

SELF-STUDY REPORT

**SUBMITTED TO THE
COUNCIL ON EDUCATION FOR PUBLIC HEALTH**

April 10, 2010

**MASTER OF PUBLIC HEALTH
PROGRAM
UNIVERSITY OF CALIFORNIA,
DAVIS**



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Criteria, Interpretations and Documentation

1.0 The Public Health Program

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

a. A clear and concise mission statement for the program as a whole.

“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, 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.”

b. One or more goal statements for each major function by which the program intends to attain its mission, including instruction, research and service.

See Tables 1.1.b.1 (instructional goals and objectives), 1.1.b.2 (research goals and objectives) and 1.1.b.3 (service goals and objectives) below.

c. A set of measurable objectives relating to each major function through which the program intends to achieve its goals of instruction, research and service.

See Tables 1.1.b.1 (instructional goals and objectives), 1.1.b.2 (research goals and objectives) and 1.1.b.3 (service goals and objectives) below.

Table 1.1.b.1: INSTRUCTIONAL GOALS AND OBJECTIVES		
Instructional Goals	Instructional Objectives	Target Measure/Timeline
1. Educate MPH students in the core public health content areas necessary for a career and leadership in public health.	1a. Require satisfactory completion of identified coursework in the five core areas of public health: epidemiology, biostatistics, health services administration, environmental & occupational health, and social & behavioral sciences.	1a. 90% of students will satisfactorily complete on first attempt required course work in the five core areas with a grade of B-minus or better in each course and a core-course grade-point average of at least 3.0. Students who do not achieve a grade of B-minus or better in any core course will have the opportunity to repeat the course ¹ . Timeline: Immediate
	1b. Require participation in the SPH 290: Topics in Public Health Seminar featuring leading professionals and issues in public health and addressing cross-cutting competencies (communication and informatics, diversity and culture, leadership, public health biology, professionalism, program planning, and systems thinking).	1b. 90% of students will satisfactorily complete four quarters of SPH 290: Topics in Public Health Seminar with a grade of Satisfactory. ¹ Timeline: Immediate
	1c. Require satisfactory completion of at least six units of Added-Competence Selectives. (See Table 2.1.b.)	1c. 90% of students will satisfactorily complete six units of Added-Competence Selectives ¹ . (See Table 2.1.b.) Timeline: Beginning 2010-2011 academic year
2. Provide practicum placements with the public health community to integrate theory and practice for locally relevant public health problems.	2. Require satisfactory completion of a public health practicum.	2. 90% of students will satisfactorily complete the SPH 297 Practicum in Public Health. ¹ Timeline: Immediate

Table 1.1.b.1: INSTRUCTIONAL GOALS AND OBJECTIVES		
Instructional Goals	Instructional Objectives	Target Measure/Timeline
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.	3. Include faculty from the School of Medicine, School of Veterinary Medicine, and the California Department of Public Health on the MPH Curriculum Committee and as co-faculty for selected courses.	<p>3-1. Include at least one faculty member each from the School of Medicine, School of Veterinary Medicine, and the California Department of Public Health on the MPH Curriculum Committee.</p> <p>Timeline: Immediate</p> <p>3-2. Include at least one faculty member from the California Department of Public Health as instructor of record or co-instructor of record for at least one required course.</p> <p>Timeline: Immediate</p> <p>3-3. Involve at least four public health professionals from the California Department of Public Health as practicum preceptors (SPH 297: Public Health Practicum) in each academic year.</p> <p>Timeline: Immediate</p>
1: Students failing to complete these requirements will not be awarded the MPH degree.		

Table 1.1.b.2: RESEARCH GOALS AND OBJECTIVES		
Research Goals	Research Objectives	Target Measures/Timeline
1. Maintain and support a program of research addressing public health.	1. Promote a productive public health research agenda among the faculty that is reflective of community needs and faculty interest and offers opportunities for student involvement.	1a. Monitor the scope, direction, and student involvement of faculty research activity through the mechanism of our annual CEPH reports. At least 80% of our primary faculty ¹ will be involved in public health research projects and publish an aggregate total of 40 papers per year. Timeline: Immediate
		1b. Five MPH students will be involved in ongoing research projects.
1: Primary faculty are defined consistent with Section 1.6.e and comprise full-time University faculty substantially involved in teaching or mentoring MPH students.		

