to the program. The program receives an annual base budget to cover faculty and staff salaries and benefits. Operating expenses are funded through supplements to the base budget that are based on student enrollment and faculty teaching loads.

Over the past five years, approximately 60%-70% of the program's annual income was derived from the state allocation. The remaining income was generated by MPH student tuition and fees, summer and online course tuition, gifts and indirect cost recovery. The current indirect cost formula provides for 83% to be retained by the university and 17% to be returned to the principal investigator's program. The public health program elects to reserve 70% of its share to cover research expenditures, and 30% flows back to the principal investigator to further his or her research agenda. The program's budget for the last five fiscal years is shown in Table 1.

The program budget covers faculty and staff salaries and benefits, student support and operational expenses. The program is able to fully support doctoral students for five years and provides financial aid of various kinds to MPH students as well. The program also covers students' costs for the Certified in Public Health examination, American Public Health Association memberships and conference travel. Many students lauded the program for the resources it provides, and some even chose to attend this program because of its generous support packages.

<b>Sources of Funds</b>	<b>FY 2012-13</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>
<b>University/State Support</b>	\$2,678,889	\$2,599,669	\$3,056,510	\$3,495,043	\$3,949,527
<b>Departmental Tuition &amp; Fees</b>	\$245,593	\$199,235	\$391,546	\$447,158	\$579,966
<b>Unrestricted Funds*</b>	\$616,373	\$922,770	\$1,227,176	\$1,658,317	\$1,949,204
<b>Indirect Cost Recovery</b>	\$89,112	\$103,802	\$117,806	\$110,664	\$111,270
<b>Gifts</b>	\$36,316	\$59,990	\$81,126	\$80,394	\$80,725
<b>Total</b>	<b>\$3,666,284</b>	<b>\$3,885,466</b>	<b>\$4,874,164</b>	<b>\$5,791,575</b>	<b>\$6,670,691</b>
<b>Expenditures</b>					
<b>Salaries - Academic</b>	\$1,138,181	\$1,365,637	\$1,736,710	\$1,942,405	\$2,261,279
<b>Salaries - Staff</b>	\$472,216	\$504,910	\$635,470	\$756,916	\$626,496
<b>Salaries - Part-Time/Non-Perm**</b>	\$462,031	\$473,570	\$300,385	\$374,173	\$530,610
<b>Employee Benefits</b>	\$694,563	\$815,049	\$926,687	\$1,071,398	\$1,146,544
<b>Operations Expenses</b>	\$259,588	\$248,749	\$320,774	\$386,640	\$413,746
<b>Total</b>	<b>\$3,026,580</b>	<b>\$3,407,916</b>	<b>\$3,920,027</b>	<b>\$4,531,532</b>	<b>\$4,978,675</b>
<b>Funds less Expenditures (Net)</b>	<b>\$639,704</b>	<b>\$477,551</b>	<b>\$954,137</b>	<b>\$1,260,044</b>	<b>\$1,692,016</b>

\* Includes departmental income from teaching during the summer session; income from teaching online system-wide courses; temporary allocations provided according to the campus formula recognizing workload in undergraduate instruction; and a small portion of professional degree supplemental tuition from the MPH program.

\*\* Includes lecturers hired per course (Unit 18); student teaching assistants; and administrative staff without permanent budget salary allocations. Allocation to students varies annually. In general, PhD students receive annual stipends of \$24,000 and funding for tuition and fees (approximately \$17,000 annually) for five years. The support is provided through teaching assistantships, graduate student researcher appointments and fellowships. MPH students receive a summer stipend of \$2,000-\$4,000; they also qualify for financial assistance in the form of teaching assistantships, fellowships and stipends.

The program monitors one objective related to its fiscal resources, which is to operate within budget. During the past five years, the program has operated with a sizable surplus ranging from approximately \$0.5 million in FY 2013-14 to \$1.7 million in the most recent budget cycle.

## 1.7 Faculty and Other Resources.

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

This criterion is met. The program has sufficient faculty, staff, physical facilities, computing hardware and software, library holdings and field training sites to meet its current needs.

The program has 20 primary faculty across four MPH concentrations with three assigned to biostatistics, six to environmental health, four to epidemiology and seven to sociocultural diversity and health. All primary faculty are involved in undergraduate teaching, and 18 of the 20 are also assigned to teach in the PhD program (11 to the disease prevention concentration and seven to global health).

Over the past three academic years, the MPH and PhD cohorts have been very small, which allowed for favorable student-faculty ratios (SFR). In AY 2016-17, the SFR for the MPH was 0.36:1 in environmental health, 2.5:1 in sociocultural diversity and health and 3.1:1 in epidemiology. Similarly, the PhD SFR was 2:1 in disease prevention and 2:1 in global health. In the most recent academic year, the undergraduate SFR was 48:1. The program provided data during the site visit that documented that the undergraduate public health SFR is comparable to other programs on campus, such as pharmaceutical sciences (50:1) and biological sciences (32:1).

In addition to the primary faculty, the program maintains a sizable secondary faculty complement currently numbering 40, with six assigned to the bachelor's, 23 to the MPH and 11 to the PhD program. The program is also adequately supported by a 14-member staff, five of whom are devoted to student affairs functions.

