

**Council on Education for Public Health  
Adopted on October 16, 2010**

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

**COUNCIL ON EDUCATION FOR PUBLIC HEALTH**

**SITE VISIT DATES:  
May 10-11, 2010**

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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, Davis (UCD). The report assesses the program's compliance with the *Accreditation Criteria for Programs of Public Health, amended June 2005*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in May 2010 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives, and to verify information in the self-study document by reviewing materials provided on site in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

The University of California (UC) was established in the mid-1860s as a federal land grant institution. Originally located in Berkeley, the university currently comprises ten campuses. Starting as a state agricultural school in 1908, UC Davis became a full-fledged campus of the UC system in 1959. In 1966, UC Davis established the School of Medicine, including the Department of Community Medicine, the forerunner to the current Department of Public Health Sciences (administrative home to the UC Davis MPH program).

UC Davis is the largest in area of the 10 UC campuses, second in total expenditures and third in number of students enrolled. UC Davis enrolls 31,000 students hailing from California, the US and over 120 foreign countries. The campus employs over 4700 full-time academic personnel, with an additional 3700 part-time personnel including over 1100 in the School of Medicine and 300 faculty in the School of Veterinary Medicine. UC Davis stands tenth in research funding (over \$586,000,000 in 2007-2008) nationally among public universities. UC Davis is one of only 63 universities admitted to Association of American Universities.

UC Davis has long offered degree programs relevant to public health, including Preventative Veterinary Medicine, Epidemiology, Nutrition and Biostatistics, and the MPH program began in 2002. The School of Medicine and the School of Veterinary Medicine jointly sponsor the MPH program through faculty, oversight and committee structure. The School of Medicine administratively houses the MPH program and confers the MPH degree.

The Council on Education for Public Health awarded initial accreditation in June 2005 for three years with an interim report due in 2007. The interim report was accepted in June 2007, and the Council extended accreditation through June 2010.

## Characteristics of a Program of Public Health

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

- a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education.
- b. The program and its faculty shall have the same rights, privileges and status as other professional schools 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 school of public health should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem-solving, and fosters the development of professional public health concepts and values.
- d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The school 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 school's activities.
- e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. As a minimum, the school shall offer the Master of Public Health (MPH) degree in each of the five areas of knowledge basic to public health and a doctoral degree in at least three of the five specified areas of public health knowledge.
- f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the public health program at the University of California, Davis. UCD is accredited by the Western Association of Schools and Colleges (WASC). The program and its faculty, administratively housed in the School of Medicine and Department of Public Health Sciences, enjoy the same rights, privileges and status as those in other colleges across campus. The MPH program delivers one generalist masters degree program requiring 56 quarter units of curriculum. The program's detailed mission emphasizes public health knowledge obtained in concert with practice members, especially the California Department of Public Health. Faculty organize around institutional Graduate Groups, interdisciplinary groups that come together to promote topical understanding from various perspectives. Faculty are actively involved in community research and service in California and nationally. Public health practitioners actively participate in student growth and development via regular social events organized by the program, and the weekly seminar series talks. Students apply their classroom learning during their practicum as they undertake projects for public health government and community agencies.

The program maintains an organizational culture embracing public health values, explicitly listing health, community, respect for individuals, and professionalism. Public health core knowledge is delivered via required courses in the five areas of public health. The program operates under the administration of a director, coordinator and multiple faculty committees additionally informed by student membership.

## **1.0 THE MPH PROGRAM**

### **1.1 Mission.**

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

This criterion is met. The program's comprehensive mission statement addresses direction, content and partners who collaborate with the program within the university and from the community.

Our mission is to develop the public health leaders of the future by providing a high-quality masters 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 (CDPH), 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.

The program goals address instruction, research and service.

#### Instructional Goals

1. Educate MPH students in the core public health content areas necessary for a career and leadership in public health.
2. Provide practicum placements with the public health community to integrate theory and practice for locally relevant public health problems.
3. Promote partnership with School of Medicine, School of Veterinary Medicine, other campus faculty, and the public health community in development and delivery of program curriculum.

#### Research Goal

1. Maintain and support a program of research addressing public health.

### Service Goal

1. Establish linkages with and provide leadership for public health and community organizations through membership, practicum placements, research, and continuing medical education activities.

The program identifies objectives for each goal as well as specific measures for each objective that determine whether the objective has been met. In the last accreditation site visit report, CEPH noted that the mission, goals and objectives were not specific enough. However, the program updated and significantly changed the mission, goals and objectives to address the finding. The UC Davis MPH Program develops, monitors and periodically revises its mission, goals, and objectives based on input from program faculty, current and graduated MPH students, program administrative staff, state and local health department personnel, the various standing MPH program committees, and informal discussions with directors of other MPH programs. The Executive Committee reviews the mission, goals and objectives annually, and in 2008 decided that revision might be necessary based on a review of the revised accreditation requirements since the last site visit. The faculty concurred and a faculty member led the process, gathering input from constituents and managing the review and updating process. The new mission, goals and objectives were completed in 2009 and included as part of the self-study document. The current mission, goals and objectives are on both the program's accreditation website as well as the general MPH website through the university. Print materials will reflect the new mission, etc, as they are updated this year.

The values of the MPH program include:

Health - The paramount public health value is health itself. Good health contributes to a happy and productive life. Public health practitioners have responsibility to promote conditions and make evidence-based recommendations conducive to good health in the population.

Community - The community is the fundamental unit in which public health is practiced. Interventions designed to improve health, while ultimately affecting individuals, are nevertheless focused on populations and communities.

Respect for individuals - While focusing on the community as a whole, conflicts may arise in which the freedom of individuals is affected. Public health practitioners must carefully consider the dignity of individuals and work with communities to minimize deleterious effects for individuals.

Professionalism - Public health practitioners must maintain high professional standards in education, research, and application. This includes the necessity of remaining up-to-date regarding important developments in the field and abiding by generally recognized ethical standards. The effectiveness of the public health workforce is closely associated with its public standing and reputation.

Faculty discussed the values during the self-study process and affirmed their validity. The MPH program values link to the UC Davis Health system values of integrity, excellence, accountability, and respect for others. The faculty incorporates values into the program curriculum and practicum instruction.

## 1.2 Evaluation and Planning

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

This criterion is met. The MPH Executive Committee provides the forum for discussion and direction for the overall planning for the MPH program. The program director chairs this committee as an ex-officio member, and it includes faculty, community public health professionals and students. Evaluation efforts include input from all constituents of the program – students, alumni, faculty, administrative staff and public health practitioners. A Dean's Advisory Board comprised of four faculty appointed by each of the deans of the School of Medicine and the School of Veterinary Medicine also provide insight from the perspective of academic professionals in graduate education.

Table 1 provides a detailed overview of the various constituent groups and the processes used to evaluate the program. Data from each committee or process refine and improve all aspects of the program. Through these combined and ongoing efforts, the MPH program regularly assesses the goals and objectives as faculty and administration strive to meet the needs of all constituents.

The program evaluation process includes regular input and feedback among multiple stakeholders. In several instances, the program provided examples to demonstrate how the system functions. In one instance, the Curriculum Committee reviewed quarterly course evaluations and discussed issues with student members of the committee, then made the decision to request a teaching assistant for the biostatistics class to help students who were having difficulty understanding the course material. Students also contributed to the Executive Committee's planning process when program administration requested to add an assistant director. The Executive Committee approved the request and made the recommendation to the department chair.

A review of the committee minutes on-site showed that the proposed meeting intervals were sometimes not met across the three years covered in the reporting period. It is important for the future of the ongoing evaluation process that committees and others with responsibility for specific evaluation components follow through with scheduled review and reporting plans.

The program outlines reasonable and appropriate outcome measures, target metrics for each measure, and performance against those for the past three years. Statistics from the past three years show that the program met or exceeded every measure except one - sponsorship of quarterly public health grand rounds programs with CDPH.

<b>Table 1. Evaluation Procedures and Planning Processes, including Constituencies</b>			
<b>Setting and Frequency</b>	<b>Involved Constituencies</b>	<b>Evaluation Procedures</b>	<b>Planning Processes</b>
Deans Advisory Board (Semiannual)	Representatives of Deans of School of Medicine and School of Veterinary Medicine Administration	Review of program status, successes, and challenges	Discussion as committee  Referral to Executive Committee as needed
Executive Committee (Quarterly)	Students Program faculty Practicing public health community Administration	Review of Curriculum Committee reports  Review of evaluation metrics	Discussion as committee  Referral to subcommittee as needed
Curriculum Committee (Quarterly)	Students Program faculty Practicing public health community Administration	Review of course evaluations on an on-going basis	Discussion as committee  Referral to subcommittee as needed
MPH General Faculty meeting (Annual)	Program faculty Practicing public health community (as Volunteer Clinical Faculty) Administration	Discussion of issues as faculty committee of the whole	Discussion as committee  Referral to subcommittee as needed
Courses (Following each course offering)	Students Program faculty Practicing public health community	Students complete end-of-course evaluations, which are reviewed in the Curriculum Committee.	Instructors receive feedback from students (collected at the end of each course in a manner preserving student anonymity) and Curriculum Committee as necessary.
End-of-year program evaluation (Annual)	Students Program faculty Practicing public health community	Students complete end-of-year program evaluation	Review in Curriculum and Executive Committees
Annual Alumni Survey (Annual)	Program Alumni	Annual Survey	Review in Executive Committee and other relevant committees (eg, Curriculum)
Operations Committee (A group of advisors to the Program Director addressing practical operational issues)  (Variable: monthly to quarterly)	Program Faculty Administrative staff	Discussion of issues as committee	Plan according to results of committee discussions
Periodic external review (Annual)	Practicing public health community	Panel session with faculty and students to discuss what is desired in newly graduated MPH students.	Within Curriculum and Executive Committees according to panel session comments.



