

REVIEW FOR ACCREDITATION
OF THE
MPH PROGRAM
AT THE
UNIVERSITY OF CALIFORNIA, DAVIS

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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Table of Contents

Introduction.....	1
Characteristics of a Public Health Program	2
1.0 THE PUBLIC HEALTH PROGRAM.....	3
1.1 Mission.	3
1.2 Evaluation and Planning.....	4
1.3 Institutional Environment	5
1.4 Organization and Administration	7
1.5 Governance	7
1.6 Fiscal Resources	9
1.7 Faculty and Other Resources.....	11
1.8 Diversity.....	12
2.0 INSTRUCTIONAL PROGRAMS.....	13
2.1 Degree Offerings	13
2.2 Program Length.....	14
2.3 Public Health Core Knowledge.....	14
2.4 Practical Skills	14
2.5 Culminating Experience	15
2.6 Required Competencies.....	16
2.7 Assessment Procedures.....	17
2.8 Bachelor's Degrees in Public Health.....	19
2.9 Academic Degrees	19
2.10 Doctoral Degrees.....	19
2.11 Joint Degrees	19
2.12 Distance Education or Executive Degree Programs	20
3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.....	20
3.1 Research.....	20
3.2 Service.....	21
3.3 Workforce Development.....	22
4.0 FACULTY, STAFF AND STUDENTS.....	23
4.1 Faculty Qualifications	23
4.2 Faculty Policies and Procedures	24
4.3 Student Recruitment and Admissions	25
4.4 Advising and Career Counseling.....	26
Agenda.....	28

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, Davis (UC Davis). 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.

UC Davis is a member of the University of California system. The university began as a state agricultural school and gradually grew as an extension of the University of California, Berkeley campus. The Davis campus began operating a school of veterinary medicine in 1948 and was recognized as a full-fledged campus in the UC system in 1959. UC Davis enrolls over 35,000 students and includes the following colleges and schools: agricultural and environmental sciences; engineering; management; law; nursing; veterinary medicine; biological sciences; education; letters and science; and medicine. UC Davis offers 99 graduate and professional degrees, and approximately half of them, like the MPH program, are organized as graduate groups. Graduate groups function as interdepartmental teaching and research programs under the university's dean of graduate studies. Many of the faculty members involved in the MPH program are also involved in the epidemiology graduate group, which offers MS and PhD degrees. The chair of the medical school's Department of Public Health Sciences (DPHS) serves as the chair of the public health graduate group; an MPH program director, who is a DPHS faculty member, directs the program's ongoing operations and committees.

The program began in 2002 with five students and a single concentration in general public health. Today, the program enrolls 35 students per year in two concentrations (general public health and epidemiology); a third concentration (biostatistics) exists but has not enrolled students to date. The program has also evolved from a primary focus on training clinicians and working professionals to a broader mix of students in terms of age, experience and background. The majority of students complete the program in a 12- to 14-month format, though the program has a few students who complete the program over a two-year period.

The program has been accredited since 2005. The last accreditation, in 2010, resulted in an accreditation term of seven years. The program submitted interim reports on competencies and diversity, and the Council accepted these reports in 2011 and 2012.

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 UC Davis public health program. UC Davis is accredited by the appropriate regional accrediting body, and the program and its faculty, staff and students have the same rights and prerogatives as those associated with other UC Davis graduate programs. The program draws faculty from across the university, including individuals with training in medicine, veterinary medicine and social sciences, as well as individuals with backgrounds in a range of public health disciplines. The program's structure as an interdisciplinary graduate group facilitates an environment that promotes a broad intellectual framework. The program's close connections with governmental public health agencies, in particular, assists students and faculty in building and maintaining a commitment to professional public health values.

The program has appropriate resources to provide the instructional programs and to support an environment with active programs of public health research and service. The program also has a well-

developed system for planning and evaluation to ensure the program's continued relevance and applicability.

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 statement of values and a mission statement encompassing the three major aspects of public health education: instruction, research and community service, with a focus on the needs of constituent populations. The program's mission statement is as follows:

Our mission is to develop the public health leaders of the future by providing a high-quality Master's degree curriculum in partnership with the public health community. We accomplish this through the collaborative efforts of the UC Davis community, including the Schools of Medicine, Veterinary Medicine, Management, Law, Education, and Nursing and the Colleges of Agricultural and Environmental Sciences, Biological Sciences, Engineering, and Letters & Science. These collaborations offer students content expertise in general public health and health disparities, agricultural and rural health, nutrition, reproductive and women's health, chronic diseases, epidemiologic and biostatistical methodology, informatics, infectious and zoonotic diseases, health economics, health-care quality and outcomes, and others.

We promote a practical public health focus through our historically strong partnership with the public health community, including the California Department of Public Health, local county health departments, and non-profit agencies. These partnerships comprise teaching, student mentorship and field placements, research, service, direction, and support for the UC Davis MPH Program.

Broad goal statements relate to each major function: instruction, research and service, and provide a context for the program's activities. These goals reflect values demonstrating a commitment to health, community, respect for individuals and professionalism. A series of measurable objectives with quantifiable indicators supports each of the goal statements. These objectives indicate the intent to produce well-trained graduates; perform collaborative research to improve population health and reduce inequities; expand and strengthen community partnerships; and provide continuing education for public health workers.

The program began in 2002. In 2010, the MPH Executive Committee reviewed and revised the guiding statements as part of the last self-study process, and the committee modified the goals and objectives again in 2016-17 to reflect new CEPH instructions. This second revision occurred after review and input from faculty, administrative staff, students, alumni and others. Another major revision is anticipated once the MPH program fully implements the new CEPH accreditation criteria. The most recent review produced few revisions as most of the statements were judged to be appropriate. Program goals and objectives are

reviewed at annual retreats attended by faculty and students and by the relevant program committees each year. Strategic planning retreats in the summer and fall of 2016 did not result in additional changes.

The program's values are fully incorporated into the culture of the program and are reflected in the program's mission, goals and objectives. These values show commitment to educational and research excellence focused on strong connections to the community and commitment to solving public health problems sensitively and collaboratively.

The mission statement, values, goals and objectives are disseminated through the website, student handbook and other materials. They are also presented during new student orientation.