The program maintains space in three university buildings. The main program presence is in the Anteater Instructional and Research Building (AIRB). AIRB houses student, staff and faculty office space, as well as a computer laboratory. More faculty laboratory space is located within Social Ecology-II and Hewitt Hall. Social Ecology-II also houses additional faculty and student office space. At present, classroom space at the university is by "general assignment," and the program does not own space. However, the site visit team was able to confirm that the program can accommodate its needs through the university process.

Computing equipment and library access are adequate. Faculty and staff are assigned desktop computers. Students are able to access computer laboratories in the public health shared student space in the AIRB building and at two campus sites, and they will soon have additional access in Social Ecology-II. Faculty, staff and students can access the public health literature through the campus libraries and online. The public health program has a library liaison to whom faculty, staff and students can go for information and support. Program students at all three degree levels said that they were extremely satisfied with the resources that the program makes available to them.

The program assesses adequacy of its resources through measurable objectives in the categories of personnel, operations and facilities. The program has met or exceeded its objectives related to personnel over the last three years. Measures include a headcount of at least 18 primary faculty members, a maximum undergraduate SFR of 70:1, a maximum graduate SFR of 10:1 and an administrative staff headcount of at least 14. The program has greatly exceeded its operational target of \$2.86 million dollars in state appropriations and has exceeded the 15% target of a carry-forward balance in the last two years. Lastly, the program has surpassed its facility target of 1000 square feet of physical space for the last three years.

### **1.8 Diversity.**

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

This criterion is met. Diversity is a discernable strength of the program and university. The program demonstrates a commitment to diversity and cultural competence in learning, research and service practices.

The university embraces diversity, and its definition includes differences in race, ethnicity, gender, gender identity, religion, sexual orientation, age, socioeconomic status, abilities and experience.

The university is a minority-serving institution, with designation as an Asian American and Native American/Pacific Islander-serving institution and as a Hispanic-serving institution. These federal designations align with the university's aspiration to be a national leader and global model of inclusive excellence. Faculty, staff and students are eligible to apply for minority-serving institution grants, internships and partnerships.

The Office of Inclusive Excellence oversees the university's commitment to equity, diversity and inclusion efforts and provides campus accountability where all faculty, graduate and undergraduate students expect equity, support diversity and practice inclusion. The program adheres to the university's Diversity Statement, which outlines the university's approach for embracing and enhancing diversity. It is consistent with the California Regents 2010 policy on diversity.

The university offers ongoing training and education and robust programs that promote diversity and inclusion. Examples include the Advisory Council on Campus Climate, Culture and Inclusion; faculty and staff diversity affinity groups; Center for Educational Partnerships; ADVANCE program; diversity opportunities database; Diverse Educational Community and Doctoral Experience (DECADE) program; and Partnership for Adaptation, Implementation and Dissemination (PAID) program.

In alignment with the demographic profile of California, the program identifies the following student populations as underrepresented: Hispanic/Latino, Black/African American and first-generation undergraduate students. The program identifies the following populations as underrepresented for faculty and staff: Hispanic/Latino, female and non-white. The program has met most of its targets tied to achieving a diverse complement of faculty, staff and students. In the most recent year, roughly 63% of faculty are female, exceeding the program's target of 50%. In 2015 and 2016, 57% of the undergraduate students were first-generation students, exceeding the program's target of 20%. However, the program's percentage of Hispanic/Latino faculty has remained at approximately 5% over the past three years, below the program's stated target of 20%.

The program complies with university policies and procedures that support a climate free of harassment and discrimination and values diversity in race/ethnicity, gender, sexual orientation, physical ability, socioeconomic groups and other areas. Protocols are in place for any student, faculty member or staff to report an incident of bias. Community representatives who met with the site visit team acknowledged that the program is very conscious of diversity and related needs and responsibilities. Academic leaders of the university stated that diversity and inclusion are important and taken seriously at the university.

The program seeks to recruit and hire faculty and staff with the skills and abilities necessary to accomplish its mission. DECADE faculty members at the program level meet with admissions committees and recommend best practices for holistic review of applicants. ADVANCE equity advisors also play an important role. They meet with faculty search committees and ensure that the applicant pool reflects the ethnic and gender availability of the national pool and ensures equity across applicants.

## **2.0 INSTRUCTIONAL PROGRAMS.**

### **2.1 Degree Offerings.**

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

This criterion is met. The program offers two bachelor's degrees, four MPH degrees, two PhD degrees and three joint degrees, as shown in Table 2. The program offers appropriate curricula for each degree and concentration offered.