The MPH program developed the self-study document as a collaborative effort among faculty (including volunteer clinical faculty), students, alumni and administrative staff as well as external constituents and colleagues from other MPH programs. Faculty volunteered to develop sections of the self-study. The program director and administrative staff assembled the sections and did final edits. Preceptors, alumni and community members with whom the site visit team met indicated that they reviewed various drafts of the self-study and the most recent draft of the self-study was posted on the program's website for review during the process. The document is informative, well written and includes data relevant to each of the CEPH criteria. Tables and other data effectively describe relevant aspects of the program.

The last site visit team raised three concerns. The first was that the mission, goals and objectives were not specific enough to capture the characteristics of the program. The program revised and made the mission, goals and objectives more specific through a collaborative process in 2008-2009. The second concern was the inability of measures in place at that time to assess student attainment of learning objectives. The program has added additional input from preceptors in practicum placement as well as written and oral reports and presentations to give a more complete picture of the student's abilities. The final concern was that the outcome measures did not relate to the mission, goals and objectives outlined in the self-study. The Curriculum Committee has defined new outcome measures that are both quantitative and qualitative to assess the updated mission, goals and objectives. Tracking and feedback on those measures are in process through the program's evaluation mechanisms.

Students identified the following strengths in the MPH program: applying coursework knowledge in the practicum experience; opportunities in public health fieldwork; small program which allows for knowing what other students are doing; coursework in epidemiology and biostatistics, close relationship with the CDPH; the multidisciplinary Graduate Groups on campus; and student involvement on committees. Students also identified weaknesses including: limited coursework and opportunities in mental health; scheduling difficulties with other schools' course offerings; limited coursework in social and behavioral sciences and that the MPH program is not well known on the UCD campus. In addition, they emphasized a desire for specific practicum sites, and more guidance in selecting practicum projects.

### **1.3 Institutional Environment.**

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

This criterion is met. The University of California (UC) was established as a federal land-grant institution in the mid 1860s, with one campus in Berkeley, California. The predecessor of University of California, Davis (UCD) was a state agricultural school in Davisville, which opened in 1908 as an extension of UC Berkeley. The School of Veterinary Medicine (SVM) opened in 1948, prior to UCD opening as an official campus. The University of California system established UCD as an official campus in 1959. Today, it is the largest geographically in the UC system, second in total expenditures, and third in number of students enrolled, with approximately 31,000 students. The School of Medicine (SOM) at UCD opened in 1966.

UCD has invested in and developed programs in disciplines relevant to public health. The SVM, which co-sponsors the MPH program, established a masters degree in Preventive Veterinary Medicine (MPVM) more than two decades ago and includes epidemiology and biostatistics courses that are also required for the MPH degree. UCD has a number of graduate groups, which are interdisciplinary teaching and research structures that offer both masters and doctoral degrees.

UCD is accredited by the Accrediting Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges. More than 15 university programs of study are available in the six professional schools of medicine, veterinary medicine, management, law, education, and nursing, which are all accredited by specialized and professional accrediting bodies. The Schools of Medicine and Veterinary Medicine jointly offer the MPH. Administratively, the Department of Public Health Sciences (DPHS) in the SOM houses the MPH program. The SOM confers the MPH degree.

The university's organizational structure presents clearly defined reporting lines for the program from the MPH program director, through appropriate channels, to the university president. Figure 1 illustrates the organization of the ten-campus UC system, and identifies that the UCD chancellor reports directly to the UC president. The deans of SOM and SVM report to the UCD chancellor. The dean of SOM is also the vice chancellor for human health sciences. The dean of graduate studies also reports to the UCD chancellor. Figure 2 depicts this reporting structure and the administrative organization of the UCD campus. A recent administrative change transfers responsibility for the MPH program confirmation of program admissions, review of degree requirements and certification that degree candidates have met requirements to the Office of Graduate Studies. Therefore, the chair of DPHS will report to both the dean of SOM and the dean of Graduate Studies for matters pertaining to admissions and graduation.

The DPHS chair, in consultation with the MPH program director, is responsible for the program budget which is part of the overall DPHS budget. The MPH budget process involves annual negotiations with the dean of SOM and the CDPH, with input from the program director who is informed by the Executive Committee and the DPHS chief administrative officer.

Figure 1. University of California Organizational Structure

## UNIVERSITY OF CALIFORNIA ORGANIZATION CHART

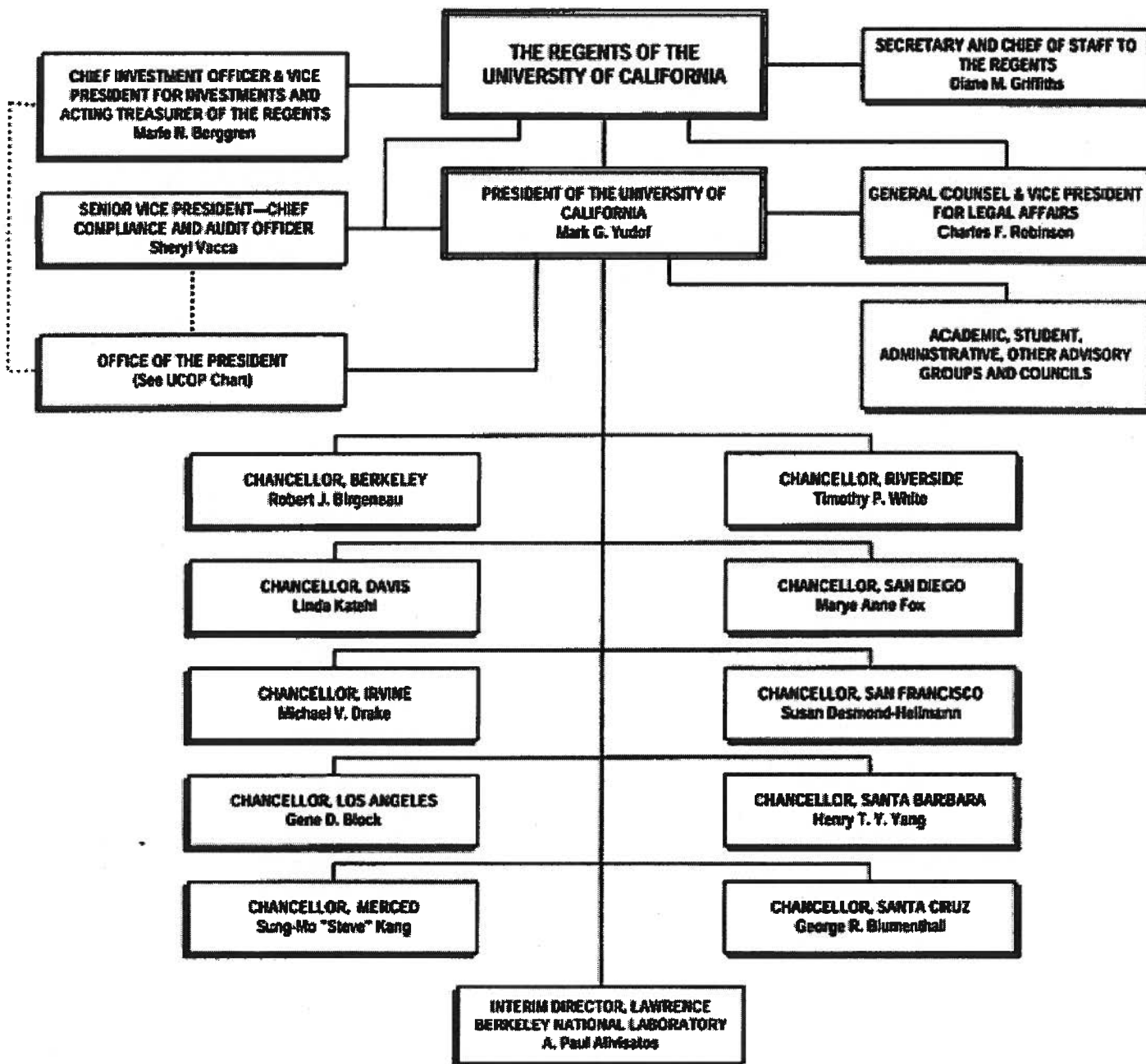
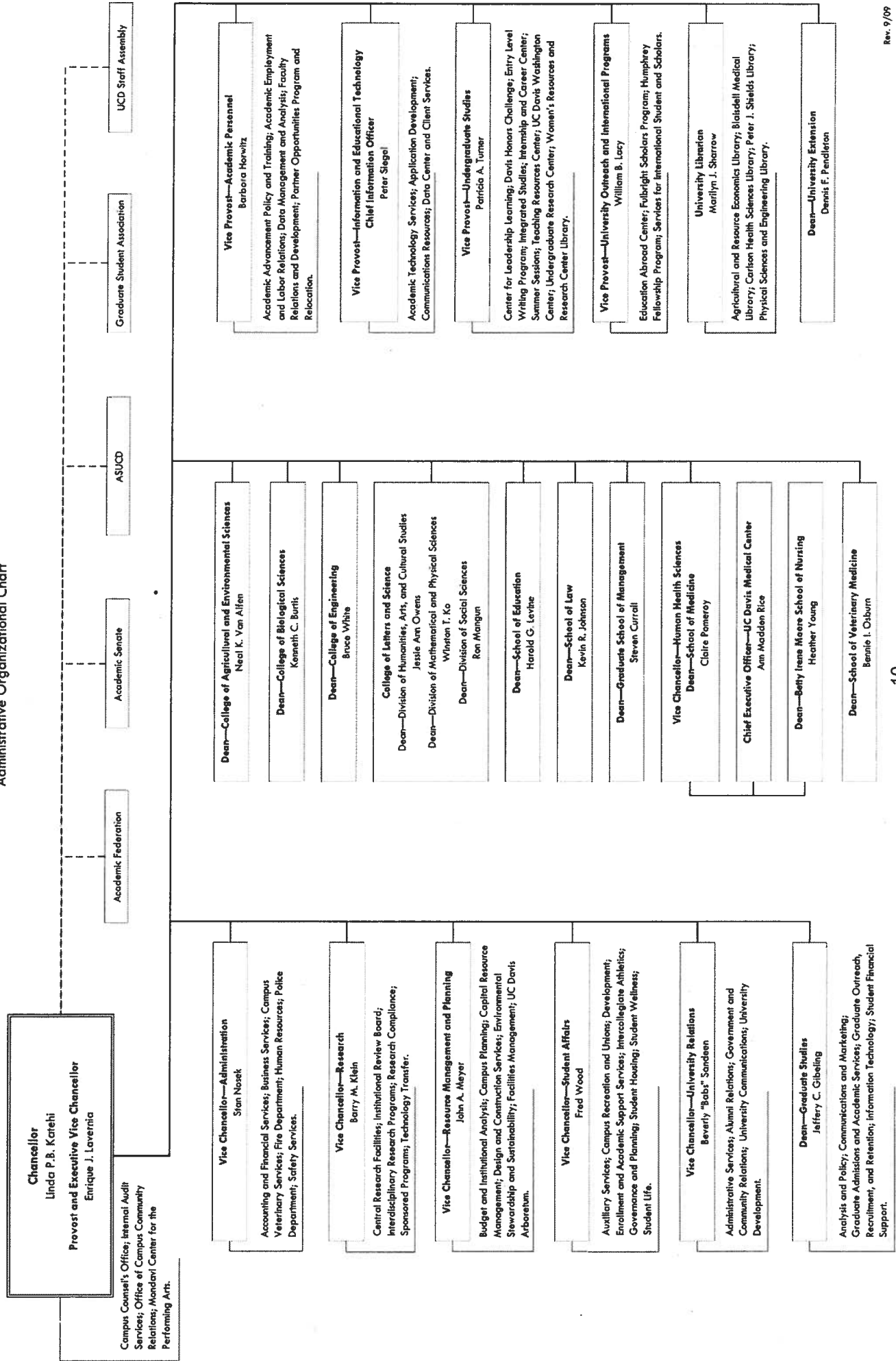