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 systematic, broad-based process for collecting and analyzing data relative to goals and objectives and making recommendations based on data review.

There are targets set for objectives in instruction, research and service, and the MPH program has met 11 of the 14 objectives for at least two of the last three years. These include the following:

- Education/Instruction
 - The average GPA of each entering class is 3.4 or better.
 - Each MPH class is similar to the characteristics of the University of California bachelors' graduates regarding the distribution of race/ethnicity, gender and first-generation college students.
 - 90% of students complete all core courses with a grade of B- or better on their first attempt and have an overall GPA of 3.0.
 - 70% of students graduate within 14 months of starting the program.
 - Four MPH core courses are co-taught by a practicing public health professional.
 - 90% of MPH primary faculty have a PhD or combined MD/MPH.
 - 30% of MPH faculty are from the practicing public health community.
 - 90% of students are employed or furthering their education within one year of graduation.
- Research
 - Maintain level research funding each year due to the competitive funding environment.
 - Primary faculty publish an average of three peer-reviewed manuscripts each year.
 - Two to three MPH students per year are involved in a research project.
- Service/Practice
 - 60% of primary faculty are involved in service to UC Davis.
 - 40% of primary faculty hold leadership positions in local, state and national public health organizations.
 - The MPH program will announce five to seven service opportunities each year.

The site team verified that a plan is in place for annually monitoring the mission, goals and objectives. Data sources for each of the program's measurable objectives are delineated, such as the campus admissions system and surveys of students and alumni, along with the person, committee or group responsible for monitoring and evaluating. The self-study presented evidence that data are regularly assessed and issues are identified and addressed.

The self-study process began when the MPH associate director updated the 2010 self-study document, and the revision process included sharing and receiving input from about 200 individuals among the various constituencies. Key sections of the document were also reviewed by the Curriculum and Executive Committees and at an annual MPH faculty meeting. Among the suggestions that arose from stakeholder input were the inclusion of diversity goals related to gender and first-generation college students and modifying the diversity benchmark from California state adult population demographics to those of bachelor's degree graduates of the 10 campus University of California system.

Program performance data for each measurable objective collected over the past three years indicate that the program has clear outcome indicators and, for the most part, is meeting the objectives set, with shortfalls in a few of the targets related to diversity and service.

Program leaders and faculty discussed plans to continue to monitor data and identify areas of improvement.

1.3 Institutional Environment.

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

This criterion is met. UC Davis is a member of the University of California system. The university began as a state agricultural school and gradually grew as an extension of the University of California, Berkeley campus. The Davis campus began operating a school of veterinary medicine in 1948 and was recognized as a full-fledged campus in the UC system in 1959. UC Davis enrolls over 35,000 students and includes the following colleges and schools: agricultural and environmental sciences; engineering; management; law; nursing; veterinary medicine; biological sciences; education; letters and science; and medicine. The university is accredited by the Accrediting Commission for Senior Colleges and Universities of the Western Association of Colleges and Schools. The university's programs hold accreditation from numerous specialized and professional accreditors, including those in engineering, business, law, dietetics, psychology, landscape architecture, teacher education, veterinary medicine and medicine.

UC Davis offers 99 graduate and professional degrees, and half of them, like the MPH program, are organized as graduate groups. Graduate groups function as interdepartmental teaching and research

programs under the university's dean of graduate studies. Many of the faculty members involved in the MPH program are also involved in the epidemiology graduate group, which offers MS and PhD degrees.

The program is administratively housed in the School of Medicine's Department of Public Health Sciences, though the degree is conferred by the Office of Graduate Studies. The department's faculty run an extensive program of research and offer several undergraduate courses in public health, as well as a public health minor for undergraduate students. The department's faculty are also actively engaged in a number of other graduate groups—there are five graduate group chairs in the department and substantial faculty engagement with the graduate groups in health informatics, biostatistics and epidemiology, among others. Some of the faculty with biostatistics and epidemiology expertise perform service by teaching medical students at the Sacramento campus in condensed blocks. The medical school coordinates financial aid for MPH students and influences a number of strategic and operational considerations.

The department chair serves as the official program chair, based on the program's bylaws, though the bylaws indicate that the chair may delegate duties to another individual, in this case the program director. The program director is responsible for day-to-day operations and decision making, supervising program staff and managing projects like hiring adjunct faculty, working with staff to schedule classes and teaching assignments and providing leadership and coordination for program committees. In terms of lines of authority, the program director reports to the department chair. The department chair reports to the dean of the medical school, and the dean reports to the chancellor. The chancellor reports to the university president, who reports to the Board of Regents. In terms of the graduate group structure, the program director and department chair report to the graduate studies dean, who reports to the provost and chancellor.

The program's faculty, like those of all graduate groups, is drawn from throughout the university. Faculty members apply to be members of the graduate group, and, as discussed in Criterion 1.5, the program's Executive Committee determines group membership. Currently, most of the faculty are drawn from the Department of Public Health Sciences, but faculty from several other schools and colleges play key roles within the primary faculty complement. The program's bylaws recognize the key roles played by faculty in medicine and veterinary medicine by ensuring that both pools of faculty are consistently involved in the program's decision making. Program faculty have reporting lines defined through their home departments for issues such as workload, evaluation and promotion.

The program's funding flows through the Department of Public Health Sciences, and the MPH director negotiates operational resources with the department chair and chief administrative officer. The program can directly hire staff positions, such as the student affairs officer. The program's faculty and committees are involved in decisions relating to admissions, academic policies, etc., but, like all graduate groups, the

university's Office of Graduate Studies is ultimately responsible for admissions, award of degrees, review of degree requirements and changes to curriculum.

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's internal structure is relatively simple. The department chair leads the program, as defined by the bylaws. In practice, the program director provides daily operational leadership, in consultation with the education director and graduate coordinator. Individual faculty affiliate with the program for the purpose of teaching, advising and/or serving on a program committee, following a process defined in the program's bylaws.