<b>Table 2. Degrees Offered</b>		
	<b>Academic</b>	<b>Professional</b>
<b>Bachelor's Degrees</b>		
Public Health Policy		BA
Public Health Science		BS
<b>Master's Degrees</b>		
Environmental Health		MPH
Epidemiology		MPH
Sociocultural Diversity and Health		MPH
Biostatistics		MPH
<b>Doctoral Degrees</b>		
Global Health	PhD	
Disease Prevention	PhD	
<b>Joint Degrees</b>		
Medicine		MD/MPH
Law	JD/PhD	JD/MPH

Students enrolled in the MPH in environmental health take courses in areas such as toxicology, GIS for public health, human exposure modeling and environmental modeling and risk management. MPH students in epidemiology complete advanced coursework in epidemiological methods, social epidemiology, demographic analysis, surveillance systems and infectious disease epidemiology. Additional required courses for the MPH in sociocultural diversity and health address social epidemiology, health policy and management, health communication, health promotion, program evaluation, fundamentals of maternal and child health and health status and care disparities. The MPH in biostatistics requires additional courses in probability and statistics, statistical methods for data analyses and a graduate seminar in statistics.

### **2.2 Program Length.**

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

This criterion is met. The MPH degree requires at least 60 quarter-credit hours, and the MPH in biostatistics requires at least 63 quarter credits. The program has not awarded any degrees for fewer than 56 quarter credits in the last three years. One quarter credit equals three hours of work per week for 10-week courses. Courses in the MPH curriculum are four quarter credits.

### **2.3 Public Health Core Knowledge.**

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

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

The learning objectives listed on core course syllabi are appropriate in each area for students to learn skills important for understanding and engaging in the broad practice of public health.

<b>Core Knowledge Area</b>	<b>Course Number &amp; Title</b>	<b>Credits</b>
Biostatistics	PH 207A: Probability and Statistics in Public Health	4
Epidemiology	PH 206: Graduate Epidemiology in Public Health	4
Social & Behavioral Sciences	PH 244: Health Behavior Theory	4
Environmental Health Sciences	PH 264: Introduction to Environmental Health Science	4
Health Services Administration	PH 222: Health Policy and Management	4

### **2.4 Practical Skills.**

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

This criterion is met. All students are required to complete 240 hours of a planned, supervised and competency-based public health field experience, which comprises four quarter-credit units of an eight quarter-credit course (PH 295: Graduate Practicum and Culminating Experience in Public Health). Waivers are not permitted for the public health practicum.

The practicum provides students with direct, hands-on public health experience after successful completion of the five required core courses and comprehensive exam. Moreover, it is intended to provide meaningful opportunities to apply public health knowledge gained through academic coursework in a professional public health setting. The graduate practicum and culminating experience handbook outlines policies and procedures for the practicum.

The practicum coordinator, along with faculty advisors, is available to assist students in identifying a practice site and preceptor. Students may complete their practicum from an online listing of 54 approved host sites or identify a new site. The program has relationships with the county health department, community-based organizations, non-profit organizations and other organizations that serve underrepresented and underserved populations. Examples of previous practicum sites include the Orange County Health Care Agency, American Heart Association, St. Jude Medical Center, Hoag Hospital and Psychology Beyond Borders.

Preceptors provide on-site supervision and real-time evaluation of students. Students collaborate with faculty advisors to develop a practicum proposal. The faculty advisor and qualified preceptor approve the practicum. Preceptors must have a professional degree in public health, advanced degree in a health-related discipline and/or have at least two years of experience at a public health agency that has hosted interns. The practicum coordinator orients preceptors on practicum requirements and conducts site visits to assess student progress and the appropriateness of the learning environment.

During the practicum, students are required to write and submit a report describing the practicum activities and outcome of the project with information on the integration of public health competencies. Students also participate in a departmental poster presentation session on their project and overall experience. Preceptors complete an evaluation of the student's practicum experience and validate the student's contact hours. Students also evaluate the practicum site and preceptor.

Site visitors determined that the practicum is a strength of the program. Preceptors who met with site visitors said that they were aware of the program's requirements and the expectations of a site and preceptor. Preceptors stated that they felt well supported and were satisfied with the quality of students' public health skills and ability to contribute to their organizations. Several preceptors acknowledged that they routinely hire students from their practicum projects. Alumni said that the practicum provided valuable, practical experience to adequately prepare them for careers in public health.

### **2.5 Culminating Experience.**

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

This criterion is met. The MPH program requires a multi-component culminating experience that allows students to demonstrate their ability to integrate what they have learned throughout the curriculum.

Students must successfully complete an external assessment, the Certified in Public Health (CPH) examination, and an internal take-home comprehensive essay examination to advance to degree candidacy. Students then draw from their practical experience and complete a project proposal, write a report and present a poster of the project demonstrating the competencies attained through the culminating experience.

The culminating experience comprises the other four quarter-credit units of PH 295: Graduate Practicum and Culminating Experience in Public Health, as previously mentioned in Criterion 2.4. Students are assigned an overall grade of satisfactory/unsatisfactory by the faculty mentor in PH 295. All of the culminating experience products that document student accomplishments throughout the program are compiled in an electronic portfolio. The site visit team reviewed student examples of written reports, which showed evidence of graduate-level public health competencies.

## 2.6 Required Competencies.

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

This criterion is met. The two undergraduate degrees have a set of six core competencies that all students must demonstrate. Students are required to demonstrate skills such as “assess health conditions of populations,” “analyze patterns of disease,” “apply knowledge of behavioral risk factors” and “apply critical thinking skills to communicate public health research.” The program has a set of eight core competencies that all MPH students are required to demonstrate. These eight competencies require students to apply theory, analyze population health and evaluate public health reports. All students in the PhD programs must demonstrate seven core competencies. These competencies are written at a level expected for doctoral degree students and include conceptualizing a research proposal along with research-intensive skills. All MPH and PhD concentrations have distinct sets of competencies.