Figure 2. University of California, Davis Organizational Structure

University of California, Davis  
Administrative Organizational Chart



MPH faculty comply with UC expectations of excellence in research, teaching and service. MPH faculty are also reviewed every three years by the department chair to confirm that they are meeting the minimum standards of engagement, including teaching MPH courses, mentoring MPH students, and/or participating on department committees. If faculty do not meet specified requirements, the DPHS chair places faculty on one-year probation. If there is still no improvement, they are removed from the MPH faculty.

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

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

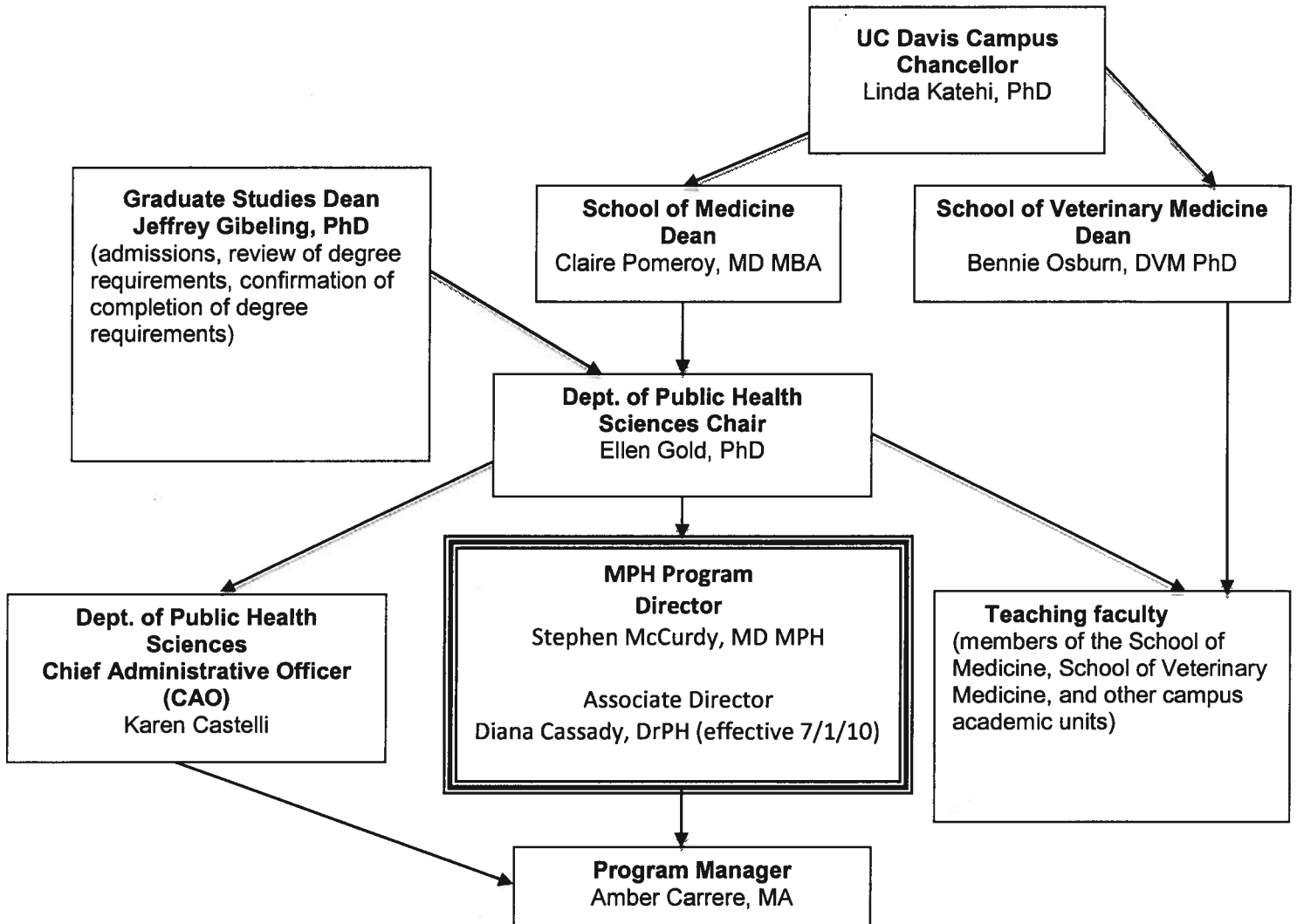
This criterion is met. Figure 3 presents the program's organizational structure. The MPH program director reports directly to the chair of DPHS. As noted in Criterion 1.3, the chair of DPHS will also report to the dean of Graduate Studies regarding admissions and graduation of MPH students. This is a new reporting structure that is in harmony with the UC system-wide policy for graduate education.

The MPH program director administers the program through a committee structure described in Criterion 1.5. The program director also supervises and is assisted by the program coordinator. The program coordinator, who is part of the DPHS administrative staff, reports directly to the DPHS chief administrative officer. The program coordinator serves as the student affairs officer and manager of the departmental and instructional activities and advises students regarding application, registration, scheduling, course requirements and financial issues.

Beginning on July 1, 2010, an MPH associate program director will work in partnership with the director. The program director and chair of DPHS will work in the coming months to define the associate program director's specific roles and responsibilities, and these should be shared with faculty and students.

Interdisciplinary collaboration is fundamental to graduate education at UCD, which is organized within 47 interdisciplinary "graduate groups" that offer masters and doctoral degrees. Graduate groups are under the administrative supervision of the dean of graduate studies, though each faculty member in a graduate group has a departmental home in one of the university's colleges. Graduate groups linked to public health include biostatistics, epidemiology, food science, health informatics, microbiology and nutritional biology. The MPH program draws its faculty from a variety of academic colleges on campus, including the SOM, SVM, nursing, law, management, education, and the Colleges of Agriculture and Environmental Sciences, biological sciences, engineering, and letters & sciences. In addition, practicing community public health professionals are involved in the weekly seminar course, SPH 290 – Topics in Public Health.

**Figure 3. UC, Davis MPH Program Organizational Structure**



The program has a process for handling student grievances. Students are encouraged to address complaints or problems directly with the involved individual. If this is not possible, the student can discuss the situation with his or her faculty advisor or the MPH program director. If resolution is still not possible, students can turn to the dean for student affairs within the SOM. They also have access to the Student Grievance Center and the Student Judicial Affairs Office. Students reported that the program actively solicited their input and made changes based on student feedback.

The campus-wide Principles of Community govern all of UCD, including all MPH faculty. These principles affirm dignity, a climate of justice and respect, freedom of expression, civility and decency towards all and rejection of all manifestations of discrimination.