The program's structure, which draws faculty from different university units, is deliberately designed to foster interdisciplinary work. Coordination and collaboration between different disciplines occurs in each faculty meeting or meeting of one of the program's standing or ad hoc committees. In addition to faculty from different university disciplines, the program's volunteer clinical faculty ensure interactions with individuals and organizations outside the university. The self-study provides examples of interdisciplinary collaboration in the form of team teaching, such as the core epidemiology class, which is co-taught by faculty from the schools of medicine and veterinary medicine. The self-study also notes that new MPH students can request an advisor with an area of expertise that matches their interests. Advisors have expertise in informatics, One Health, law, health policy, occupational health and many other areas. The self-study and site visit discussions provided extensive examples of faculty involvement in research and funded service projects that involve close collaboration with faculty from throughout the university and with stakeholders in the community.

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 defined governance structure that involves faculty, staff and students, where appropriate, in decision making.

The Executive Committee is the primary body responsible for program policy development and planning and budget and resource allocation. The Executive Committee also functions as a membership committee. In this capacity, the committee reviews all faculty members of the graduate group on a three-

year basis to validate continuing eligibility for affiliation as a member of the program. The committee also reviews nominations for new members to join the graduate program. The committee includes at least seven members, with required representation from faculty in all of the following categories: School of Medicine faculty appointments, School of Veterinary Medicine faculty appointments, faculty from at least two other campus programs, at least one student and at least one representative from the California Department of Public Health (CDPH). In recent years, this group has also included participation from a member of the Alumni Board. The student, alumni and CDPH representatives are non-voting members, but they noted that other committee members solicit their feedback and value their perspectives. The chair of the Department of Public Health is the chair of this committee. Executive Committee members who are faculty are elected to serve by vote of the full program membership and serve three-year, renewable terms.

The Operations Committee meets monthly to discuss program issues. This committee includes the department chair and program director, as well as three professional staff members with key roles relating to the program and its students: the department's chief administrative officer, education director and student affairs officer.

The Admissions and Advancement Committee reviews applications to the program and selects those recommended for admission. The committee also reviews and makes recommendations on matters including requests for waiver of graduation requirements and disciplinary actions. The program chair, in consultation with staff and faculty, makes recommendations about award of degree. The Executive Committee appoints this committee's members, which must include at least one faculty member each from medicine and veterinary medicine and at least one MPH student.

The Curriculum Committee addresses academic and curricular matters, including the following: recommending curricular policies to the Executive Committee, reviewing teaching evaluations, reviewing syllabi and providing initial review for proposals for curricular changes. This committee includes the instructors of record for all of the required courses and must always include at least two faculty from medicine, two from veterinary medicine and one MPH student. Members of the Curriculum Committee described a history of active engagement with the course evaluations and a commitment to developing solutions to address issues raised by students.

The Community Relations and Development Committee is responsible for promoting the program and planning student recruitment. It includes at least one member each from medicine and veterinary medicine and at least one MPH student. It currently includes multiple members from all of the required groups as well as a number of members from the Alumni Board.

The Alumni Board is extremely active and engaged. Both current students and alumni who met with site visitors described the important role that this board plays in providing guidance to the faculty and to current students. One student noted that, since this is a one-year program, alumni must play the role that more experienced and advanced students play in other programs in terms of providing peer mentorship and advice to newly-enrolled students. The Alumni Board runs a robust mentorship matching program for newly enrolled students; sponsors regular, well-attended mixers that provide networking and social opportunities; provides members for other program committees; and maintains a regularly updated website with news and opportunities that serves as a resource for current students and other alumni.

The program convenes ad hoc committees as needed. Recent ad hoc committees have included the following: SPH 290 Seminar Committee (plans seminar speakers) and the Instructor of Record Committee (works to improve course integration and minimize scheduling conflicts).

Matters such as faculty recruitment, retention, promotion and tenure, as well as expectations for service and research, are governed by the committees, policies and structures of the faculty member's home department. The Executive Committee, as discussed above, is responsible for evaluating faculty members' affiliation with and responsibilities to the program.

Program faculty participate extensively in governance and committee activities in their home departments and schools or colleges, as well as serving on university-level committees. This ensures that the program is well-connected to and visible in the broader university community.

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. Funds to support MPH program operations are distributed downward from the university, provost and dean's levels. Table 1 presents the program's budget as documented in the self-study.

Reviewers found the table of revenue and expenditure sources presented in the self-study to be challenging to interpret. The data provided indicate that university funds to support the program have declined for the last two years, as have expenditures for faculty and staff salaries. The department chair assured site visitors that university support of the program had not declined, nor had faculty salaries decreased. The data reflect variations in reporting methods, since the program, like all graduate groups, functions as an academic unit rather than a cost center and draws on faculty whose salaries are supported through department-based funding and research funds that do not accrue to the program. The provost concurred that the university's expenses to deliver the MPH degree are substantial, as the

program draws on a significant number of senior-level faculty. The department chair also noted that the apparent 'profit' presented in the budget table was incorrect; the cost of operating the MPH program exceeds the revenue generated by student tuition and fees. A presentation of the program's budget, other than the format used in the self-study, might more readily present meaningful information to reviewers.

Table 1. Sources of Funds and Expenditures by Major Category, 2010 to 2017							
	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Sources of Funds							
Tuition & Fees		\$ 49,205	\$ 45,742	\$ 16,125	\$ 60,142	\$ 71,400	\$115,243
University Funds	\$ 101,710	\$ 135,978	\$ 162,331	\$ 150,054	\$ 128,158	\$ 14,672	\$ 15,000
Fellowship	\$ 20,000	\$ 79,475	\$ 109,136	\$ 61,101	\$ 73,000		
Professional Fees	\$ 97,048	\$ 202,030	\$ 192,912	\$ 173,712	\$ 202,824	\$ 267,916	\$282,606
External Fees	\$ 0	\$ 12,481	\$ 0	\$ 0	\$ 0	\$ 0	\$0
TOTALS	\$ 218,758	\$ 479,169	\$ 510,121	\$ 400,992	\$ 464,124	\$ 353,988	\$412,849
Expenditures							
Faculty Salaries & Benefits	\$ 100,790	\$ 133,604	\$ 147,815	\$ 173,442	\$ 154,915	\$ 65,185	\$ 70,000
Staff Salaries & Benefits	\$ 27,267	\$ 85,638	\$ 75,500	\$ 127,254	\$ 146,911	\$ 83,289	\$ 85,000
Operations	\$ 11,796	\$ 12,344	\$ 14,542	\$ 16,608	\$ 12,271	\$ 13,516	\$ 14,000
Travel	\$ 2,965	\$ 3,228	\$ 5,813	\$ 67	\$ 5,859	\$ 2,079	\$ 5,000
Student Support	\$ 28,174	\$ 62,626	\$ 60,617	\$ 54,117	\$ 67,608	\$ 89,305	\$ 94,108
Accreditation	\$ 3,047	\$ 3,108	\$ 3,108	\$ 3,175	\$ 3,275	\$ 3,275	\$ 3,275
Fellowship	\$ 20,000	\$ 109,475	\$ 125,802	\$ 70,000	\$ 73,000	\$ 0	\$ 0
TA Support	\$ 26,298	\$ 20,095	\$ 38,574	\$ 34,277	\$ 29,968	\$ 26,482	\$ 20,000
TOTALS	\$ 220,338	\$ 430,118	\$ 471,771	\$ 478,940	\$ 493,807	\$ 283,130	\$291,383