Table 1.1.b.3: SERVICE GOALS AND OBJECTIVES		
Service Goals	Service Objectives	Target Measures/Timeline
1. Establish linkages with and provide leadership for public health and community organizations through membership, practicum placements, research, and continuing medical education activities.	<p>1a. Encourage membership in professional and community organizations relevant to public health at the local, state, and national level.</p> <p>1b. Encourage faculty leadership in professional and community organizations relevant to public health at the local, state, and national level.</p> <p>1c. Collaborate with our community partners by providing consultation to our partners through the practicum experience (SPH 297), which includes faculty mentorship.</p> <p>1d. Provide continuing education with and for the local medical and public health community.</p>	<p>1a. At least 80% of MPH primary faculty¹ members will be members of at least one professional or community organization relevant to public health.</p> <p>2. At least 80% of primary faculty members will be involved in a leadership role² for local, state, or national professional or community organization relevant to public health.</p> <p>1b. 90% of students will satisfactorily complete the SPH 297: Practicum in Public Health course.³</p> <p>(See Instructional Objective 2.)</p> <p>1d-1. Provide an annual Continuing Education symposium for community practitioners.</p> <p>1d-2. Plan a quarterly Public Health Grand Rounds with the California Department of Public Health.</p>
<p>1: Primary faculty are defined consistent with Section 1.6.e and comprise full-time University faculty substantially involved in teaching or mentoring MPH students.</p> <p>2: Leadership consists of officership in a professional society, membership in a professional society subcommittee, membership in a governmental committee, or editorial or reviewer service for a journal.</p> <p>3: Students failing to complete these requirements will not be awarded the MPH degree.</p>		

d. A description of the manner in which mission, goals and objectives are developed, monitored and periodically revised and the manner in which they are made available to the public.

The UC Davis MPH Program develops, monitors and periodically revises its mission, goals, and objectives based on input from both internal and external sources. These include 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 process for our current revision, reflected in this self-study document, is illustrated in bulleted format below.

- The MPH Executive Committee reviews the mission, goals, and objectives on an annual basis. In 2008 the Executive Committee decided that revision may be necessary, pending faculty agreement, in view of recent changes in accreditation requirements and the upcoming reaccreditation process.
- Dr. Diana Cassady agreed to take a leading role in guiding review and possible revision of the mission, goals, and objectives.
- Prior to the MPH General Faculty Meeting in May 2009, Dr. Cassady and the Program Director provided background material (e.g., existing mission, goals, objectives; ASPH Competencies, Council on Linkages competencies) to all faculty by email to prepare for discussion at the MPH General Faculty meeting.
- Following the MPH General Faculty Meeting, Dr. Cassady solicited by email input from all faculty to enfranchise those who were unable to attend the MPH General Faculty meeting or had no comments at that time. (Note that the faculty includes Volunteer Clinical Faculty, i.e., practicing public health professionals from state and local health departments.) We also solicited input from current students and alumni and program administrative staff. The Program Director also sought input from his fellow Program Directors at professional meetings, e.g., Association for Prevention Teaching and Research.
- Dr. Cassady and Dr. McCurdy synthesized and revised the mission, goals, and objectives based on the input received. These changes are summarized below:
 - Mission statement: A more complete listing of our partnering groups (e.g., UC Davis School of Nursing and others) and of our areas of special strength (e.g., adding nutrition, chronic diseases, and informatics).
 - Instructional goals and objectives: The removal of the requirement for identifying an Area of Emphasis in favor of completing six units of Added-Competence Selectives for the General Public Health MPH specialty area. (See Table 2.1.b. MPH Degree Requirements.)
 - Research goals and objectives: A change from the expectation of at least one current public health research project for 80% of our core course instructors of record to an aggregate measure of research activity, involving review of the scope, direction, and opportunity for student involvement and monitoring of publications and funding activity.

- Service goals and objectives: Our service goal is stated as a more general promotion of linkages with our institutional partners. Corresponding objectives include encouragement for membership in professional societies among our faculty, student placement in practicum settings with faculty input, and Continuing Education offerings for community practitioners. We have also added a service goal to provide leadership to local, state, and national organizations.
- The recent revisions of the mission, goals, and objectives are on the MPH Accreditation SmartSite (www.smartsite.ucdavis.edu) and in the MPH Program website (mph.ucdavis.edu) and will be included in other material as appropriate.

e. A statement of values that guide the program, with a description of how the values are determined and operationalized.

The UC Davis MPH Program commits itself to public health values, concepts, and ethics underlying our mission to educate the public health leaders of tomorrow. Chief among these values are:

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.

The public health values are developed through periodic review and discussion by the faculty. The values were most recently reviewed and discussed at our recent general MPH faculty meeting with supplementary email for those unable to attend. No changes were recommended.

We operationalize our public health values through a constant interweaving of these values into the culture of the MPH program, including instructional and practicum placement settings. All core-course faculty and student advisors are given informational material regarding these values and describing their roles in the program. Finally, our evaluation forms (both those completed by faculty on students and by students on faculty) address these values.

The values cited above comport well with the core values of the UC Davis Health System (including the School of Medicine, in which the MPH Program is situated): integrity, excellence, accountability, and respect for others.

f. Assessment of the extent to which this criterion is met.