The current set of program competencies are a result of a recent 2016-17 revision. Graduate competencies were originally developed and reviewed by public health experts in 2009. In 2016, faculty, with consultation from preceptors, community members, the External Advisory Board and students, compared the list of competencies to the recommendations of ASPPH, APHA and other national public health agencies. A new condensed list of competencies representing the public health practice areas of assessment, intervention and communication was developed and approved during faculty meetings in 2016-17.

Undergraduate students are made aware of program competencies during their initial quarter of enrollment through two courses: PH 200: Foundations of Public Health and PH 291: Undergraduate Seminar in Public Health. Competencies are also published on the program's website, and students must restate competencies for their electronic portfolios. Site visitors asked students on site whether they were familiar with program competencies; graduate students stated that they were aware of competencies, but undergraduate students appeared to confuse competencies with required courses.

## 2.7 Assessment Procedures.

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

This criterion is partially met. The program assesses undergraduate student attainment of competencies through coursework and the capstone. Undergraduate students must earn a C or better in the capstone course to receive credit and must maintain a GPA of 2.0 (on a 4.0 scale) to remain in good standing. MPH

students demonstrate their attainment of competencies through successful completion of coursework, performance on the CPH exam, participation in the practicum and through self-assessments. MPH students must pass courses with a B or better and must maintain a 3.0 GPA to remain in good standing. PhD students show mastery of competencies through coursework, the oral defense of an original research proposal and by submitting and defending a written dissertation. PhD students must earn a B or better in each required courses during the first two years of study.

The undergraduate degree completion rate has met or exceeded the CEPH threshold in recent years. The typical time to graduation for students in the bachelor's programs is four years; however, the program allows up to six years. Reviewers adjusted graduation rates to also include transfer students. The 2011-12 cohort had an 83% graduation rate, and the 2012-13 cohort had a 78% graduation rate. The 2013-14, 2014-15 and 2015-16 cohorts have attrition rates of 12%, 15% and 15%, respectively. They appear to be on track to graduate at least 70% of students in the maximum allowable time.

Students enrolled in the MPH degree also meet or exceed the CEPH threshold for graduation rates. The program states that the typical time to complete the MPH program is two years, but the program allows a maximum time of three years. Based on additional documentation provided on site, the 2014-15 MPH cohort had a degree completion rate of 89%, and the 2015-16 cohort had a completion rate of 84%. At the time of the site visit, the 2016-17 cohort had recorded only one student withdrawal.

The two PhD degrees did not enroll their first cohorts until fall 2013, and students are allowed six years to complete the degree. The 2013-14 cohort has not graduated any students yet, and the 2014-15 cohort graduated one student from the disease prevention concentration in the most recent academic year. No other cohorts have graduated students, nor have students withdrawn from the PhD program.

The BA in public health policy had 33% of its graduates actively seeking employment one year after graduation in 2013-14. The rate improved to 0% of graduates actively seeking employment in 2014-15, but in 2015-16 increased to 24% of graduates actively seeking employment one year after graduation. The BS in public health sciences has shown better rates with 90% and 100% of its graduates employed or continuing education in 2013-14 and 2014-15, respectively. However, about 23% of graduates were actively seeking employment in 2015-16. On-site discussions indicated that the program has difficulty tracking students after graduation because students stop using their university email address. Taken together, the two degree programs are minimally compliant with this criterion's requirement that 20% or fewer of graduates are still seeking employment one year after graduation.

Graduates of the MPH program have success finding employment or continuing education after graduation. Graduates of the 2013-14, 2014-15 and 2015-16 cohorts are either employed or continuing education at

rates of 88%, 87% and 90%, respectively. The first PhD student to graduate from the program was in academic year 2016-17; therefore, there is no information available yet for this student's post-graduation outcome.

The program administers both exit and alumni surveys to undergraduate and graduate students. The most recent undergraduate survey was sent to undergraduate alumni who graduated in fall 2016 and winter 2017. Over 88% of undergraduate alumni responded that their degree prepared them for the workplace. Only 64% of graduates responded that the degree requirements and competencies were relevant to their professional goals. However, both undergraduate and graduate alumni who met with site visitors stated that they felt well-prepared for the workforce and attributed their professional success to the skills that were developed in the program. One alumni even stated that she was able to easily translate the skills taught in class to her current position at a healthcare facility.

The concern is the lack of data from employers regarding the ability of program graduates to perform competencies in an employment setting. The program has not collected data from employers regarding perceptions of graduates' performance in the workplace. The program has consulted with the External Advisory Board about approaches and methods that can be used with employers to evaluate graduates' ability to perform in the workplace. Employer perceptions is an essential component of the assessment process as well as a means to gather external stakeholder input.

All MPH students are required to sit for the Certified in Public Health (CPH) exam as part of the culminating experience. To date, 100% of students who have taken the CPH exam have passed.