Tuition and fees are set by the University of California administration. Tuition revenue of \$115,243 is reported in Table 1 for the most recent year and presents an approximation. The university's in-state tuition rate (\$13,164) applied to the 41.0 FTE students would yield \$540,000 income to the university from this revenue source. The university's revenue-sharing formula makes one-third of professional fees and one-third of education and registration fees available to the program to provide student financial aid.

Faculty and staff salaries account for roughly one-half of program expenditures. Student support constitutes roughly four-fifths of remaining dollars. The balance is distributed to operating, travel and accreditation expenses.

The allocation of resources to the MPH program is the responsibility of the department chair who, in consultation with the program director, determines final budget allocations.

The program has two objectives to gauge the adequacy of its fiscal resources; measures track the balance of source of funds against expenditures and the percentage of each class receiving at least

\$6,000 in grant aid. The self-study indicates that both outcome measures have been met over the prior three years.

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 identifies 17 primary faculty, most of whom are drawn from the 35 members of the Department of Public Health Sciences. For the most recent year, the program identifies nine primary faculty for general public health (6.13 FTE), five for epidemiology (4.35 FTE) and three for biostatistics, which, as discussed in Criterion 2.1, is currently dormant, with no students enrolled. For the most recent year, there were 37 students in the general public health concentration and eight in epidemiology, so student-faculty ratios (SFR) are approximately 6:1 and 2:1 by primary faculty. The additional faculty who contribute to instruction further reduce the SFRs.

Site visitors learned from the department chair that the program director allocates 20% time and effort to completing her responsibilities in that role. Both the chair and the program director indicated that they believe that this allocation is appropriate.

The program has a full-time student affairs officer who works with students and faculty, and other departmental staff allocate time to the MPH program. The department's education director allocates approximately 20% of her time to the program, and the department's chief administrative officer and finance officer each devote approximately 10% effort to the program.

The program operates within facilities maintained by the Department of Public Health Sciences of the School of Medicine. Classrooms, common space and laboratory space, as described in the self-study, appear adequate for program needs at the present time. Likewise, the availability of and access to computers, equipment and other IT resources appears satisfactory. The UC Davis Library is a strong resource, with ample accessibility for students and faculty. Students and faculty have 24-hour access to the above resources.

The program has three objectives to track the adequacy of faculty and other resources; targets relate to SFR, student perceptions of the adequacy of library and study facilities and adequacy of physical space for all program classes. The self-study indicates that all three outcome measures have been met over the prior three years of review.

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. The program follows guidelines and plans developed by the wider University of California system and of UC Davis, in particular the Office of Graduate Studies and the School of Medicine. Several key university written policies are in place and are made available through the student handbook.

The MPH program's primary goal to achieve diversity and cultural competency is to recruit students who reflect the cultural and ethnic diversity of the state, as well as a proportionate amount of students measured by gender and first-generation college graduates. Additionally, the program subscribes to the campus-wide "Principles of Community" that reaffirms the university's commitment to "... a campus community that reflects and is a part of a society comprising all races, creeds and social circumstances... the inherent dignity in all... (and) the right of freedom of expression."

Diversity issues are adequately addressed within the curriculum and various program courses, as well as successfully incorporated within development opportunities for faculty and staff. UC Davis has created the Office of Equity, Diversity and Inclusion to direct and manage diversity programs across the university.

The MPH program has set measurable objectives and associated target levels based on UC Davis college graduate demographics, and program efforts have led to successfully recruiting African American and American Indian students and to maintaining the desired level of Hispanic faculty in the last academic year reported. Data for first-generation college graduates and data for program staff were not available in the self-study document, though program leaders indicated that there is a substantial population of first-generation students. According to the self-study, in the most recent year for which complete data were available, target levels for Hispanic/Latino newly admitted students and African American and American Indian faculty were not met, though the percentage recruited was very close to the target level for Hispanic/Latino students. There have been no new faculty hires in the last three academic years reported. The program recognizes the need to continue efforts to recruit both American Indian and Hispanic/Latino students and faculty to continue to represent the communities served. The program also notes that some of the weakness in student numbers may be attributed to a lack of adequate financial aid. University administrators who met with site visitors praised the program's adoption of a holistic review process for admissions and noted that it should allow for continued growth of a diverse student population.

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. Table 2 presents the program's offerings. The program offers an MPH degree with three concentrations: general public health, epidemiology and biostatistics. In addition to courses in the five core areas of public health knowledge and practice and culminating experiences, students in the general track complete an additional upper-level course in biostatistics, an introduction to public health, a course in informatics and a public health seminar.

Table 2. Degrees Offered		
	Academic	Professional
Master's Degrees		
General Public Health		MPH
Epidemiology		MPH
Biostatistics		MPH

Students in the epidemiology track take everything that the general track students take, plus at least 11 quarter-credit hours in courses relevant to epidemiology and approved by a faculty member. Students in biostatistics take everything that general track students take, plus at least 16 quarter-credit hours of courses relevant to biostatistics and approved by a faculty member. Although the program's individualized method of creating its concentrations creates challenges in documenting consistent competency attainment, students do complete a depth of coursework beyond core public health knowledge.