The UC Davis MPH Program has a clear and publicly presented mission statement with attendant goals and objectives. These represent the fruits of an open development process and are disseminated widely through our written materials and web site. **We assess Criterion 1.1 as met with commentary.** In particular, we see the need to further our work with community and institutional partners, such as arranging the planned-for quarterly public health grand rounds with the California Department of Public Health.

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

a. Description of the evaluation procedures and planning processes used by the program, including an explanation of how constituent groups are involved in these processes.

Evaluation of efforts to meet programmatic mission, goals, and objectives, service to constituencies, and planning for the future involves our various constituencies: students, alumni, faculty, practicing public health professionals in the community, and program administrative staff. Input from these constituencies is considered and acted upon within the program’s committee structure, as described below.

The MPH committees provide the forum for the overall evaluative process. Information from the MPH committees is ultimately presented as a summary report to the **MPH Executive Committee**. This committee is the relevant forum for evaluating our success in meeting our mission, service to constituencies, and planning for the future. The MPH Executive Committee comprises a broad range of faculty, including Volunteer Clinical Faculty, public health practitioners from the California Department of Public Health, and MPH students, assuring that a wide range of perspectives are present. The Program Director is *ex officio* Chair of this committee, and its deliberations are helpful in providing short- and long-term guidance for the program.

Our recent decision to require at least a B-minus grade (rather than a C) in all core courses provides an example of how the Executive Committee operates. This issue was initially discussed in the MPH Curriculum Committee, which recommended that a B-minus or better grade be required for all core courses and referred the issue to the Executive Committee. The Executive Committee took up the issue and agreed with the recommendation. The Executive Committee then placed the proposal for a vote before the entire faculty—required by University governance procedures because it represented a change in graduation requirements—and the faculty as a whole voted to accept the change. Accordingly, graduation requirements were changed to reflect this for the cohort entering in Summer 2009.

The **Deans Advisory Board** meets semiannually and provides thoughtful input into the MPH Program’s successes and challenges. The Board is made up of eight faculty members, half of whom are appointed by each of the Deans of the School of Medicine and School of Veterinary Medicine, respectively. Board members in general have deep experience with the University of California and graduate education and provide insight relevant to the long-term goals of the program.

Table 1.2.a below lists the relevant MPH committees and other means involved in evaluation and planning.

Table 1.2.a: Evaluation Procedures and Planning Processes, including Constituencies			
Setting and frequency	Involved constituencies	Evaluation Procedures	Planning processes
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 (e.g., Curriculum)

Table 1.2.a: Evaluation Procedures and Planning Processes, including Constituencies			
Setting and frequency	Involved constituencies	Evaluation Procedures	Planning processes
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.

b. Description of how the results of evaluation and planning are regularly used to enhance the quality of programs and activities.

The MPH Program gathers evaluative material from several sources as noted in Table 1.2.a above. The relevant standing MPH committees consider the evaluative information and, as necessary, formulate recommendations. The committees then forward these recommendations to the MPH Executive Committee, which has the key role in setting direction and assuring proper functioning of the program. The Executive Committee may reject, accept, or commit for further study recommendations it receives. Major academic issues, such as a change in graduation requirements, require concurrence by majority vote of the MPH faculty as a whole. Issues with significant budgetary implications may also require the concurrence of the Department Chair and/or Dean of the School of Medicine.

A recent change in the level of curricular support for our MPH students illustrates this process. Our students commented that having a tutor for their biostatistics course would be helpful and would improve their performance in the class. The Curriculum Committee became aware of this through its quarterly review of course evaluations, strengthened by input from the student members on the committee. The Curriculum Committee deliberated and recommended a teaching assistant for the biostatistics course. The MPH Executive Committee received and concurred with this recommendation, again strengthened by the MPH student members of the Executive Committee. The Executive Committee forwarded the recommendation to the Department Chair, who approved and provided funding for the teaching assistant position.

The recent change in graduation requirements spurred by the new CEPH accreditation requirements provides additional illustration. The Program Director notified the Curriculum Committee that accreditation required an increase in the number of units required for degree from 48 to at least 56 quarter units. During its deliberations, the Curriculum Committee further considered that it wished to recommend that students

achieve a minimum of a B-minus grade in all required core courses (rather than a grade point average of 3.0, which could be achieved even with a C in one or more courses). The Curriculum committee forwarded these two recommendations to the MPH Executive Committee, which accepted them and noted that they needed to be voted on by the faculty as a whole. The faculty discussed the issues at its annual meeting and later approved both changes by an email vote. The requirements became operative for the next entering class (2008) and subsequent classes.

c. Identification of outcome measures that the program uses to monitor its effectiveness in meeting its mission, goals and objectives. Target levels should be defined and data regarding the program's performance must be provided for each of the last three years.