### **1.5 Governance.**

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

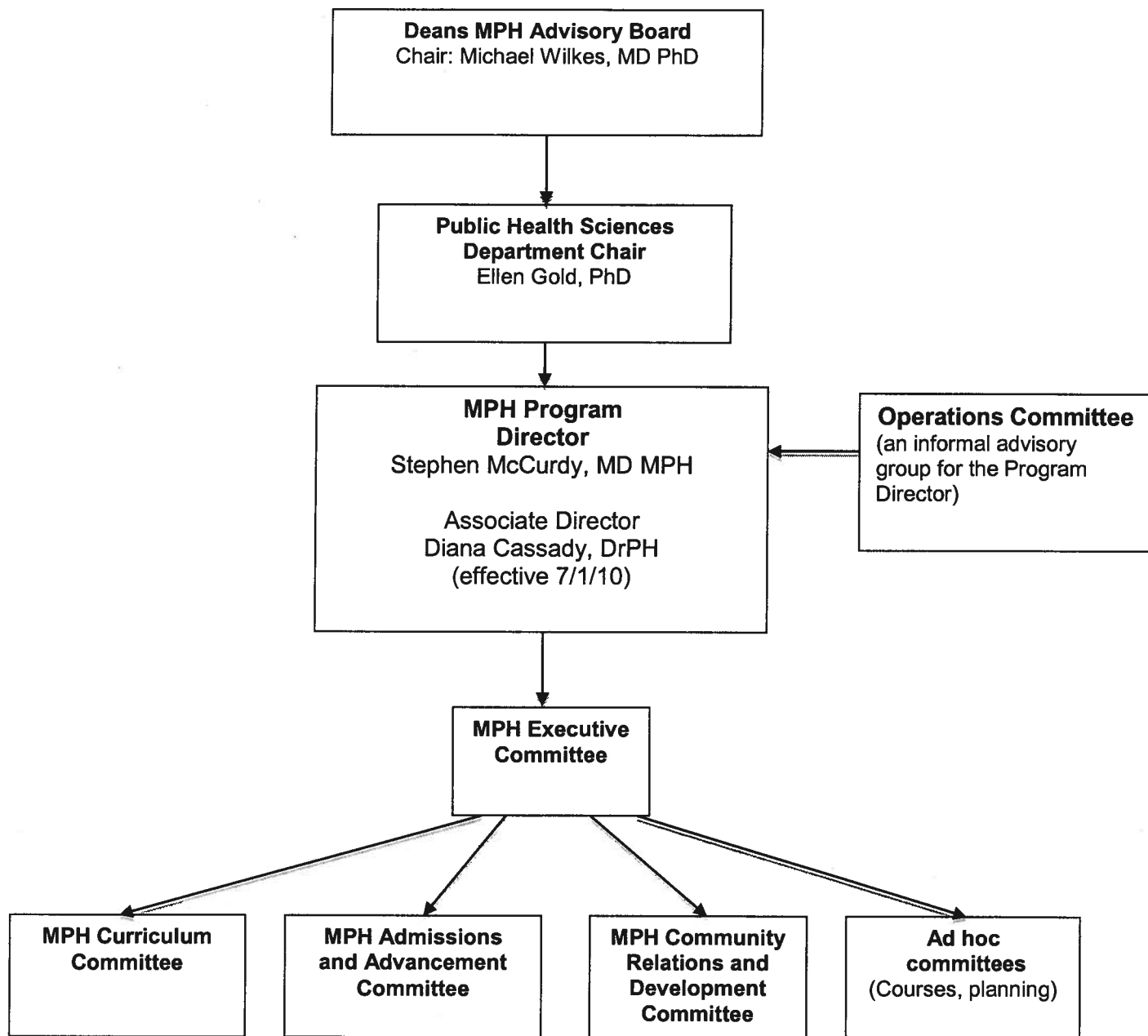
This criterion is met with commentary. The program has a well-specified administrative, governance, and committee structure, which is shown in Figure 4. Academic policies and procedures for MPH faculty operate at the school, department and program levels. Policies forbid academic dishonesty, including cheating on examinations and assignments, and plagiarism.

The Dean's MPH Advisory Board meets semiannually and is the main advisory body for the program. It consists of four members appointed by the dean of SOM and four member appointed by the dean of SVM. The program director reports to this committee, which in turn reports to the deans of SOM and SVM.

The UCD MPH Executive Committee has overall responsibility for academic, administrative and budgetary policies. The program director chairs this committee's quarterly meetings. The DPHS chair appoints members for three-year renewable terms. The UCD MPH Curriculum Committee reviews and promotes development of the MPH curriculum, reviews course evaluations and recommends policy such as transferability of credits and graduation requirements. The Executive Committee approves membership on the Curriculum Committee. Terms for both faculty and students are for three years and are renewable.

The UCD MPH Admissions and Advancement Committee develops and implements student recruitment strategies, reviews applications, interviews applicants, develops a list of applicants recommended for admission and reviews progress of admitted students. Membership consists of interested faculty and students who are appointed by the program director and approved by the Executive Committee. Terms of service are for one year and renewable.

Figure 4. UC Davis MPH Program Committee Structure





Faculty and students who serve on the MPH Community Development Committee address community relations, community input regarding the MPH program priorities and program development. Members of the CDPH are actively involved in this committee, and report satisfaction with their roles and level of involvement with faculty and students in the program. Terms of service are for three years and are renewable.

Ad hoc committees are appointed and meet periodically to address specific issues. Two such committees include the SPH 290 Seminar Committee, which meets in the spring of each year to plan the SPH 290 seminars for the coming year, and the Instructor of Record Committee, which meets on an as-needed basis to improve course integration and minimize scheduling conflicts.

Student representatives actively participate in MPH committees and report satisfaction with their level of involvement and the extent to which their opinions and suggestions are accepted and considered.

The commentary concerns the need to ensure the functioning of the governance structure relating to course oversight and review. The Curriculum Committee's responsibilities include course oversight and review; however, syllabi do not uniformly present course learning objectives, specific program competencies or links between the learning objectives and competencies, suggesting that the committee has not been able to fulfill all aspects of its charge.

#### **1.6 Resources.**

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

This criterion is met. The program indicates several types of funds that comprise the budget: California state legislature funds, tuition funds, support from the California State Department of Public Health, and indirect cost recovery through the DPHS. A total of \$330,510 was provided in 2008-2009 for operating expenses, approximately 50% from the SOM, 23% from CDPH (through the California Department of Health Services) and 30% from student professional fees. Table 2 illustrates the departmental budget, which includes funds for the MPH program as well.

The program estimates that approximately \$159,519 in faculty effort is dedicated to the program, with an additional "in-kind" core MPH faculty compensation of \$218,000 for 2008-2009 not included in the total funds. The program has a full-time administrative coordinator, a 50% time project coordinator to assist with the accreditation process and a part-time student assistant who assists the coordinator with various projects and office duties.

	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
<b>Source of Funds</b>					
University Funds	\$40,000	\$50,000	\$41,300	\$85,688	\$117,600
Other - CA Department of Health Services	\$40,000	\$40,000	\$55,000	\$66,180	\$75,000
Other – Fellowship			\$25,000	\$32,400	\$37,500
Other - Professional Fees		\$52,000	\$52,000	\$87,108	\$100,410
<b>TOTALS</b>	<b>\$80,000</b>	<b>\$142,000</b>	<b>\$173,300</b>	<b>\$271,376</b>	<b>\$330,510</b>
<b>Expenditures</b>					
Faculty Salaries & Benefits		\$61,065	\$94,100	\$153,112	\$159,519
Staff Salaries & Benefits	\$72,970	\$49,086	\$21,400	\$41,463	\$57,471
Operations	\$10,300	\$21,457	\$5,978	\$27,344	\$13,142
Travel		\$2,716	\$792	\$3,780	\$3,107
Student Support - Financial Aid		\$13,000	\$18,667	\$24,812	\$29,516
University Tax					\$1,278
Other – Accreditation	\$2,694	\$2,788	\$2,872	\$2,958	\$3,047
Other – Fellowship			\$25,000	\$32,400	\$37,500
Other - TA Support			\$5,250	\$18,447	\$40,024
<b>TOTALS</b>	<b>\$85,964</b>	<b>\$150,112</b>	<b>\$174,059</b>	<b>\$304,316</b>	<b>\$344,604</b>
Other - "In-Kind" Core MPH Faculty Compensation, <i>not included in total funds</i>	N/A	N/A	N/A	N/A	\$218,000

\* The "in-kind" designation reflects the fact that the MPH Program does not provide a direct line of budgetary support to faculty. Rather, faculty are compensated for teaching and administrative time within their own departments.

Faculty FTE contributions are based on teaching core courses, 20%; advising students, 10%; administrative contribution, 15%; committees, 10% and public health research, 10%. Currently, eleven core faculty (11 FTE) serve the program; thus the program adequately meets minimum quantitative faculty requirements as outlined in the criteria. The number of faculty has been increased by one since 2006-2007. The number of other faculty has increased from seven (4 FTE) in 2006-2007 to 30 (4.55 FTE) in 2008-2009. Table 3 shows faculty headcount. Since the previous accreditation review, two additional faculty members joined the program. Student/faculty ratios are good at 1.2 (12 FTE students: 10 FTE faculty) in 2006-2007, and 2.22 (24.5 FTE students: 15.5 FTE faculty) in 2008-2009.

	2006-07	2007-08	2008-09	2009-10
General Public Health	10 + 7	11 + 6	11 + 30	11 + 31
<b>Totals:</b>	<b>17</b>	<b>17</b>	<b>41</b>	<b>42</b>

\* Includes teaching faculty only: full-time + (part-time and adjunct)

The program enjoys adequate physical space, including classroom and common space for the students in the SVM, laboratory and computer facilities in the DPHS and library resources.

The program utilizes several outcome measures to determine adequacy of resources. These include expenditures per FTE student, research dollars per FTE faculty and percent of the budget made up of extramural funding. As the number of FTE students has doubled over three years, expenditures per FTE student have remained relatively stable, from \$12,883 in year 2006-2007 (12 students) to \$13,003 in year 2008-2009 (23 students). FTE student expenditures remain below the target goal of \$15,000. While student numbers have doubled, faculty FTE has increased slightly to 15.5, but not reached the goal of 18. Research dollars per FTE faculty has varied, and reached \$938,062 in 2008-2009, exceeding the target of \$400,000. Extramural funding has decreased from 46% in year 2006-2007 to 34% in year 2008-2009.

## 2.0 INSTRUCTIONAL PROGRAMS.

### 2.1 Master of Public Health Degree.

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

This criterion is met. Table 4 presents the program's degree offerings. UCD offers one generalist MPH degree delivered primarily on-campus during daytime hours. All students enter during the summer. UCD expects students to enroll full-time and to complete the MPH in less than two years.