The biostatistics track, which had been in existence for several years at the time of the site visit, has never enrolled a student. Program leaders indicated that this was because the graduate group in biostatistics offers an MS that is more attractive to most students. Additionally, the MPH in biostatistics typically requires two years of enrollment, in contrast to the single year targeted for completion for the other MPH tracks. Program leaders indicated that the program wishes to maintain this concentration as an available option because faculty believe in its value and wish to preserve the option for the right student.

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 program requires at least 56 quarter-credit hours for completion. The program uses the university’s definition for awarding credit, and this definition assigns one unit of credit for three hours of work by the student per week.

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. All MPH students must complete required coursework in all five core areas of public health knowledge with a B- or greater passing grade. These courses are prescribed and are identified in Table 3.

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	SPH 244: Introduction to Health Science Statistics	4
	SPH 245: Biostatistics for the Health Sciences	4
Epidemiology	EPI 205: Principles of Epidemiology	4
Environmental Health Sciences	SPH 262: Principles of Environmental Health Science	3
Social & Behavioral Sciences	SPH 222: Social and Behavioral Aspects of Public Health	3
Health Services Administration	SPH 273: Health Services Administration	3
	Total	21

The five public health core areas are addressed through six separate courses consisting of three- or four-credit hours each, for a total of 21 credits. The core courses are appropriate in each area for students to learn skills important for understanding and engaging in the broad practice of public health.

The syllabi demonstrate adequate evidence of the sufficiency of depth and breadth of coverage of the five core areas of public health knowledge. Additionally, public health core knowledge is reinforced through practical experience in the practicum placement.

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. The practicum is meant to give students direct, hands-on experience suitable for someone with an advanced public health degree. The program attempts to ensure that students are placed in an organization with a project that is aligned with their areas of study and interest.

The process for selection of the practice site is detailed in both the self-study and reference materials. The student affairs officer works with each new class of students to create student profiles. Profiles include student experience and interests and are shared with potential site preceptors, such as individuals who have worked with program students in the past or individuals who have approached program faculty to express interest. The program also establishes organization and preceptor profiles, which are shared with students. Students and potential preceptors also become aware of one another through informal social events and the Topics in Public Health Seminar course, which served as a connection for many of the students, alumni and preceptors who met with site visitors. The practicum instructor approves all preceptors and requires a defined project with objectives, and the practicum guide provides orientation for preceptors. The practicum instructor also regularly conducts one-on-one meetings with preceptors as needed.

All MPH students are required to complete 300 contact hours for the practicum, and waivers are not permitted. Site visitors reviewed a comprehensive list of practicum sites along with the name of the participating student, title of project, site supervisor and affiliation with the UC Davis advisor identified. Three deliverables arise from the practicum experience, some of which also serve as the program's culminating experience: a 20-page paper describing the project; a PowerPoint presentation about the project; and a poster given at a public symposium. The practicum guide provides information on the types of projects that would and would not be appropriate and emphasizes the focus on real-world experience and the expectation that students are not simply tasked with a research or analysis project without additional application.

It was apparent during the site visit in separate meetings with students and preceptors that the practicum has been an enriching and rewarding experience for all concerned.

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 self-study and other available documentation indicates that the culminating experience for MPH students is set within the SPH 297: Public Health Practicum course. As such, site visitors were initially challenged to discern a distinction between activities pertaining to practical skills (Criterion 2.4) and the culminating experience, since the program's materials do not identify any distinction between the two in terms of expectations.

However, site visitors learned through on-site discussions that the 20-page final report produced as a result of the practicum experience, plus the oral presentation and defense of the project, serves as the culminating experience for all students. The paper is formatted loosely on a scientific report, with required

sections on introduction, methods, results and conclusions. The symposium includes a required oral presentation and question and answer session, and both faculty and preceptors attend and pose questions.

Site visitors reviewed products from recently completed experiences and found them to be of high quality and demonstrative of multiple types of skills and knowledge.

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 partially met. The program defines a set of 14 core competencies for all MPH students. The competencies range from lower-level (“Identify basic theories, concepts and models from a range of social and behavioral disciplines...”) to more advanced skills (“Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.”) The self-study documents the mapping of the core competencies to the eight required courses, indicating where competencies receive primary or reinforcing coverage. The required coursework addresses all core competencies.

The program also defines concentration-specific competencies: 10 for biostatistics, six for epidemiology and two for general public health. As with the core competencies, the self-study presents tables mapping the concentration competencies to required coursework. The competencies for the epidemiology concentration appear to be appropriately advanced in scope and well-matched to coursework. The competencies for the other two tracks, as discussed below, demonstrate some flaws in construction and/or application in coursework.

The current competency sets originated in 2009, when faculty distilled the list of core competencies from among the larger set of competencies promulgated by the Association of Schools and Programs of Public Health. Program faculty indicated that the Curriculum Committee and core course instructors believe that these competencies have maintained their relevance over time, so competencies have not been revised. Faculty indicate that they have also opted not to make adjustments to competencies recently, knowing that they will be undertaking a significant revision to comply with revised CEPH accreditation criteria.

The first concern relates to the formulation and implementation (ie, mapping) of the competencies for the biostatistics concentration. First, the 10 competency statements, as written, do not appear to accurately describe the depth of preparation and skills that the program provides to its students. Several of the concentration competencies directly restate core competencies gained by all students, rather than

reflecting the specialized knowledge associated with the concentration. Others reflect basic skills that would typically be associated with a lower degree level or a student who is not specializing in the area, such as “Describe basic concepts of probability, random variation and commonly used statistical probability distributions.” Faculty who met with site visitors affirmed this impression, noting that all MPH students would be expected to have basic competence in the listed items and suggesting that concentrators would develop a more advanced set of knowledge than what is described in the competency statements.

Additionally, the mapping of coursework provided in the self-study does not document that all students are exposed to all competencies. For the biostatistics concentration, students choose among a menu of courses in the concentration. Some competencies, however, are only mapped to a single course, which is not required for all students. For example, the competency “Apply basic informatics techniques with vital statistics and public health records in the description of public health characteristics and in public health research and evaluation” is only mapped to a single course, EPI 208: Analysis and Interpretation of Epidemiologic Data. This course is not required, so if students choose other courses from the menu, they would not address this competency.