Table 1.2.c: Summary of Outcome Measures Assessing Program Performance				
Goal Area, Objective, and Measure	Target	Outcome for academic year		
		2006-2007	2007-2008	2008-2009
Instruction				
Instruction Objective 1a: Percentage of students satisfactorily completing on first attempt required course work in the five core areas with a grade of B-minus or better in each course and a core-course grade-point average of at least 3.0. ¹	90%	82%	71%	100%
Instruction Objective 1b: Percentage of students satisfactorily completing four quarters of SPH 290: Topics in Public Health Seminar with a grade of Satisfactory. ²	90%	92%	91%	91%
Instruction Objective 1c: Percentage of students satisfactorily completing six units of Added-Competence Selectives (Table 2.1.b).	90%	N/A ³	N/A ³	N/A ³
Instruction Objective 2: Percentage of students satisfactorily completing the SPH 297 Practicum in Public Health. ²	90%	100%	100%	100%
Instruction Objective 3-1: Inclusion of faculty from each from the School of Veterinary Medicine and the California Department of Public Health on the MPH Curriculum Committee.	SOVM: 1 CDPH: 1	SOVM = 3 CDPH = 1	SOVM = 3 CDPH = 1	SOVM = 3 CDPH = 1
Instruction Objective 3-2: Inclusion of faculty from the California Department of Public Health as instructor of record or co-instructor of record for required courses.	1	3	2	2

Table 1.2.c: Summary of Outcome Measures Assessing Program Performance				
Goal Area, Objective, and Measure	Target	Outcome for academic year		
		2006-2007	2007-2008	2008-2009
Instruction Objective 3-3: Involvement of at least four practicum preceptors (SPH 297: Public Health Practicum) from the California Department of Public Health in each academic year.	4	5	9	11
Research				
Research Objective 1: Promote a productive public health research agenda among the faculty that is reflective of community needs and faculty interest and offers opportunities for student involvement.	40 publications per year among primary faculty ⁴	55	76	96
	80% of primary faculty ⁴ involved in public health research	100%	100%	100%
	Students: 5	10	11	13
Service				
Service Objective 1a: Percentage of primary MPH faculty ⁴ members who are members of at least one professional or community organization relevant to public health.	80%	90%	90%	90%
Service Objective 1b. Percentage of primary faculty ⁴ in leadership ⁵ roles in professional and community organizations relevant to public health at the local, state, and national level.	80%	Not available	Not available	91%
Service Objective 1c: Involvement of students and their UC Davis faculty advisors in a practicum project (SPH 297: Public Health Practicum) in a local or state health department or community organization on an annual basis.	90%	12 (100%)	21 (100%)	21 (100%)
Service Objective 1d-1: Provide an annual Continuing Education symposium for community practitioners.	1	1	1	1

Table 1.2.c: Summary of Outcome Measures Assessing Program Performance				
Goal Area, Objective, and Measure	Target	Outcome for academic year		
		2006-2007	2007-2008	2008-2009
Service Objective 1d-2: Quarterly Public Health Grand Rounds with the California Department of Public Health.	Quarterly	N/A ⁶	N/A ⁶	N/A ⁶
<p>1: Calculated as the number who complete all core courses with a grade of B- or better on first attempt and have a core GPA of > 3.0 divided by the number of students attempting all core courses.</p> <p>2: Calculated as the percentage of students enrolling who complete the course with a Satisfactory grade.</p> <p>3: The requirement for Added-Competence Selectives (Table 2.1.b) will become operational for the 2010-2011 academic year.</p> <p>4: Primary faculty are defined consistent with Section 1.6.e and comprise full-time University faculty substantially involved in teaching or mentoring MPH students.</p> <p>5: Leadership consists of officership in a professional society, membership in a professional society subcommittee, membership in a governmental committee, or editorial or reviewer service for a journal.</p> <p>6: Quarterly Public Health Grand Rounds are currently under development.</p>				

The Executive Committee reviews the outcome measures annually and considers possible alterations, substitutions, and additions. When measures are consistently exceeded, the Committee considers whether they are of enduring value and should be retained or whether they may be replaced by new measures or standards promoting a higher level of excellence.

d. An analytical self-study document that provides a qualitative and quantitative assessment of how the program achieves its mission, goals and objectives and meets all accreditation criteria, including a candid assessment of strengths and weaknesses in terms of the program's performance against the accreditation criteria.

In progress.

e. An analysis of the program's responses to recommendations in the last accreditation report (if any).

Our most recent (and initial) accreditation report was submitted in 2004. Below are the areas for which the Council provided specific recommendations and a discussion of how the UC Davis MPH Program responded to the recommendations.