<b>Table 4. Instructional Matrix - Degree/Specialization</b>		
	Academic	Professional
<b>Masters Degrees</b>		
Master of Public Health (MPH) (Generalist program)		X

UCD's MPH degree plan reflects its stated mission for developing public health leaders of the future. The curriculum also reflects UCD's intent to equip students with general public health knowledge and competency in informatics. This site visit team reviewed syllabi and confirmed that the curriculum provides appropriate depth of public health knowledge to meet the program's stated goals.

During the fall 2009, the MPH faculty approved a reorganized curriculum changing 19 elective credits to 6 selective credits and 13 electives. This approved curriculum includes 37 units of core, 6 units of added-competence selective courses, and 13 quarter units of electives. The "added-competence selectives," courses provide more advanced understanding of public health core areas. Selective courses include Medical Statistics, Sampling in Health-Related Research, Problems in Epidemiologic Study Design,

Environmental Epidemiology, International Health Care and Health Economics. Students must take 13 credits of electives and may choose from a wide and varied list stemming from multiple university departments including education, environmental and occupational health, epidemiology, nutrition, psychology, sociology, veterinary public health and others. This change will not affect the curriculum for the currently enrolled students. Because this change just occurred in Fall 2009, the MPH Student Handbook does not yet reflect this change.

The program will include these changes in the handbook and on the website during the annual updating to marketing materials that takes place every June. Since the program's 2010 cohort application deadline was December 2009, the newly admitted students will be the first to go through this newly reorganized curriculum. The program will notify these students in June 2010 when the handbook and registration materials are typically shared. When questioned by the site visit team regarding whether or not this allowed adequate time to inform students of this change, the program director explained that the selectives were chosen based on past student enrollment. In essence, this new selective/elective organization reflects what students have taken in the past few years when the selectives choices were part of the larger electives list. Therefore, it is not anticipated that students will have any difficulty fulfilling this new selective requirement.

UCD repeatedly states that they offer a generalist program with no other specialization areas, and informs students orally and in the handbook. However, the program also uses the phrase "area of emphasis" in the handbook, in advertising and with students to help students communicate their interest areas and to help guide students in choosing their electives. CEPH recently cautioned the program that by using this phrase, students may be misled into believing that they are receiving a branded MPH in a particular area. UCD has decided to eliminate any phrasing related to emphasis areas and will be updating their website and handbook to reflect this change and future cohorts will not be asked to identify emphasis areas. The site visit team verified that students do understand that the program offers only a generalist degree and that when the program referred to "emphasis areas" this meant areas of interest for the students to guide elective choices and advisor assignments.

## **2.2 Program Length**

**An MPH degree program or equivalent professional masters degree must be at least 42 semester credit units in length.**

This criterion is met. UCD uses quarter units to define its curriculum. One quarter unit equals 2/3 semester credit. As required in the June 2005 CEPH accreditation criteria, UCD requires students to complete 56 quarter units of study (effective for students admitted in 2007).

UCD has graduated 42 students under the new 56 quarter unit degree program, with 31 currently enrolled students. Prior to August 2007, UCD's MPH program required students to complete 48 quarter units

(equal to 36 semester credits). All of the students under the 48 quarter unit degree plan have graduated (n=46) or are no longer in the program. UCD explicitly states on its website and through site visit interviews that there are no exceptions to this 56 quarter credit requirement.

### 2.3 Public Health Core Knowledge.

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

This criterion is met with commentary. The UCD MPH program delivers public health core knowledge through a series of six required (core) classes. Table 5 presents the required core courses for MPH students. The site visit team verified that the six core courses provide an appropriate depth of instruction in CEPH's identified five core knowledge areas. Students must earn at least a B- in each of these (and all) core courses. UCD uses this grade as one way to verify that students demonstrate an understanding of public health core knowledge. In addition, students must complete a 300 hour practicum and present on their understanding of public health for their culminating capstone project. The program evaluates student success at that point based on quality of project, presentation and evaluations from the preceptor, faculty advisor and student self-assessment. All students are required to complete the core courses. The program does not allow waivers of this requirement.

<b>Area of Knowledge Basic to Public Health</b>	<b>Core Course Title</b>	<b>Quarter Units</b>
Biostatistics	MPM 402/403 Medical Statistics I/II	4+4=8
Epidemiology	EPI 205A: Principles of Epidemiology	4
Environmental Health Sciences	SPH 262: Principles of Environmental Health Science	3
Health Services Administration	SPH 273: Health Services Administration	3
Social and Behavioral Sciences	SPH 222: Social and Behavioral Aspects of Public Health	3

The commentary relates to the clarity by which the program requires students to demonstrate their understanding of the core knowledge in the six core classes. The syllabi, the tool used to clearly inform students of what they will experience in a course, do not consistently explicitly state the course objectives. Of the six core syllabi, 50% did not provide objectives. Lacking objectives, the syllabi provide no plan specifying what students will know or be able to do at the end of the course curriculum. Even though faculty discussed how they present learning objectives during lectures and explain that students are tested on key public health concepts, the syllabi provide limited opportunity to verify the core knowledge associated with the six required classes. In addition, this decline in clarity appears to be a new phenomenon since the syllabi provided during the 2007 interim report adhered to a syllabus template

format which included both programmatic learning objectives (at that time related to the Council on Linkages between Academia and Public Health Practice) and course learning objectives.

#### **2.4 Practical Skills.**

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

This criterion is met. The practicum is a 10 quarter unit course comprising 300 total hours of student effort for a public health project in a public health practice setting, divided between classroom and on-site hours. The practicum is divided into a preparatory phase and a "main activities" phase. The SPH 297 Public Health Practicum course begins with two quarter units (60 contact hours) in the classroom during winter quarter of the first year. The class focuses on discussions of topics covered in other concurrent MPH courses as well as writing and oral presentation workshops. At the end of this phase, the student selects a practicum project and site and writes a practicum plan approved by the site preceptor, the student's MPH advisor and the SPH 297 instructor. The student completes the second phase during the spring and summer quarters totaling 240 hours consisting primarily of the on-site experience plus continued biweekly class sessions. Students spend an average of three days per week at the site or working directly on the practicum project. At the end of the practicum, students participate in the culminating experience, during a symposium where they present a poster, give an oral presentation on their work and turn in their final written report.

At the beginning of SPH 297 each student is provided with a course syllabus/handbook with 27 pages of information on process, policies, schedules and forms. Students are encouraged to find their own project, site and preceptor based on personal interests, but the project must focus on applying public health training and not on academic research (unless it is related to application). A fall "meet and greet" as well as the Topics in Public Health class expose students to many local public health practitioners and highlight project ideas and potential preceptor contacts. The SPH 297 instructor prepares a catalog of information about each student's experience and interests that is also shared with potential preceptors who may have projects to offer for students. Practicum sites for the past three years show a wide variety of placements and topics.

The program expects preceptors to be experienced in the area of the project but they do not have to have specific public health academic training. The students share a letter from the SPH 297 instructor with the site preceptor that outlines expectations, schedules and other information. The practicum project plan must be developed by the student collaboratively with the preceptor and approved by the SPH 297 instructor, the student's advisor and the preceptor prior to beginning work. The student and preceptor are required to meet and discuss progress weekly. The preceptor must complete and submit to the instructor a mid-quarter and final review and is expected to attend the presentation of the project, if possible.

No waivers are permitted for the practicum experience. The support and continuous contact among the student, instructor and preceptor throughout the process assist in making the practicum relevant and a learning experience for the student.

Preceptors interviewed by the site visit team indicated that they received very useful information and orientation from the program director and other faculty advisors about roles and expectations of a preceptor prior to and during the placement process. Both the personal contact with faculty and the clearly written materials were cited as providing information on making the practicum experience helpful to the student and the organization. Students expressed a desire to have more assistance from the faculty in identifying specific practicum sites and opportunities that met their interests and skills. Some indicated feeling unsure about how to approach potential sites and preceptors about practicum possibilities.

### **2.5 Culminating Experience.**

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

This criterion is met. The culminating experience is the final portion of the practicum experience and involves the Practicum Symposium, during which students showcase their abilities in public health for faculty, the preceptor and fellow students. The culminating experience includes a written report describing the public health background, methods employed in the project and the results. Recent projects have included policy analysis, cancer screening capacity survey, program evaluations, design of information workshops and proposals for enhanced surveillance and prevention. It includes a poster, oral presentation, discussion of their project and its results, implications for the future and recommendations for further work. Participants have the opportunity to question the student about any aspect of their project. The written and oral reports allow the student to synthesize and demonstrate mastery of public health principles and programmatic competencies.

The instructor for SPH 297 reviews evaluative information from the site supervisor, the UC Davis faculty advisor, the instructor's own observations over the entire course, the poster, oral presentation and the final written report. Based on this information, the instructor of record assesses the student's success in completing the practicum and synthesizing work for the culminating experience. Students reported feeling well prepared to develop the final written report and presentation based on SPH 297 classroom skill-building and the assistance received from faculty and preceptor input.

## 2.6 Required Competencies.

**For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of educational programs.**

This criterion is partially met. The program provides a clearly articulated and appropriate set of 16 program competencies adapted from the Association of Schools of Public Health (ASPH) competencies. Fourteen of these competencies address general and cross-cutting public health knowledge or skill. Two additional competencies reflect the UCD program's mission of developing leaders through effective communication and technology use. The program discussed these competencies with numerous stakeholders through the existing committee structures and then the MPH faculty provided final approval. During the site visit, students identified their improved skill in written and oral communication, as well as their breadth of technology knowledge.