## **2.8 Bachelor's Degrees in Public Health.**

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

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

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

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

**Capstone Experience:** students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg,

**graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.**

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

This criterion is met. The program offers a BS in public health sciences and a BA in public health policy, as discussed in Criterion 2.1. In addition to fulfilling the university's general education requirements, public health bachelor's students take three public health courses that satisfy three of the degree's core competencies. These courses are PH 1: Principles of Public Health, PH 2: Case Studies in Public Health and PH 101: Introduction to Epidemiology.

Students in the BA in public health policy must also complete courses in health policy, health behavior theory and an upper-level writing, practicum and culminating course. These students can choose up to seven elective courses in topics such as econometrics, introduction to management information systems, US healthcare systems, urban inequality, public policy analysis, medical anthropology, HIV/AIDS in a global context, health psychology, human stress, social epidemiology and war and public health.

Students enrolled in the BS in public health sciences must complete two biological sciences courses and the upper-level writing, practicum and culminating course in addition to the three core public health courses. Students can choose up to five elective courses in topics such as development and disease, microbial genetics, medical anthropology, ethics and responsible conduct of research in public health, population dynamics, environmental ethics, public health law, infectious disease dynamics, GIS for public health, biology of cancer and public health and wellness.

Bachelor's degree students must complete 100 hours at a public health agency and produce three sets of writing projects to satisfy the capstone experience. Students must gain hands-on experience in the practicum and integrate their practice experience with didactic instruction to produce three research documents. Student competence is demonstrated through

- A 750-word op-ed article written to communicate a particular aspect of the topic from their practice experience to a general audience
- A 1,500-word scholarly review article regarding the same topic area as the op-ed that assesses the state of knowledge including identification of any knowledge gaps
- A 4,000-word proposal to solve the public health problem identified in the previous writing assignments. Students are expected to integrate knowledge acquired throughout their curriculum in this culminating experience
- The submission and presentation of a formal 10-minute PowerPoint presentation to an audience
- A final evaluation completed by the intern, site preceptor and faculty advisor

While many support services are available to undergraduate students at the university, the program also has specific resources dedicated to its students' needs. The program provides the top 10% of undergraduate students full APHA membership and travel expenses to the annual conference each year. The university's Career Center has a public health career advisor who supports students in their efforts to explore careers, create resumes, write cover letters, create LinkedIn profiles, practice mock interviews, identify internships and jobs and complete admission applications to graduate or professional school.

## **2.9 Academic Degrees.**

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

This criterion is met. The program offers two academic degrees: a PhD in disease prevention and a PhD in global health.

All PhD students receive a broad introduction to public health through core courses in epidemiology, biostatistics, geographic information systems, qualitative research methods, ethics, proposal writing, research communication and research design. Students also take concentration-specific courses with additional elective courses on risk factors and vulnerable populations.

The culminating experience for doctoral students is a written dissertation and defense evaluated by a student-selected dissertation committee comprised of at least three Academic Senate faculty members.

## **2.10 Doctoral Degrees.**

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

This criterion is met. The first cohort of PhD students entered in fall 2013. Since inception, 23 students have enrolled in the doctoral degree program, and one student has graduated.

All doctoral students are guaranteed five years of financial support to cover tuition and fees, health insurance and a living stipend. Doctoral students provide service as teaching or research assistants. Students receive mentoring from their assigned faculty advisors and expressed their satisfaction to site visitors with the advising and support that they receive from their advisors, other faculty and the quarterly meetings with the doctoral program director.

The doctoral curriculum requires a minimum of 88 quarter-credits comprising public health methods, ethics and writing courses that all students take as a foundation. Students then enroll in four concentration-specific courses and select four courses from a list of options that address public health risk factors and/or vulnerable populations. After advancement to candidacy, students are required to complete at least

12 credits of dissertation research. Doctoral students submit and defend their dissertation for final awarding of the PhD degree.

### **2.11 Joint Degrees.**

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

This criterion is met. The program offers three dual degrees: an MD/MPH, JD/MPH and JD/PhD. To pursue a dual degree, prospective students must apply to each program separately. Dual degree students must take all of the required courses for the MPH degree, including the practicum and culminating experience. Students in the MD/MPH dual degree program are able to earn their MPH in environmental health, epidemiology or sociocultural diversity and health.

The JD/MPH and JD/PhD degrees were approved in spring 2017. These joint degrees are established with the School of Law for individuals who are seeking careers in public health law. No special concessions are given to students in the dual degree programs with the School of Law, and all course requirements for the MPH and PhD degrees in public health must be fulfilled. The JD/PhD degree has one student enrolled. The JD/MPH does not have any enrollees yet.

Students receive advising from both the public health program and the respective school that the dual degree is housed in. Faculty described to site visitors that the advising process for dual degree students is done on an individual basis and, due to small cohorts, students are able to receive individualized attention.

### **2.12 Distance Education or Executive Degree Programs.**

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

This criterion is not applicable.