The second area of concern relates to the competencies for the general public health concentration, which do not define a sufficient scope of knowledge to be attained beyond the competencies associated with all MPH students. The program defines only two statements, both of which are extremely general: one asks students to “Use information technology to access, evaluate and interpret public health data,” and the second is to “Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activity.” Faculty and students noted that the general track is designed to be flexible and allow students to pursue individualized tracks that align with personal career goals. Faculty discussed the importance of these two skills for all MPH students and described the ways in which these competencies are built and addressed in required coursework, including the required courses beyond those in the five core public health knowledge areas. In practice, faculty noted that advisors meet with students to develop a customized plan of study that meets individual needs. Although each of these individual plans of study is implicitly guided by a sense of coherent objectives, the program does not define a set of competencies that describes the intended set of knowledge and skills attained by each student.

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 collects data on student progress through the required curriculum. Completion of the required coursework, which addresses the program’s competencies, serves

as one measure of the program's assessment of student outcomes. Each syllabus lists the relevant competencies, and students must complete required courses with a GPA of at least 3.0 and grades in all core courses of B- or higher. The self-study indicates that the required practice and culminating experiences also serve as opportunities to assess competency attainment. During the SPH 297 course, students complete a self-assessment of their progress in attaining competencies.

The first concern relates to the fact that the current practice and culminating experiences do not adequately assess students' competency attainment. Although both preceptors and faculty members assess students' performance on their projects and presentations, the assessments do not directly reference the program's competencies. Faculty advisors encourage students to design projects that relate to and demonstrate competencies, but the process does not require explicit identification of competencies by students at any stage of development, nor does it directly ask faculty or preceptors to assess student performance on any competencies.

The program tracks aggregate indicators of student success in the form of graduation rates and destinations of graduates. The program's graduation rates exceed the threshold required by this criterion. Most students graduate within two years. For the students who entered in 2014 and 2015, two-year graduation rates were 85% and 91%. All of the program's graduates (for whom data are available) had obtained employment or enrolled in additional education or training within one year of graduation across the last three years. The program uses surveys, email and LinkedIn searches to track graduates' destinations.

The program conducted a survey of alumni in the summer of 2017. The program received a 22% response rate from the 245 alumni surveyed. Half of the respondents answered an open-ended question about what skills they learned during the MPH program that were directly applicable to the workforce. Students listed skills such as database creation, statistical programming, epidemiologic study design, networking, presentation skills and project management.

The second area of concern relates to the need for additional data on student outcomes, namely, information from employers on graduates' competence and more robust and accurate data on alumni perceptions. The program attempted an online survey of employers but received no responses. Program leaders noted that other data collection methods, such as a focus group or individual telephone interviews may be a more productive approach. In terms of alumni, data would be more useful to the program if data collection focused on recent graduates, as those graduates are more likely to have completed the current curriculum. Additionally, the program conducted a single survey in the months immediately preceding the site visit. Compliance with this criterion requires regular, ongoing efforts to collect and review alumni data.

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 not applicable.

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 not applicable.

2.10 Doctoral Degrees.

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

This criterion is not applicable.

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 not applicable.

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. As described in the self-study, the program is committed to a robust research program that supports high-quality inquiry and dissemination of new knowledge that has potential to affect the health of communities. The focus of this work is consistent with a broad public health agenda.

The self-study notes that the department and program faculty are home to or responsible for several significant, ongoing research centers. The department faculty are also involved in a diverse array of local, state, national and international research consisting of 60-70 separate projects involving some \$59 million in grant and contract support. As one consequence of this effort, program faculty produce a significant number of peer-reviewed publications each year (average of eight peer-reviewed publications per year for primary faculty).

The Department of Public Health Science's policies for research and scholarly growth guide research activities for the majority of the primary faculty. All faculty are expected to obtain extramural grant funding. Promotion and tenure demands evidence of research performance that encompasses the ability to secure extramural grants and contracts. A revenue-sharing practice returns a portion of indirect costs recovered to the department to supplement its operating budget. These resources contribute to the department's infrastructure, which supports pre- and post-grant award activities. The university supports preliminary research efforts of faculty through sponsorship of various pilot grant programs that have benefitted

department faculty. The dean of medicine also described to site visitors opportunities available through the university's Clinical and Translational Sciences Center to assist the professional development of graduate students seeking both academic and practice careers after graduation.

The program has two objectives to track its success in research; measures relate to overall funding levels and to peer-reviewed publications. The self-study indicates that both outcome measures have been met over the prior three years of review.

Information presented in the self-study report and corroborated by remarks from students indicated a perceived lack of opportunity for students to engage with faculty in their research pursuits. This situation may have the unanticipated consequence of steering students toward research-oriented rather than practice-oriented practicum projects. Site visitors understand that the one-year structure of the program and students' own schedules may preclude broad participation in research, but there are opportunities for the program to strengthen its outreach and awareness among students. Additionally, there may be opportunities to more directly incorporate data and activities associated with ongoing research into instructional activities in required courses. Extending the expected time to degree completion and/or finding creative strategies to include students in applied research while matriculating would enhance students' educational experiences.

Fewer than 10 of the 77 projects listed in the self-study indicated that they were community-based, but information gathered on site through meetings with faculty and community stakeholders suggest that the program has strong ties to and collaborations with local and regional communities, in particular.

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 with commentary. The program pursues service activities consistent with its mission, through which faculty and, to a lesser extent, students contribute to the advancement of public health practice.

Service to the university, profession and community is part of the overall mission of the university and program and is one of the main areas of evaluation for faculty appointment, annual review and promotion/tenure. The self-study provided examples of recent and past funded service activities for primary faculty, demonstrating a range of activities to professional organizations and service at the national and state levels. All targets for faculty performance in service to the university as well as holding leadership positions in public health organizations have been successfully achieved.

Faculty members serve as members of state scientific advisory boards, such as the California Office of Environmental Health Hazard Assessment, and faculty hold numerous contracts with California state agencies, some of which relate to research but many of which also involve applied service. The self-study notes that UC Davis is the UC system unit located closest to the state capital, so the university as a whole has a long history of collaboration with state agencies.

The self-study identifies challenges in encouraging and tracking non-funded service among faculty. Faculty attribute this largely to funding pressures that result in more involvement in compensated service activity.