The concern relates to the fact that the program lacks a comprehensive and systematic curriculum evaluation process to ensure that competencies "guide the curriculum planning process," as required by this criterion (p.14). The Curriculum Committee's responsibilities include reviewing student course evaluations, but there is no system or plan in place for evaluating how effectively the core courses contribute to the programmatic competencies. For example, a review of the core syllabi found that 50% (3/6) of the course syllabi do not include course learning objectives, and 67% (4/6) do not include specific programmatic competencies or the linking of the objectives with the competencies (see Table 6). Guidance from the committee to assure that links are included with each syllabus and are apparent to students will provide more consistency across all courses and assist with assuring that course content supports meeting the objectives and competencies established for the program. Faculty seem willing and eager to improve the course syllabi to more explicitly reflect course and program competencies indicating that it is indeed a systems issue in accomplishing this task. It is of particular concern that UCD's 2005 accreditation results also identified gaps in this same area which was addressed satisfactorily in UCD's 2007 interim report. However, the issue of consistent presentation of learning objectives and course competencies on the syllabi was once again identified as deficient with the program's adoption of the ASPH programmatic competencies.

Program competencies should provide the foundation for the curriculum, learning objectives, syllabi development and measures against which to evaluate student learning. It is crucial for the program to establish a documented system where 1) program competencies are explicit for all stakeholders, 2) syllabi are reviewed to know how each course contributes to student's incremental learning and 3) assignments are crafted to assess student knowledge in course objectives and the resulting program competencies.



<b>Area of Knowledge Basic to Public Health</b>	<b>Core Course</b>	<b>Syllabus contains course objectives</b>	<b>Syllabus provides or refers to corresponding program competencies</b>
Biostatistics	MPM 402/403 Medical Statistics I/II	No	No
Epidemiology	EPI 205A: Principles of Epidemiology	Yes	No
Environmental Health Sciences	SPH 262: Principles of Environmental Health Science	No	Yes
Health Services Administration	SPH 273: Health Services Administration	Yes	No
Social and Behavioral Sciences	SPH 222: Social and Behavioral Aspects of Public Health	Yes	Yes

In addition, the self-study reports that the program competencies are listed in the MPH Student Handbook. However, site visitors' review of the handbook indicates that the program provides students with a list of all the ASPH competencies instead of focusing on their accepted sixteen program competencies. Students can access UCD's 16 MPH program competencies via the program website and in the practicum materials.

### **2.7 Assessment Procedures.**

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

This criterion is met with commentary. The program assesses each student at the classroom, program and practice levels. Students must successfully complete a prescribed 56 quarter unit curriculum. Students must earn at least a B- grade in core courses and must maintain a grade point average of 3.0. Courses assess student learning primarily using examinations and written papers. The program requires all students to complete a 300 hour practicum during which their performance is evaluated by their site preceptor, faculty advisor and the SPH 297 course instructor. In addition, students demonstrate their mastery of public health competencies during their culminating capstone where they report and present on their practicum experiences. Students also assess their own mastery of the program competencies at the end of the practicum.

The program measures student practicum completion (100% in 2009 and 2008) and percent of graduates employed within one year following degree (95% in 2009, 86% in 2008 and 100% in 2007). UCD graduates' top three destinations are government, further education and university or research positions.

The program meets its goal of graduating at least 90% of MPH students in within 24 months from matriculation: 93%, 92% and 91% in 2006, 2007 and 2008 respectively.

The commentary relates again to the program's lack of comprehensive public health competency assessment in the curriculum structure and in students' mastery of those competencies. It is obvious that UCD's MPH system equips students with marketable public health skills. However, until the curriculum clearly maps how course assignments support the course learning objectives, and how the course learning objectives are linked to specific program competencies, the program lacks a comprehensive planning and evaluation process.

### **2.8 Academic Degrees.**

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

This criterion is not applicable.

### **2.9 Doctoral Degrees.**

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

This criterion is not applicable.

### **2.10 Joint Degrees.**

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

This criterion is not applicable.

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

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

This criterion is not applicable.

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

#### 3.1 Research.

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

This criterion is met. MPH program faculty are active in many areas of research, ranging from basic science laboratory investigations to population-based epidemiologic studies which address environmental exposures, costs of work-related injuries, nutrition, reproductive health, children's health, women's health, and human and veterinary infectious and chronic diseases. The MPH program provides opportunity for students, measured by the research goal of promoting research relevant to the community needs. Major measures of success in the research arena are publications and funding received. MPH faculty contribute through publications, public health presentations and research projects involving the community and students. Examples of community-based research in which MPH faculty are involved include work on Childhood Autism Risks from Genetics and the Environment (CHARGE), the Tobacco Control Evaluation Center, and the Western Center for Agricultural Health and Safety.

Summary data for research funding for MPH primary faculty indicate that 8 out of 11 (72%) of primary faculty have had extramural public health research funding over the last three years, amounting to \$91,844,591. One-third of these projects are community-based, and more than one-third included student participation. Twelve out of 30 secondary faculty (40%) have had extramural public health research funding over the last three years, amounting to \$130,575,580. Twenty-nine percent of the 69 projects involving secondary faculty members have included student participation.

The program enjoys many opportunities to collaborate across UCD in research, service and education. The UCD Center for Reducing Health Disparities and the Clinical Translational Science Center offer research training opportunities for all medical school faculty, including a K30 Training Program focused on Advanced Studies in Clinical Research. UCD also has a Building Interdisciplinary Research Careers in Women's Health (BIRCWH) research training program in women's health for junior faculty members.

The department (from the School of Medicine) and the School of Veterinary Medicine support research with administrative resources (e.g. secretarial, financial, grants management). The department employs a full-time grants coordinator who provides assistance and advice throughout the life of a grant. Faculty have access to seed grant programs. Three MPH faculty members have received this award. In addition, the campus sponsors courses in research methods and grant writing for faculty. The Office of the Vice Chancellor for Research offers many research resources, including a principal investigator bridge program that offers limited, one-time funding for principal investigators who have lost, or will lose, primary extramural funding until they can reestablish extramural funding.

University and school officials articulated a plan to the site visit team of forming an Institute of Public Health, which would span the schools and graduate groups at UCD. They also discussed a developing graduate group specifically for public health, headed by the chair of DPHS. This graduate group will supplement existing graduate groups in epidemiology and preventive medicine. It is likely that the MPH program would become part of the Institute of Public Health.

### **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. Program service includes activities ranging from leadership and support positions within professional organizations, editorial and review activities for journals, and support for public health at a political level. The MPH program has set annual targets and measures the success of its faculty service efforts through tracking memberships in community and professional organizations, public health-related presentations and community-based research. A no-cost contract between the DPHS and CDPH provides the mechanism for collaboration in offering opportunities for faculty and student participation in public health service activities and practicum projects within CDPH and for CDPH staff inclusion as volunteer clinical faculty or other non-salaried appointments as well as research and other direct work with the MPH program. The UCD review and promotion policies provide evidence that university and public service are required to successfully compete for promotion and/or tenure. An MPH faculty member received the campus's Distinguished Scholarly Public Service Award in 2009 for his work with immigrant farm worker communities and promoting preventive medicine education internationally.

The program provides service for four projects in addition to the CDPH contract, including The Tobacco Control Evaluation Center; an emergency preparedness planning contract; and co-sponsorship of the 2008 meeting of the California Public Health Association - North. A review of the faculty CVs showed significant involvement in professional organizations and in peer review processes. Preceptors and community representatives with whom the site visit team met felt that faculty involvement in community-based service projects was sometimes the result of students requesting assistance from faculty with some aspect of their practicum projects rather than being faculty initiated.

Students conduct service primarily through the practicum. Other student service includes attendance at public health conferences and community-based public health meetings. Although such attendance is not currently logged and counted as service hours, the program director reported that future plans call for documenting and tracking such efforts. Students also volunteer for groups, such as the American Cancer Society, health fairs and public health association meetings. The program has met or exceeded its measures for faculty service over the past three years, but will just begin assessment of the two student service measures this coming academic year.

The most significant support for service in the MPH program is from the no-cost contract with CDPH which provides a mechanism for involvement as well as incentives for participating in a wide range of service activities.

### **3.3 Workforce Development.**

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

This criterion is met with commentary. Continuing education activities supported by the MPH program include the annual Occupational and Environmental Medicine symposium that is sponsored by the DPHS and a one-week intensive clinical epidemiology summer course taught by the MPH program director that serves new UC Davis faculty, fellows and community health practitioners (including public health personnel from the state and local health departments). The SPH 290 Topics in Public Health course is also open to local public health practitioners who wish to participate. For the past three years attendance at the symposium and the intensive epidemiology course has averaged about 50 participants per year while the non-student classroom SPH 290 course has recorded six external participants.

The MPH program conducted a public health workforce survey in 39 Northern and Central California counties and 43 community health centers in the UC Davis catchment area in 2006-2007. Results showed a strong demand for education and training with over 900 current employees interested in continuing education in public health. With no school or program offering public health located near most of the potential students, distance education modalities would best meet that need. The program is planning to develop distance education in order to bring the university to the student. The DPHS has applied for grants to develop a distance education version of the MPH program's core courses that would meet the needs of the current public health workforce. However, California's current financial situation has reduced and/or removed available funding. The program does make videos of the SPH 290 lectures available for loan to CDPH staff and others on request, and the program director reported plans to make them available via an online library as resources permit.

The MPH program does not currently offer a certificate program option.

The commentary has to do with the lack of robustness of the variety of offerings and reach of the continuing education program. The MPH program faculty and student populations represent sufficient resources to begin expanding offerings. The plans to launch the quarterly public health grand rounds program with CDPH, when implemented, has the potential to provide frequent and varied workforce development 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, research and teaching competence, and practice experience, is able to fully support the program's mission, goals and objectives.**

This criterion is met. The program's 11 full-time primary faculty members have terminal degrees appropriate and relevant to their teaching, research and other assignments. Faculty degrees include PhD (7), DrPH (1), DVM (2), MD (2) and MPH (2). Faculty expertise (and the corresponding teaching areas) includes mechanical engineering (environmental health), health education (nutrition), veterinary medicine (infectious diseases, microbiology), biostatistics (biostatistics), epidemiology, economics (health systems and administration) and medicine (epidemiology, injury prevention, general public health).