### 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

#### 3.1 Research.

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

This criterion is met with commentary. Research is highly valued by both the university and program. The program's stated research goal is to "conduct research to prevent or control disease and disability, and to develop strategies to mitigate impacts in populations locally, nationally and globally." Faculty research focuses on investigation of risks to public health, characterization of vulnerable populations and engineered or behavior modification strategies for reducing the overlap between risks and vulnerable populations.

Policies and infrastructure conducive to an active research agenda exist at both the campus and program levels. The campus provides support for grant submission and management through its offices on sponsored projects and contracts/grants. The program provides competitive intramural funding that can be used to support research-related costs, such as pilot studies and travel.

The program has an active research portfolio with both primary and secondary faculty engaged in an array of scholarly activities ranging from smaller intramural awards for undergraduate student support to larger extramural R01 and center funding. Selected projects are community-based and have varying degrees of community engagement. The program values and is attempting to increase the proportion of its portfolio that embodies accepted community-based participatory research principles of engagement. Additionally, program faculty engage in research activities with research institutes in the Orange County area, including Orange County Partnerships to Improve Community Health, Latino Assess Health and American Diabetes Association.

Student research engagement varies by degree level. Both undergraduate and graduate students have the option to receive independent study credit for participation in faculty research projects. On site, faculty provided examples of opportunities for student research such as a needs assessment through a long-standing collaboration with the American Diabetes Association, the UCI Institute for Clinical and Translational Sciences and various on-campus student wellness projects conducted through the support of the UCI Student Center.

The program has met or exceeded measurable objectives such as the percent of primary faculty with roles as principal investigator on funded competitive grants; number of research proposals submitted through the program with faculty as a principal investigator; total annual number of publications in peer-reviewed journals; and percent of publications focused on vulnerable populations. Two measures the program has

not met are the total number of students supported as research assistants on grants and the percent of competitive research proposals that are greater than \$250,000.

The commentary relates to the dearth of faculty research projects that provide for student involvement. The program does not meet its own target for support of undergraduate and graduate student research assistants, but program faculty and leaders said that they are committed to creating more opportunities. Doctoral students who met with the site visit team were able to clearly articulate the research opportunities available to them; however, undergraduate and MPH students seemed less aware of ways to be involved.

### **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 integral component of the program. Faculty, staff, students and alumni are engaged at local, state, national and international levels. Faculty serve on advisory boards such as the American Diabetes Association and Environmental Protection Agency; hold leadership positions with organizations; consult with United Nations agencies such as the World Health Organization and World Bank; and serve as reviewers for peer-reviewed journals. Service to the community, profession and university is a component of the promotion and tenure review process.

The program has measurable objectives related to service and has consistently exceeded many of its targets over the past three years. These measures include participation in at least two student-coordinated community events and participation in at least one community engagement project focused on population health and underserved communities.

Students are actively engaged in service and have opportunities to serve in the classroom and community. Students serve communities and organizations through courses, internships and faculty- or student-initiated volunteer activities. Students participate in the Public Health Association, a student-led organization that plans and coordinates campus-wide activities such as Public Health Week; Adopt-a-Family, which supports local families of low socioeconomic status during the holidays; and the undergraduate public health summit. Additionally, students participate in outreach to underserved Latino and Vietnamese communities, engage with organizations such as Planned Parenthood Orange County, collaborate on needle exchange programs and provide support for global malaria control programs.

Students who met with site visitors reported that they are actively engaged in community service projects and that faculty, alumni and community members regularly encourage them to participate in service opportunities. Community representatives who met with site visitors also noted that students are passionate

about community service and that the program produces public health professionals with a willingness to serve.

### **3.3 Workforce Development.**

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

This criterion is partially met. The program provides professional development opportunities through the Division of Continuing Education, Institute of Clinical and Translational Science, University of California's Innovative Learning Technology Initiative, Global Health Institute and continuing medical education fellowships.

The concern relates to the lack of assessment of professional needs and extension of continuing education opportunities beyond the program's own market to the public health workforce. While the program does work with the Orange County Health Improvement Partnership to produce a health improvement plan, this plan is a community health assessment rather than an assessment of current public health workforce needs. Most of the continuing education offerings are through *OpenCourseWare*, which provides recorded videos and webcasts of seminars and MPH courses. Site visitors saw no clear connection between the continuing education offerings and identified needs of the public health workforce.

The program offers an undergraduate certificate in global health. The certificate program includes three global health courses, participation in the global health mentorship program, global health seminar series, global health journal club and completion of a capstone project at the end of the program. Although the certificate program is still relatively new, student enrollment has been low. In 2014-15, one student completed the program, and two students, respectively, completed the program in 2015-16 and 2016-17.

During the site visit, discussions with program leaders indicated the need to better address public health workforce needs. Additionally, one External Advisory Board member suggested that the board would be a natural place to assess the needs of the public health workforce and foster greater collaboration between the program and the public health community.

## **4.0 FACULTY, STAFF AND STUDENTS.**

### **4.1 Faculty Qualifications.**

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

This criterion is met. The program has a clearly defined primary faculty complement representing a wide variety of academic training and areas of teaching and research expertise. There are 20 primary faculty, all

of whom are doctorally-trained, and 60% of whom hold graduate degrees from CEPH-accredited institutions. The majority, 70%, of the faculty are tenured and hold the ranks of associate or full professor. One of the faculty members is appointed as a lecturer, one as a senior lecturer and the remaining four as tenure-track assistant professors.