Students who met with site visitors, although not dissatisfied with the level of service opportunities, tended to view service solely in terms of the practicum experience.

Community constituents who met with site visitors expressed their satisfaction with the level of service the MPH program provides to the local community and the state of California. Community partners relayed how essential the program is to the state, meeting the needs of many of the underserved and underrepresented populations of the local community and region.

The commentary relates to the need for additional attention to providing opportunities for and introductions to public health service among students. It was difficult for site visitors to verify any level of student participation in service outside of the required practice experience, since data were not available. As discussed in previous sections, program leaders and faculty, as well as students, cited the program's condensed structure as a barrier to service participation. As noted in Criterion 3.1, the program may consider opportunities to expand connections to community issues and application through coursework and other curricular activities.

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 met. In the past, the MPH program addressed workforce development mainly through a series of webinars, online training modules and in-person training sessions. For example, in 2010, the program collaborated with other universities to establish a HRSA-funded training center. Through the training center, the program had a sustained record of assessing needs and delivering trainings to state and local health departments. Since the federal funding expired, the program has shifted to a more ad hoc approach. Currently, the program hosts an annual Public Health Week Symposium, and will initiate a quarterly Public Health Grand Rounds highlighting faculty research in 2018. The program plans to deliver

the grand rounds via webinar and to publicize it among the state health department and local health departments with whom faculty have connections.

Primarily, the program's workforce development activities are developed and delivered based on the network of relationships and requests with the state health department and several local health departments in the area. The program gathers information on training needs through conversations with state health department staff, volunteer clinical faculty who work in agencies and practicum preceptors. The program does not currently have a formal, systematic assessment of public health training needs in place.

Much of the program's current workforce development activity occurs through the funded Tobacco Control Evaluation Center. This center has conducted needs assessments that address over 100 local health departments and non-profit organizations in California and provides a statewide technical assistance center and a series of live and online trainings.

State health department employees who met with site visitors indicated that they have contracted with program faculty to provide trainings as needed to staff. They noted that the program's faculty complement has a wide range of expertise and were able to provide some informal, one-time training and consultation to health department staff in addition to the more prevalent participation in contracted activities.

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 with commentary. The program's 17 primary faculty hold terminal degrees in disciplines relevant to public health education and pursue research and teaching in areas consistent with their training.

Of these, nine hold the rank of professor (eight with tenure), five are associate professors (four with tenure) and three are assistant professors (one with tenure). Instructional faculty for the public health core disciplines of biostatistics, epidemiology and environmental sciences are ample and well qualified, whereas the self-study presents fewer faculty resources aligned with the core disciplines of health services administration and social and behavioral sciences. However, in discussion with site visitors, the department chair described the emergence of a Division of Health Policy and Research in the medical school that is intended to strengthen toward an eventual concentration for MPH candidates. He further asserted that strategic recruitment of social and behavioral science faculty is underway.

The curriculum is enriched by the participation of 32 secondary faculty, most of whom hold positions across the UC Davis campus. Those individuals hold degrees in such disciplines as medicine, nutrition, communication science, law, veterinary medicine, informatics and kinesiology.

The self-study acknowledges the absence of practicing public health professionals on the department's faculty and strives to overcome this deficit by engaging volunteer faculty who co-teach several of the program's core courses. These volunteer faculty primarily are recruited from state government agencies located in Sacramento. This accommodation acknowledges an awareness by program leadership of the importance of practitioners as teachers, mentors and advisors of MPH students. The commitment of volunteer faculty to serve as models and resources for public health practice is laudable.

The program has two objectives specific to faculty qualifications. The self-study indicates that the objective pertaining to terminal degrees among primary faculty has been met over the prior three years, but the objective pertaining to engaging practicing public health professionals as at least 30% of the faculty complement has not been met.

The commentary relates to opportunities to strengthen and formalize the integration of practice-based faculty throughout the curriculum. The contributions of volunteer faculty from the practice community is valuable but may not always be sufficient to achieve this end. Scholarship of integrating and disseminating core public health knowledge is essential to training in public health. Students, alumni and community stakeholders who met with site visitors affirmed that opportunities for engaged scholarship would enhance the marketability of program graduates.

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. UC Davis has extensive policies and procedures regarding organization and administration of academic units. The self-study outlines a number of faculty development and support opportunities. A faculty mentoring program, along with annual workshops for faculty, is available to support the career development of early- and mid-career professionals. The library provides stipends to fund publication costs in open access journals, and travel awards through various sources are available.

Performance evaluation of faculty is governed by university and School of Medicine guidelines on appointment and tenure. Standing departmental and school-level committees on appointment and tenure

are responsible for review of candidates at appropriate intervals. Annual review of faculty is the responsibility of the relevant department chair.

The self-study indicates that course evaluations by students are an important and useful means of assessing faculty teaching performance. Course evaluations are managed by the student affairs officer in accordance with university policies. Evaluations are reviewed each quarter by instructors, the program director and the Curriculum Committee. Comments to site visitors emphasized the practice of sharing all course evaluations with all primary faculty to foster improvement in instruction.

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 primarily uses internet-based recruitment methods. The program hosts regular webinars during the fall recruitment cycle, and program staff send email outreach through a number of sources, including outreach toward institutions that serve diverse student populations, student health centers and student organizations. The program also conducts recruiting at graduate and professional fairs across the state of California.

The program's website and recruitment materials clearly list the materials required for application, including transcripts, a statement of purpose, letters of recommendation and standardized test scores. The Admissions and Advancement Committee reviews applicant materials and recommends applicants for admissions. The university's Graduate Studies Office sends formal offers of admission.

Data for the last three years indicate approximately 140-170 applicants per year. The program typically accepts 70-80 students and ultimately enrolls approximately 30-40. As discussed in Criterion 2.1, the program has not yet enrolled students in the biostatistics concentration. The vast majority of students enroll in the general public health concentration. In 2016-17, there were 37 students in general public health and eight students in epidemiology. Nearly all students enroll full time. Students who met with site visitors indicated that the general public health track was more popular because its flexibility means that it is easier to complete in the one-year timeframe projected for most program students. The ability to choose from a broader array of coursework and the need to complete fewer courses prescribed by the program of study allows for easier scheduling. Several currently enrolled students noted that they were interested in the epidemiology concentration but had been warned by faculty and alumni that choosing this concentration might require enrollment for longer than the typical five consecutive quarters, simply due to course availability.