Criterion I. The program shall have a clearly formulated and publicly stated mission with supporting goals and objectives.

In response to the recommendation to redraft our mission statement to be more specific, we revised our missions, goals, and objectives to capture the unique characteristics of

our program, especially our partnerships with the Schools of Medicine and Veterinary Medicine and the California Department of Public Health. To include the service goals of faculty, we added a service goal to promote linkages with public health and community organizations to encourage connections and service.

Criterion V.D.: There shall be procedures for assessing and documenting the extent to which each student has attained these specified learning objectives and determining readiness for a career in public health.

To improve our ability to assess student attainment of learning objectives, we included additional measures beyond the successful completion of required courses. These included more extensive evaluation from UC Davis mentoring faculty for practicum placement, evaluations from site preceptors for the practicum placement, written reports for practicum placements, and oral and poster presentations of findings and work during the practicum. The written, oral, and poster presentations constitute the culminating experience.

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

Initial outcome measures used in the evaluation process did not adequately relate to the program's mission, goals, and objectives outlined in the self-study document. The MPH Curriculum Committee met to define outcome measures that address the revised mission, goals, and objectives made based on feedback from Criterion I. These measures serve as quantitative indicators for our status and progress in meeting our goals, carrying out our objectives, and serving our mission. These quantitative measures are supplemented with qualitative indicators such as assessment of practicum performance based on student evaluations and presentations and informal input from students and public health colleagues.

f. A description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents, including institutional officers, administrative staff, teaching faculty, students, alumni and representatives of the public health community.

We developed this self-study document through a collaborative effort of UC Davis faculty (including Volunteer Clinical Faculty in the practicing public health community), students and alumni, program administrative staff, and discussion with MPH Directors and faculty at other universities. Discussions occurred within the formal committee structure as well as informally and by email. Program administrative staff worked to collect material for tables and appendices under the direction of the Program Director.

Faculty members volunteered to write various sections of the self-study document. Staff personnel collected information for tables and composed text for relevant sections of the self-study document. The Program Director organized the text material provided by collaborators and is responsible for the overall writing and editing of the self-study document, with assistance from administrative staff Amber Carrere and Kristen Gottschalk. We distributed drafts to our various constituencies for comment and criticism and kept the latest draft on our program SmartSite for general access. The self-study process included participation in a CEPH accreditation workshop in Washington DC (July 2009) and a consultative visit by CEPH Director of Accreditation Services Mollie Mulvanity.

g. Assessment of the extent to which this criterion is met.

The UC Davis MPH Program utilizes a collaborative process with its various stakeholders to (1) develop its mission, goals, objectives, (2) identify, collect, and interpret results of measures for assessing its success in meeting its mission, goals and objectives, (3) for serving its constituencies, and (4) for planning its future. **We assess Criterion 1.2 as fully met.**

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

a. A brief description of the institution in which the program is located, along with the names of accrediting bodies (other than CEPH) to which the institution responds.

The University of California was established in the mid-1860s as a federal land-grant institution. Originally with only one campus (in Berkeley, CA), the University grew with the state ultimately to comprise ten campuses. The first seeds for the future University of California, Davis campus were sown in 1906, when the California state legislature approved the establishment of a state agricultural school in Davisville. Construction began the next year, and in 1908 the University Farm offered agricultural courses to its charter class. The facility grew in size and stature as an extension of the University of California, Berkeley through the first half of the 20th century. By 1948 the campus opened a School of Veterinary Medicine, and in 1959 UC Davis was recognized as a full-fledged campus of the University of California system. In 1966 the Regents of the University of California authorized the establishment of a School of Medicine at UC Davis. The new UC Davis School of Medicine included the Department of Community Medicine, forerunner to the current Department of Public Health Sciences (administrative home to the UC Davis MPH Program). The medical and veterinary schools are now joined by professional schools of management, law, education, and nursing.

UC Davis is one of the most outstanding campuses in the University of California system. Our campus is the largest in area of the 10 University of California campuses, with 5,300 acres; second in total expenditures; and third in numbers of students enrolled. UC Davis stands 10th in research funding (over \$586,000,000 in 2007-2008) among ranked public universities in the U.S., according to the most recent information from the National Science Foundation. The UC Davis Medical Center ranks among the top 50 hospitals in the nation (<http://facts.ucdavis.edu/distinctions.lasso>), according to an annual survey published by the US News & World Report, which has also repeatedly ranked UC Davis among the top public universities nationally (ranked 11th in 2009; <http://facts.ucdavis.edu/rankings.lasso>). In addition, the university was rated 24th in Sierra magazine's 2009 Cool Schools survey. UC Davis is one of only 62 universities admitted to the prestigious Association of American Universities. It is also ranked one of the top 10 medical schools for Hispanic students by Hispanic Business Magazine.