The program also maintains a secondary faculty complement that currently numbers 42. Seven of the secondary faculty support the undergraduate program, five with salary support ranging from 33%-100% FTE (corresponding to a workload of one to three courses, respectively). Six of these seven secondary faculty hold doctoral degrees, and the seventh is a recent graduate of the MPH program. All of the secondary faculty assigned to the graduate programs have earned doctorates and represent a wide variety of academic training and experiences. The secondary faculty vary in terms of the nature and quantity of contributions to the program. Some are engaged in teaching, whereas others contribute to the goals of the program by supporting and mentoring students in their research.

The program has identified two objectives against which it measures its success in maintaining a qualified faculty body. Both measures relate to the academic training of the faculty, ie, proportions of primary and secondary faculty with academic research doctorates and proportions with professional degrees. In the most recent year for which data were provided, the program met all targets.

The program exposes students to public health practice perspectives through three major mechanisms. First, faculty invite guest lecturers from local public health agencies to speak to their courses. Second, students are required to attend the Monday Seminar Series where internal as well as external speakers present their public health work. Lastly, the site visit team heard from students that the faculty themselves possess a wealth of real-world practice knowledge gained from previous positions in public health as well as their collaborations with public health partners.

#### **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. Program faculty are governed by the University of California system-wide policies and procedures that are specified in the *Academic Personnel Manual*, a document made available online. The manual presents policies related to appointment, promotion and tenure review. In addition to the manual is a campus-level faculty handbook, *Advancement and Promotion at Irvine*, which was last updated in 2012. The handbook explains promotion and tenure guidelines and provides advice to help faculty successfully navigate the process.

The campus has a detailed process for hiring faculty that is designed to attract a talented, diverse faculty body. Program and university leaders described the procedures for funding and identifying new faculty hires. Faculty lines are allocated to the program primarily based on undergraduate student enrollment. In addition, the program can and has secured additional lines for projected growth needs. Existing faculty are all involved in identifying needs for additional hires. Program faculty, including a designated faculty equity advisor, are involved in each search process.

Public health program faculty serve in tenure-eligible and ranked positions. Faculty are expected to progress through each rank in a stepwise fashion receiving merit increases at each step. Assistant professors are reviewed and reappointed for step increases on a two-year cycle with a tenure and promotion review required in year six or seven. Promotion to associate professor and tenure are linked actions. Faculty must be tenured within eight years. Tenured faculty also advance stepwise within rank, although their reviews are less frequent, which was described to site visitors as three to five years depending on rank and step.

Promotion and tenure reviews are based on contributions in teaching, research and service. Faculty being considered for promotion are first reviewed by their faculty peers with a vote of all faculty being required for advancement to the next level. The recommendation is advanced to the vice provost, the Academic Senate Council and the provost. On site, visitors heard of extensive program-level mentoring and support provided to junior faculty to help them understand and navigate the advancement processes. Junior faculty stated that they clearly understood the process and expectations.

Faculty are expected to teach three courses per year with an expectation of six to nine for those appointed to a lecturer rank. Faculty teaching is evaluated in a number of ways that include: student course evaluations, department chair in-class observations and faculty self-assessments.

#### **4.3 Student Recruitment and Admissions.**

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

This criterion is met. The program has established student recruitment methods and admissions policies and procedures designed to identify and attract promising, highly qualified candidates. The program has similar policies in place for student recruitment at both the undergraduate and graduate levels.

At the undergraduate level, students are primarily recruited through the program website, community college transfers and open house events designed for new students. Graduate students are recruited through school fairs and outreach presentations, brochures, the program website and direct advertising in

public health journals and newsletters. Funded assistantships, tuition waivers and scholarships also serve as additional recruitment tools.

The program's website documents admissions policies and procedures. The program bases acceptance on both qualitative and quantitative measures. Admission to the undergraduate program abides by university-level policies, and applicants must provide an online application, answers to personal insight questions, official transcripts, SAT/ACT scores and TOEFL results (if applicable). All applicants for the undergraduate program must have a minimum overall GPA of 3.0. Students with the highest grades who satisfactorily complete lower-division requirements receive preference for admission to the program.

The Graduate Division, which oversees all graduate degree programs on campus, sets admission requirements at the graduate level. Applicants must provide GRE test scores, TOEFL (if applicable), original transcripts, three letters of recommendation and a resume. The Graduate Division must first accept students. The Graduate Division's admissions criteria require that students have a minimum GPA of 3.0 and take the GRE; however, there is no minimum GRE score requirement. All program faculty have the ability to review and discuss applications, but the majority of application review falls to the Committee on Student Admissions, Performance, Standards and Welfare. Faculty who met with the site visit team acknowledged documented racial and ethnic biases in standardized testing and shared that admissions decisions are made from a holistic perspective and take into consideration all of the required components of the application. Faculty and administrators highlighted that individuals from diverse academic, cultural, geographic and socioeconomic backgrounds are encouraged to apply.