The primary faculty members conduct public health research in occupational injury and illness, agricultural health, epidemiology, health services, reproductive health, nutrition and companion animals to address human health problems. This faculty complement has been active in developing or advancing various centers at UCD providing public health service or research that benefits the greater society locally, statewide and nationally.

An additional 30 faculty members teach in the program. These faculty include other UCD faculty, adjunct faculty and volunteer clinical faculty. These individuals come from multiple public health agencies, including the California Department of Public Health, Placer County Health and Human Services Department, California Public Employees' Retirement System (CalPERS), UCD Health System and Chicano/a Studies at UCD. These 30 faculty hold multiple degrees: PhD (14), MD (10), MPH (10), other masters (6), JD (3), DVM (2), MPVM (2), and one each of DrPH, DTPH (tropical public health) and doctor of arts.

From the perspective of core MPH faculty, social and behavioral science content delivery in courses, available coursework and faculty expertise need strengthening. Resources have been allocated for recruiting a faculty member with social and behavioral expertise. Resources have also been allocated to recruit a faculty member with health policy and management expertise and two faculty members with biostatistics expertise.

### **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. Policies and procedures that govern MPH faculty conform to those of the University of California and are contained in the Faculty Guide, which deals with student registration, classroom assignment, course approvals, grades and registrar issues, and the UCD Academic Policy Manual. The university has three parallel faculty tracks – ladder rank track (who receive state funding support), in-residence track (no base support from state funds) and adjunct track (90-95% support from grants and contracts). The program's core faculty includes nine tenured professors, one tenured assistant professor and one non-tenured associate professor. The fourth appointment track, volunteer clinical faculty, serves community practitioners who wish to participate in teaching, research or service.

Faculty in the three academic tracks have the opportunity to increase their salaries with grants, clinical work and administrative positions. The department annually evaluates faculty performance (across all tracks) on research, teaching and service. The DPHS chair's review proceeds to school and campus levels in cases that include promotional decisions.

The MPH program offers many opportunities for faculty development to sustain lifelong productivity. These include workshops, courses, grants, travel awards (reimbursement of up to \$800 annually to attend one meeting), mentorships and sabbatical leaves. The Teaching Resource Center offers symposia which deal with teaching strategies. These resources are available to all regular UCD faculty, regardless of rank or track, but not typically to the volunteer clinical faculty.

#### **4.3 Faculty and Staff Diversity.**

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

This criterion is partially met. The program adheres to the SOM and UC guidelines for recruiting and hiring. The university president put forth a document *Recruitment and Retention of Faculty* in 2002 clearly specifying the university's policies and procedures regarding affirmative action and promoting diversity on campus. UC prohibits discrimination on the basis of age, gender, race, sexual orientation, disability, medical condition, religion, national origin or veteran status (UC Academic Recruitment Guidelines). Annually, UCD collects gender and ethnicity data to illuminate areas for improvement, and uses this data to revise diversity hiring and employment goals. The SOM requires departments to specify how they will promote diverse applications by where they advertise, as well as diverse search committee membership.

UCD MPH primary faculty are 63% Caucasian male and 36% Caucasian female. The one staff member is Caucasian female. The program's secondary faculty complement brings more ethnic diversity to the program: four Asian/Pacific Islander males, three Hispanic/Latino females and three Asian/Pacific Islander females. Table 7 presents statistics relating to faculty and staff diversity.

	<b>Core Faculty</b>		<b>Other Faculty</b>		<b>Total Faculty</b>		<b>Staff</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
<b>Male</b>	7	63%	15	52%	22	55%	0	0
African American Male	0	0	0	0	0	0	0	0
Caucasian Male	7	63%	11	38%	18	45%	0	0
Hispanic/Latino Male	0	0	0	0	0	0	0	0
Asian/Pacific Islander Male	0	0	4	12%	4	9%	0	0
Native American/Alaska Native Male	0	0	0	0	0	0	0	0
Other Male	0	0	0	0	0	0	0	0
International Male	0	0	0	0	0	0	0	0
<b>Female</b>	4	36%	15	48%	19	45%	1	100%
African American Female	0	0	0	0	0	0	0	0
Caucasian Female	4	36%	9	29%	13	30%	1	100%
Hispanic/Latino Female	0	0	3	9%	3	7%	0	0
Asian/Pacific Islander Female	0	0	3	9%	3	7%	0	0
Native American/Alaska Native Female	0	0	0	0	0	0	0	0
Other Female	0	0	0	0	0	0	0	0
International Female	0	0	0	0	0	0	0	0
<b>Total</b>	11		30		41		1	

The concern relates to the program's small numbers of faculty from diverse racial and ethnic groups, which remains a shortcoming for representation. These small numbers and the lack of goals and measures regarding diversity in their faculty structure can inhibit actions that can be taken. Without specifying what the program wants to achieve regarding diversity, it is difficult to develop a strategy for diversity and to collect data against which to measure success.

#### **4.4 Student Recruitment and Admissions.**

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

This criterion is met. The program's process has brought successively more applicants to the program over each of the past three years while maintaining the metrics for quality of enrollees. The UC Davis MPH program is designed for students interested in disease prevention and community health.

The program website is the primary source of information for potential students. Letters and materials are sent to deans and student networks for US medical and veterinary medical schools. State and local health departments link to the program website. Within the UC Davis community, program faculty and administration present to student groups with special outreach to the undergraduate Public Health Club.



The program maintains a database of potential students who have expressed an interest. An MPH interest listserv for which visitors to the site may sign up included 1175 members as of April 2010, of which 408 had expressed interest in applying for the 2010 school year. The program director and others follow-up to answer questions, maintain contact and encourage application to the program.

In order to apply, potential students must submit GRE scores (or MCAT if the prospective student is enrolled in, or a recent graduate of, a US medical school) and the application form, transcripts, a CV, three letters of recommendation and a statement of purpose. Applicants must have completed at minimum, a baccalaureate degree from an accredited institution with a 3.0 GPA. The application may be completed and materials submitted online at the MPH program website. The MPH Admissions and Advancement Committee reviews all materials and develops a list of applicants recommended for admission. The program director has been delegated authority from the dean of the medical school to make formal offers of admission to qualified applicants, which is done via letter. A change approved in the university process will require future offers of admission to be made by the Office of Graduate Studies. Faculty indicated that this welcome change should proceed smoothly because of the current collaborative efforts already ongoing with Graduate Studies. Recruitment efforts and outreach are expected to expand as the conversion to the new system is implemented.

Graduate Studies will have responsibility for MPH program admissions, review of graduation requirements, and certification that candidates have met graduation requirements. The MPH program Admissions and Advancement Committee will still administer the applicant review process and make admissions recommendations to Graduate Studies. The MPH program will send letters to MPH applicants stating that they have been recommended for admission, and the dean of Graduate Studies will send final letters of acceptance.

All recruitment materials are available on the program website. The profiles of current and past MPH students are on the site and give prospective students a snapshot of backgrounds and diversity of interests of those in the program. The welcome message from the director is in both English and Spanish. The program also provides a link to the MPH site from [gradschools.com](http://gradschools.com) as an outreach effort.

The number of students enrolled for 2006-07 (12) nearly doubled in 2007-08 (23) but has remained steady for the past two years at 23 and 25. The program assesses its success in enrolling a qualified student body by capturing data on each applicant's grade-point average from previous degrees and coursework, GRE scores and program graduation rates. Except for small variations, the program has met its targets for the time reported.

#### 4.5 Student Diversity.

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

This criterion is partially met. The program carries out its mission in accordance with non-discrimination policies of the University of California and state law. The university has a diversity plan for the institution that supports efforts across the institution to attract more diverse faculty and students. Outreach to prospective students is inclusive of all potential students but specifically includes activities that are likely to give the program visibility and project a welcoming environment to underrepresented groups.

As described in criterion 4.4, the MPH program carries out a number of recruitment activities each year. The MPH program website houses all recruitment materials and can be accessed by prospective students who can then contact the program for information and submit application materials online. The MPH program sends out recruitment materials to academic institutions around the country and includes outreach to historically black colleges and universities, such as Morehouse School of Medicine. The program faculty and students conduct recruitment at the UC Davis Grad Fair and visits to others of the 23 California State University campuses, emphasizing those which tend to have diverse student bodies. The Annual Community College Premedical and Pre-Public Health Conference is among the most high impact recruitment events. Since the event's inception seven years ago, the MPH program director and other faculty have participated in presentations and informational panels addressing public health careers for several thousand undergraduates considering careers in medicine and public health. The 7<sup>th</sup> annual conference was held at UC Davis in 2009 because its size had outgrown the community college site of earlier sessions. This conference is the largest such event in the nation and draws several thousand students from community colleges, California State University and the UC campuses from across the state.

The program tracks and evaluates its recruitment efforts by taking attendance at events and gathering information from prospective students at events and via the program website. The program also monitors its efforts by tracking the number of students who express interest in the program and applications received each year. Recruitment efforts have been refined over time based on formal and informal feedback received from alumni, current students, prospective students, and faculty. The program continually reviews its efforts and is currently discussing using the newer web-based opportunities, such as Facebook, Linked-In, YouTube and others.

More women than men are enrolled across nearly all categories. There are proportionally fewer African American enrollees in all years. Table 8 presents data related to ethnic and racial diversity in the program's student body.