The campus's reputation has attracted a distinguished faculty of scholars and scientists in all fields. UC Davis faculty place 16th in quality among comprehensive public universities nationwide, according to a multi-year study of U.S. doctoral programs reported in 1995 by the National Research Council (http://registrar.ucdavis.edu/UCDWebCatalog97_98/WebCatFrt/gc_intro.htm). Its 31,000 students come from all across California and the U.S. and from over 120 foreign countries, creating a rich and diverse intellectual community. The campus currently boasts over 4,700 full-time academic personnel (with an additional 3,700 part-time personnel), including over 1,100 in the School of Medicine (with an additional 1,000 volunteer clinical faculty) and 300 faculty in the School of Veterinary Medicine.

UC Davis has nurtured and developed programs in many disciplines relevant to public health. The School of Veterinary Medicine, which co-sponsors the UC Davis MPH Program, established a Masters in Preventive Veterinary Medicine (MPVM) degree over two decades ago. (Further details are available in the General Catalog, p. 511, or at

<http://www.vetmed.ucdavis.edu/mpvm/>). This program is designed for persons interested in veterinary public health and includes courses also required for the MPH degree—specifically, Epidemiology and Biostatistics. The Epidemiology course is co-taught by faculty from the School of Medicine and School of Veterinary Medicine.

The campus has 47 Graduate Groups, which are interdepartmental teaching and research programs under the Dean of Graduate Studies (see Figure 2, below) designed to bring together faculty from various disciplines. Graduate groups offer masters and doctoral degrees. Many of the faculty involved in the UC Davis MPH Program also are involved in the Graduate Group of Epidemiology. MPH students participate with students from the Graduate Group in Epidemiology and from the campus at large in core courses for the MPH curriculum. (Further details are available in the General Catalog, pp. 286-288 or at <http://www.epi.ucdavis.edu>). Other relevant Graduate Groups include Nutrition (p. 450 of General Catalog; <http://nutrition.ucdavis.edu/ggn/>) and Biostatistics (pp. 171-172 of General Catalog; <http://biostat.ucdavis.edu>).

Thus, the MPH Program is the natural heir to an academic infrastructure developed over many years. These resources, including faculty with active teaching and research programs relevant to public health, are a major strength of our program. MPH students have access to a large number of faculty for mentorship and course offerings. Coursework that our MPH students undertake with students in allied disciplines of public health improves their educational experience in public health, which is fundamentally an interdisciplinary field.

The UC Davis MPH Program is jointly sponsored by the School of Medicine and the School of Veterinary Medicine. The joint sponsorship is reflected in the oversight and committee structure (see following material), which include faculty from both Schools. Although the UC Davis MPH program is jointly sponsored by the two Schools, it is administratively housed within the School of Medicine's Department of Public Health Sciences. Accordingly, the MPH degree is conferred by the School of Medicine.

The University of California, Davis is accredited by the Accrediting Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges, an institutional accrediting body recognized by the Council for Higher Education and the U.S. Department of Education.

UC Davis is also accredited by the following bodies:

- Accreditation Board for Engineering and Technology
- Accreditation Council for Graduate Medical Education
- American Assembly of Collegiate Schools of Business
- American Association for Accreditation of Laboratory Animal Care
- American Bar Association
- American Chemical Society
- American Dietetic Association
- American Society of Landscape Architects
- Association of American Law Schools
- Association of American Medical Colleges
- Commission of Teacher Credentialing
- Computer Science Accreditation Commission

- Council on Education and Public Health
- Council on Education of the American Veterinary Medical Association
- Liaison Committee on Medical Education

b. One or more organizational charts of the university indicating the program's relationship to the other components of the institution, including reporting lines.

Figure 1 below shows the administrative organization of the ten-campus University of California system. UC Davis Chancellor Linda Kathy reports directly to the President of the University. Figure 2 shows the administrative organization of the University of California, Davis campus. The Deans for the School of Medicine and Veterinary Medicine report directly to the UC Davis Chancellor, Dr. Linda Katehi. The Dean of the School of Medicine, Dr. Claire Pomeroy, is also the Vice Chancellor for Human Health Sciences. The Dean of Graduate Studies, Dr. Jeff Gibeling, also reports to the Chancellor (see paragraph below). Figure 3, found in section 1.4.a, shows the UC Davis MPH Program administrative structure.

Impending administrative change: The UC Davis MPH Program is situated administratively in the School of Medicine, which has been historically responsible for all aspects of the program, from admission to conferring the MPH degree. We recently received notice from the University that, consistent with University-wide policy, responsibility for admissions, review of degree requirements, and certification that degree candidates have met requirements is being transferred to the Office of Graduate Studies under Dean Jeffrey Gibeling. The substance of the program will remain unchanged, including the joint sponsorship between the School of Medicine and the School of Veterinary Medicine and the role of the School of Medicine in conferring the MPH degree.