Approximately 39%-48% of applicants are accepted into the undergraduate program and between 31%-40% of accepted applicants enroll in the program. Approximately 47%-51% of applicants for the MPH program are accepted, and 16%-22% of accepted applicants enroll. In the doctoral program, 17% of applicants are accepted into the program. Of those accepted, 42% of global health students and 17% of disease prevention applicants enroll in the program. During the site visit, the university's academic leaders expressed excitement about the program and mentioned that there is considerable student interest in public health. The total student headcount at the time of the site visit was 1,325 undergraduates, 50 MPH students and 22 PhD students.

#### **4.4 Advising and Career Counseling.**

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

This criterion is met. The program has a clearly outlined and accessible academic advising system for students as well as career counseling. All students receive a student handbook with descriptions of

available services and resources. Additionally, the program has a dedicated suite for student advising that is staffed with peer advisors and student counselors.

In the undergraduate program, student peer advisors provide academic advising on course planning, scheduling and other campus activities. Advisement may be done online or in person. Student counselors advise on academic program planning, practicum planning, change of majors, transfer counseling and degree certification.

In the graduate program, students receive academic advising from the Graduate Student Affairs Office and faculty advisors. The Graduate Student Affairs Office assists students with program requirements, degree progress, practicum procedures and course selection. Faculty advisors advise on course selection in the concentration area and practicum site selection. Students meet with the graduate office and faculty advisors quarterly.

During the site visit, the team heard from students and alumni that faculty advisors serve as formal and informal mentors. Students who met with site visitors were extremely satisfied with the accessibility and engagement of their faculty advisors and the guidance they provide. Students noted that academic advising and career counseling is supportive and collaborative, and faculty are invested in the success of the students. Several students shared that they meet with their faculty advisor weekly to discuss their goals, academic progress, research interests and potential publications. Students also noted that the department chair is engaged, responsive and instrumental to the program. One student stated that the chair's humility sets the tone for faculty and, ultimately, the program.

The program follows university-wide grievance procedures, which are available to all students on the university website. Students can communicate concerns through formal and informal channels. Faculty and students noted that most issues can be resolved quickly and through informal means such as speaking directly with the department chair or faculty advisors. No formal grievances were filed against the undergraduate program in the last three years. There was one graduate complaint in 2015-16, the outcome is unknown at the time of the site visit.

## Agenda

### COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

University of California, Irvine  
Public Health Program

November 16-17, 2017

#### Thursday, November 16, 2017

- 8:00 am            Request for Additional Documentation and Executive Session
- 9:15 am            Meeting with Program and Department Administration  
Howard Federoff  
Alan L. Goldin  
Tracy Molidor  
Oladele Ogunseitan  
Karen Edwards  
Miryha Runnerstrom  
Scott Bartell  
Tim Bruckner  
Zuzana Bic  
Cynthia Lakon  
Stephanie Leonard  
Liza Krassner  
Ellen O'Bryant  
Karen Munoz
- 10:15 am           Break
- 10:30 am           Meeting with Faculty Related to Curriculum and Degree Programs  
Stephanie Leonard  
Miryha Runnerstrom  
Scott Bartell  
Tim Bruckner  
Zuzana Bic  
Dan Gillen  
Bharath Chakravarthy  
Elizabeth Schroeder  
Karen Munoz  
Oladele Ogunseitan
- 11:30 am           Break
- 11:45 am           Lunch with Students  
Matthew DeLeon  
Magan Vergara  
Sharmin Dianatnejad  
Tuan Truan  
Leslie Lara  
Paris Eghtedari Tehrani  
Jessica Chavez  
Ruzan Orkusyan  
Philip Chen  
Brandon Osborn  
Bridgitte Blebu  
Georgia Halkia  
Pauline Lubens  
Parvati Singh  
Carolina Villanueva  
Javier Garcia-Rivas  
Justin Wilford
- 12:45 pm           Break

1:00 pm Meeting with Faculty Related to Research, Service, Workforce Development and Faculty Issue  
Lisa Grant Ludwig  
Guiyun Yan  
Doug Granger  
Lari Wenzel  
Ulrike Luderer  
Jun Wu  
Andrew Noymer  
Alana LeBron  
Shahram Lottipour  
Oladele Ogunseitan  
Yunxia Lu  
Suellen Hopfer  
Annie Ro  
Daniel Parker  
Robin Zender

2:00 pm Team Executive Session

3:30 pm Meeting with Alumni, Community Representatives and Preceptors  
Britney Prince  
Allen Suh  
Sarah Link  
Seyed-Foad Amadi Oloonabadi  
Permjeet Singh  
Yadira Vargas  
Roxanna Bryant  
Marklem Valdovinos  
Eric Handler  
Harsimran Singh  
Barry Ross

4:30 pm Adjourn

**Friday, November 17, 2017**

8:15 am Meeting with Institutional Academic Leadership  
Howard J. Federoff  
Alan J. Goldin  
Enrique J. Lavernia  
Judith Stepan-Norris  
Douglas M. Haynes  
Tracy Molidor  
Rebecca Brusuelas-James

9:00 am Executive Session and Report Preparation

12:30 pm Exit Briefing

1:15 pm Adjourn