Table 8. Student Demographics 2007 – 2010													
		2007-2008				2008-2009				2009 - 2010			
		M	M%	F	F%	M	M%	F	F%	M	M%	F	F%
African American	Applied	4	7%	0	0%	3	3%	4	4%	0	0%	3	2%
	Accepted	3	8%	0	0%	2	5%	2	5%	0	0%	0	0%
	Enrolled	2	9%	0	0%	1	4%	1	4%	0	0%	0	0%
Caucasian	Applied	5	8%	14	23%	8	8%	30	30%	7	5%	45	34%
	Accepted	3	8%	9	25%	4	10%	13	33%	4	7%	27	47%
	Enrolled	1	5%	8	36%	3	13%	6	26%	2	8%	14	56%
Hispanic/ Latino	Applied	0	0%	5	8%	3	3%	8	8%	1	1%	4	3%
	Accepted	0	0%	4	11%	1	3%	4	10%	1	2%	2	4%
	Enrolled	0	0%	3	14%	0	0%	3	13%	1	4%	2	8%
Asian/ Pacific Islander	Applied	6	10%	13	21%	1	1%	21	21%	7	5%	25	19%
	Accepted	3	8%	9	25%	0	0%	9	23%	0	0%	11	19%
	Enrolled	2	9%	4	18%	0	0%	6	26%	0	0%	4	16%
Native American/ Alaska Native	Applied	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Accepted	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Enrolled	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Unknown/ Other	Applied	7	11%	7	11%	10	10%	11	11%	2	2%	38	29%
	Accepted	3	8%	2	6%	2	5%	3	8%	0	0%	12	21%
	Enrolled	2	9%	0	0%	2	9%	1	4%	0	0%	2	8%
TOTAL	Applied	22	36%	39	64%	25	25%	75	75%	17	13%	115	87%
	Accepted	12	33%	24	67%	9	23%	31	79%	5	9%	52	91%
	Enrolled	7	32%	15	68%	6	26%	17	74%	3	12%	22	88%

The measure by which the program evaluates its success in achieving a demographically diverse student body is a comparison of the sex and ethnicity composition of all UC Davis graduate students and the MPH program students. The MPH program has a higher percentage of female students than other UCD graduate programs and that percentage has been growing based on the applicant pool. In 2007, the program had a larger percentage of African Americans than the general student group, but that has dropped significantly in the past two years. The program has had a higher percentage of Hispanic and Asian/Pacific Islander students than the general group in two of the past three years. The MPH program continues to work to increase and maintain diversity in its student body and, with the exception of African Americans in the past two years, it continues to be more diverse than the general student body at UCD.

The SOM and SVM are working with College of Sequoias, which serves a largely Hispanic population as a minority-serving institution, to encourage undergraduate students to pursue health professional degrees

in both medicine and veterinary medicine. This cooperation aims to provide training in research and the health professions to minority students, with the goal of having them return to their communities as healthcare professionals.

The concern relates to the student enrollment demographics, which show increasing numbers of Caucasian students over the last three years from nine in 2007 to 16 in 2009 while African American enrollments have decreased from two in 2007 to zero in 2009. Asian Americans student numbers have dropped also from six in 2007 to four in 2009. Hispanics and Native Americans student numbers have not changed, with three Hispanic students in each of three years and zero Native Americans during those same three years. Specified measurable objectives for increasing student diversity and measuring success against that plan could help in addressing this underrepresentation. Although students indicated an appreciation for the diversity of experience and exposure to international diversity among their peers, they were also supportive of having even more racial, ethnic and gender diversity in the student body. The issue of health disparities was an area about which students felt they could gain a better understanding if they had additional diversity among their peers. It was noted by the site visit team that the UCD Medical School is one of the top ten schools nationally in attracting Hispanic students. A collaborative effort with the school might provide an avenue for expanding recruitment efforts.

#### **4.6 Advising and Career Counseling.**

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

This criterion is met. The MPH program student affairs officer (SAO) matches students and faculty advisors based on student requests, backgrounds and interests. The program expects students to initiate student advising meetings at least quarterly.

Students have access to career counseling primarily through the MPH program, the internship and Career Center at UCD. They can network with public health practitioners at quarterly social events arranged by the program and the weekly SPH 290 Topics in Public Health seminar session. Many MPH students go from a practicum experience to employment, especially with the state health department. Students report high satisfaction with advising and career counseling, and rank this aspect of the MPH program at 4.07 on a 5-point scale on the MPH Graduate Survey.

**Agenda**  
**Council on Education for Public Health**  
**Accreditation Site Visit**

**University of California, Davis**  
**Public Health Program**

**May 10-11, 2010**

**Monday, May 10, 2010**

8:00 am - 9:00 am                                    Meeting with Self-Study Coordinator and Program Director to Review Agenda Revisions, Resource File and Other Documentation  
Stephen McCurdy, MD, MPH (Director, MPH Program)  
Amber Carrere, Med (MPH Student Affairs Officer)

9:00 am - 9:15 am                                    Break

9:15 am -10:30 am                                    Meeting with Program/Department Administration  
Ellen Gold, PhD (Chair, Dept. of Public Health Sciences)  
Stephen McCurdy, MD, MPH (Director, MPH Program)  
Debbie Bennett, PhD (Chair, Curriculum Committee)  
Diana Cassady, DrPH (Admissions & Advancement Committee)  
Karen Castelli (Chief Administrative Officer, Dept. of Public Health Sci.)  
Amber Carrere, Med (MPH Student Affairs Officer)

10:30 am -10:45 am                                    Break

10:45 am -12:00 pm                                    Meeting with Public Health Core Teaching Faculty  
Stephen McCurdy, MD, MPH (SPH 290: Topics in Public Health Seminar;  
Practicum SPH 297)  
Marc Schenker, MD, MPH (SPH 290: Topics in Public Health Seminar)  
Michael Hogarth, MD (SPH 210: Public Health Informatics)  
Thomas Farver, PhD (MPM 402,304: Medical Statistics I, II)  
Debbie Bennett, PhD (SPH 262: Principles of Environmental Health Science)  
Ellen Gold, PhD (EPI 205A: Principles of Epidemiology)  
Paul Leigh, PhD (SPH 273: Health Services Administration)  
Diana Cassady, DrPH (SPH 222: Social & Behavioral Aspects of Public Health)  
Jessica Núñez de Ybarra, MD, MPH, (SPH 290: Topics in Public Health Seminar)  
Bruce Leistikow, MD, MS (SPH 290: Topics in Public Health Seminar)

12:00 pm - 12:15 pm                                    Break

12:15 pm - 1:45 pm                                    Catered Lunch with Current MPH Students  
Linda Campbell                                    Gabby Alaniz  
Mary Gallagher                                    Julia Huerta  
Anne Williams                                    Jeanette Berrong  
Liya Manukyan                                    Ashley Stone  
Nick Stetkevich                                    Molly Tavella

1:45 pm - 2:00 pm                                    Break

2:00 pm - 3:00 pm                                    Meeting with Alumni, Community Representatives, Employers of Graduates, and Preceptors  
Emily Sousa, MPH, Alumni, Class of 2008  
Maria Catrina D. Virata, MPH, Alumni, Class of 2009  
Estella M. Geraghty, MD, MS, MPH/CPH, FACP, Alumni, Class of 2006, Assistant Professor of Clinical Internal Medicine, UC Davis  
Joseph P. Iser, MD, DrPH, MSc, Director/Public Health Officer, Yolo County Health Department  
Donald O. Lyman, MD, DTPH, Chief, Division. of Chronic Disease and Injury Control, CDPH  
Elizabeth Miller, MD, Assistant Professor, UC Davis School of Medicine  
David Carlisle, MD, PhD, Director, Office of Statewide Health Planning and Development (OSHPD)

Suzanne Haydu, MPH, RD, CDPH, Maternal, Child & Adolescent Health Division  
Caroline Kurtz, Ph.D, Chief, Local Programs and Priority Populations Unit Health Program  
Manager I, CDPH, CDIC/Tobacco Control Program

3:00 pm - 3:10 pm

Break

3:10 pm - 4:00 pm

Meeting with MPH Program Faculty

David Ross Gibson, PhD, Emeritus Professor, Public Health Sciences  
Gerhard Bauer, MD, Assistant Adjunct Professor, Laboratory Director, GMP Facility  
Lisa Ikemoto, JD, LL.M, Professor of Law, UC Davis Law School  
Irva Hertz-Picciotto, PhD, Professor, Department of Public Health Sciences  
Philip Kass, DVM, MPVM, PhD, Professor, SOVM, Dept. of Population Health &  
Reproduction  
Joshua W. Miller, PhD Assoc Prof Med Pathology- School of Medicine,  
Nutritional  
Biology faculty

4:00 pm - 5:00 pm

Review Onsite Resource File

5:00 pm

Adjourn to Dinner and Executive Session of Team

**Tuesday, May 11, 2010**

8:00 am - 8:45 am

Review Resource Files at MPH Office

8:45 am - 9:00am

Break

9:00 am - 9:45 am

Meeting with University/School Officials

Frederick J. Meyers, MD, MACP, Executive Associate Dean, UC Davis, School of Medicine  
Bennie I. Osburn, DVM, Ph.D., Dean, School of Veterinary Medicine, UC Davis  
Thomas S. Nesbitt, MD, MPH, Associate Vice Chancellor for Strategic Technologies  
and Alliances , UC Davis School of Medicine  
Jeffery C. Gibeling, PhD, Dean Office of Graduate Studies, UC Davis

9:45 am - 10:00 am

Break

10:00 am

Special Meetings as Requested by Team

12:00 pm -1:30 pm

Working Lunch in Executive Session

Review of Resource File and Other Documents Provided  
Report Preparation

1:30 pm - 2:30 pm

Exit Interview

Ellen Gold, PhD. Chair, Dept. of Public Health Sciences  
Stephen McCurdy, MD, MPH, Director, MPH Program  
Amber Carrere, Med, MPH Student Affairs Officer  
Karen Castelli, Chief Administrative Officer, Dept. of Public Health Science