Figure 1:

UNIVERSITY OF CALIFORNIA ORGANIZATION CHART

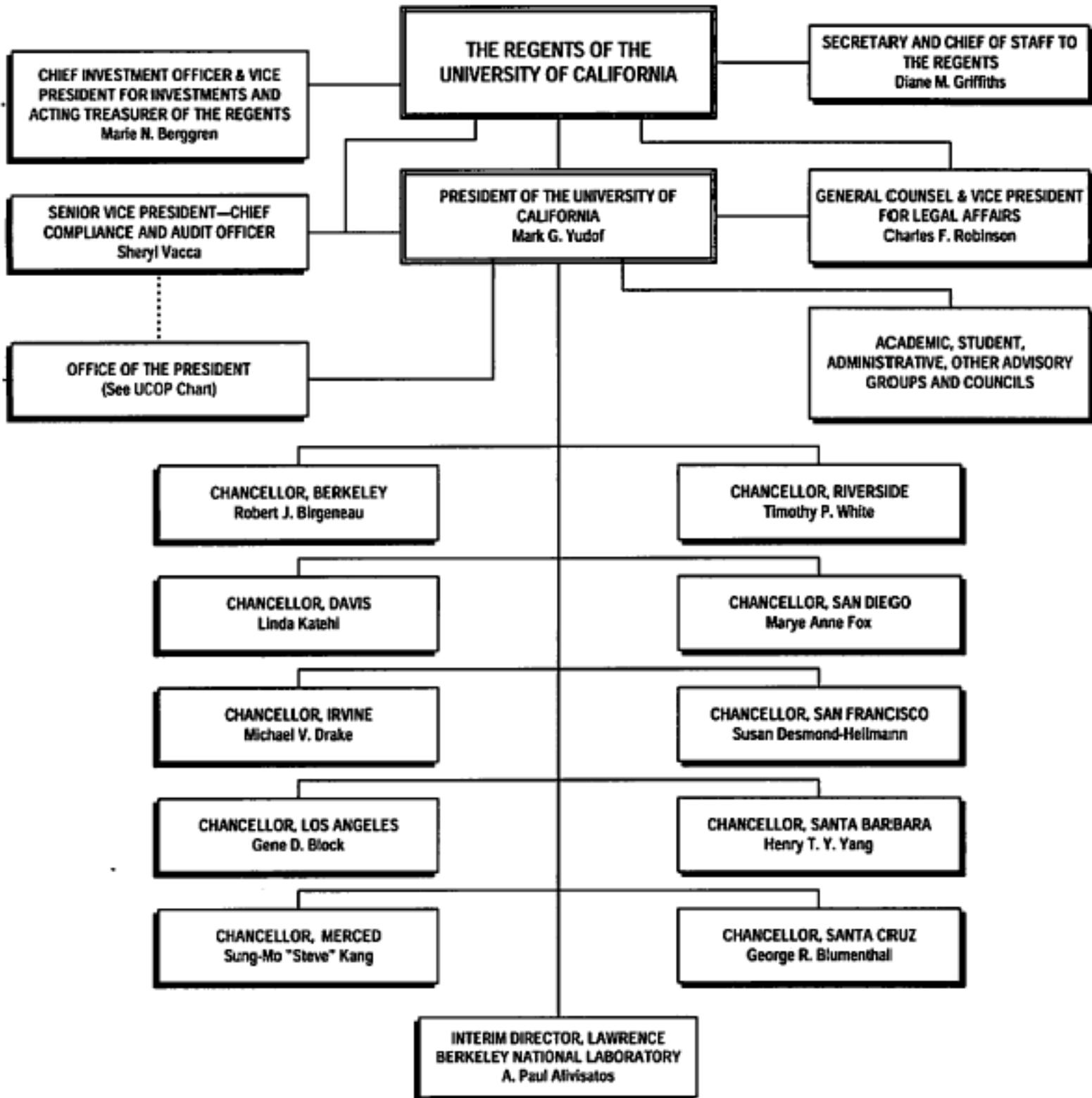
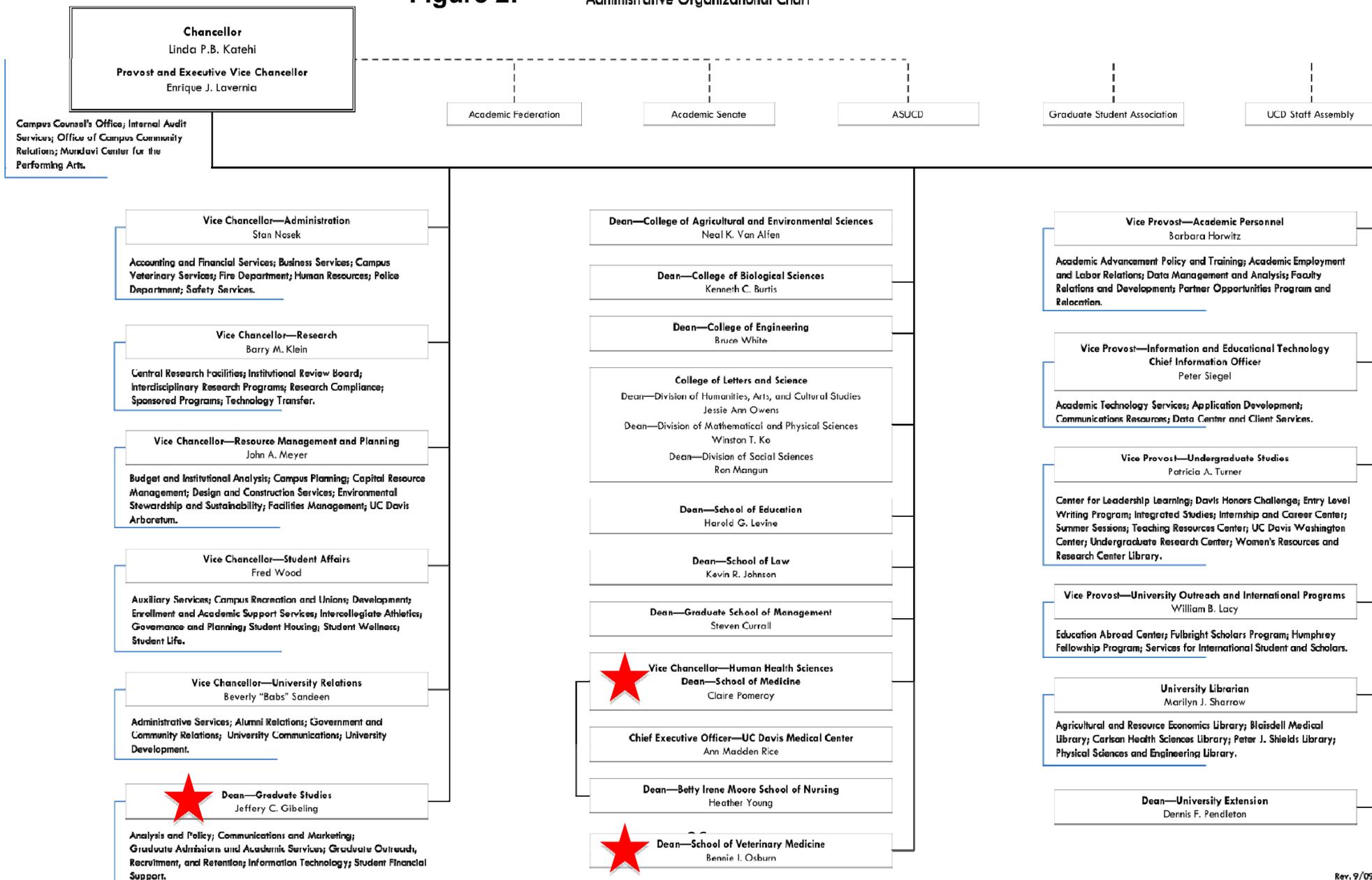