The program tracks average GPA and student demographics as outcome measures for the success of its recruitment and admissions process. The program has met or surpassed its targets for GPA but has not met its diversity targets.

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's primary faculty are responsible for advising students. The initial match of students with faculty occurs when students are admitted to the program. That arrangement can readily be modified, depending on student interests and/or faculty availability during the time the student is enrolled. A program orientation is held on the first day of fall classes to review key program issues. Students are provided handbooks at orientation, and handbooks explain degree requirements, program resources and student and faculty responsibilities.

Career counseling is available within the program and through the UC Davis campus. The MPH program distributes information to students via its website and newsletter regarding paid job and training programs. The program structures events that foster networking between students, alumni and community-based stakeholders throughout the year, particularly within the seminar series and practicum presentations. Program alumni recently initiated a workshop for students regarding employment opportunities with the California Department of Public Health. The university shares information and opportunities through its Internship and Career Center and the GradPathways program to support successful transitions from school to the worksite.

Student data indicate fair to good satisfaction with advising and career counseling. Concerns included being matched with an advisor who may not share the student's interests. The program has made several changes in its communication and processes for both faculty members and students in response to survey data. Changes include clarifying and reiterating the possibility of and process for changing advisors, reminding advisors of their specific responsibilities, distributing a regular e-newsletter with information and career opportunities and requiring regular meetings with the student affairs officer. The program hopes that these changes will improve student satisfaction.

Students and alumni who met with site visitors praised faculty's availability and attentiveness. They noted that they regularly meet with their advisors, and that advisors may even proactively reach out to students if they have not recently heard from them. Students and alumni described faculty's connections as excellent, noting that they are well networked and able to direct students to the right resources for academic and career opportunities.

Students also uniformly praised the student affairs officer as a valuable resource for policies and procedures, connections and general assistance. They indicated that she and the other program staff, as well as the program director, were extremely knowledgeable and helpful to students.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

University of California, Davis
Public Health Program

November 13-14, 2017

Monday, November 13

- 8:30 AM Meet with Self-Study Coordinator and Director
Diana L. Cassady, DrPH (Director, MPH Program)
Leah M. Galasso, MA (Student Affairs Officer, MPH Program)
- 8:45 AM Executive Session
- 9:45 AM Meet with Program and Department Administration
Bradley H. Pollock, PhD, MPH (Chair, Dept. of Public Health Sciences)
Diana L. Cassady, DrPH (Director, MPH Program)
*Deborah Bennett, PhD (Chair, MPH Curriculum Committee) via phone**
Nicole Sainz, MHA (Chief Administrative Officer, Dept. of Public Health Sciences)
Amber Carrere, MEd (Education Director, Dept. of Public Health Sciences)
Leah M. Galasso, MA (Student Affairs Officer, MPH Program)
- 10:45 AM Break
- 11:00 AM Meet with MPH Core Teaching Faculty
Marcella Gonsalves, EdD, MPH (SPH 297: Public Health Practicum)
Deborah Bennett, PhD (SPH 262: Principles of Environ. Health Sciences)
Woutrina Smith, DVM, PhD, MPVM (EPI 205: Principles of Epidemiology)
Michelle Ko, PhD, MD (SPH 222: Social and Behavioral Aspects of Public Health)
J. Paul Leigh, PhD (SPH 273: Health Services Administration)
Laurel Beckett, PhD (SPH 244: Introduction to Health Science Statistics)
Diana L. Cassady, DrPH (SPH 290: Topics in Public Health & SPH 201: Introduction to Public Health)
Mark Starr, DVM, MPVM (SPH 290: Topics in Public Health)
- 12:00 PM Break
- 12:15 PM Lunch with Current MPH Students
Bridgette Smith
Marissa Greenband
Eva Pardo
Holly Beitch
Nadine Mansour
Aman Arora
Nebay Russom
Donna Davami
Madison Jablonski-Sheffield
- 1:15PM Break
- 1:30 PM Meet with Faculty Related to Research, Service, Workforce Development, Faculty Issues
Brad Pollock, PhD (Professor and Chair, Public Health Sciences Dept.)
Irva Hertz-Piccioletto, PhD, MPH (Professor, Public Health Sciences Dept.)
B. K. Yoo, MD, PhD (Associate Professor, Public Health Sciences Dept.)
Lorena Garcia, DrPH, (Associate Professor and Director of Undergraduate Education, Public Health Sciences Dept.)
Michelle Ko, MD, PhD (Assistant Professor Public Health Sciences Dept.)
Amber Carrere, MEd (Education Director, Dept. of Public Health Sciences)
Leah M. Galasso, MA (Student Affairs Officer, MPH Program)
- 2:30 PM Executive Session

4:00 PM Meet with Alumni, Community Representatives, Employers and Preceptors
CJ Calabrese, Co-Chair MPH Alumni Network, PhD student, Communications Department, UC Davis
Kayvon Jabbari, MPH, Co-Chair MPH Alumni Network, PhD student
Elizabeth Dingbaum, MPH, Pathology Informatics, UC Davis Health
Catherine Dizon, MPH, Tobacco Control Evaluation Center, UC Davis
Richard Sun, MD, MPH, Medical Director, Cal-PERS
Marcel Horowitz, MS, MCHES, University of California Cooperative Extension
Tonia Hagaman, MPH, Tobacco Control Program, California Department of Public Health (CDPH)
Aimee Sisson, MD, MPH, Director Cal-EIS, CDPH
Suzanne Haydu, MPH, RD, Child & Adolescent Health Division, CDPH
Michele Byrnes, MPH, UC CalFresh

5:00 PM Adjourn

Tuesday, November 14

8:15 AM Executive Session

9:00 AM Meet with University Administration
Ralph Hexter, MPhil, PhD (Provost and Executive Vice Chancellor, UC Davis)
Lars Berglund, MD, PhD (Interim Dean, UC Davis School of Medicine)
Jean-Pierre Delplanque, MSc, PhD (Associate Dean, Office of Graduate Studies)

9:45 AM Executive Session and Report Preparation

1:00 PM Exit Briefing