Figure 2: University of California, Davis
Administrative Organizational Chart



c. **A brief description of the university practices regarding:**

- **lines of accountability, including access to higher-level university officials**
- **prerogatives extended to academic units regarding names, titles and internal organization**
- **budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees, and support for fund-raising**
- **personnel recruitment, selection and advancement, including faculty and staff**
- **academic standards and policies, including establishment and oversight of curricula**

Lines of Accountability and access to higher-level University officials: Figure 2 above provides the lines of accountability within UC Davis for Deans reporting to the Chancellor. As indicated in Figure 3 below, the Program Director (Dr. Stephen McCurdy) reports to the Department of Public Health Sciences Chairperson (Dr. Ellen Gold), who reports to the Dean of the School of Medicine (Dr. Claire Pomeroy, who is also Vice Chancellor for Human Health Sciences), and who in turn reports to the Chancellor (Dr. Linda Katehi). According to the recent administrative change noted under 1.3.b, Dr. Gold will also report to Dr. Jeffrey Gibeling, Dean of Graduate Studies, for matters pertaining to admissions, review of degree requirements, and confirmation that degree candidates have met requirements.

Prerogatives of academic units regarding names, titles, and internal organization: Prerogatives regarding names, titles, and internal organization vary according to the particular academic unit involved and the nature of the action. With respect to the MPH Program, we are administratively housed within the Department of Public Health Sciences of the School of Medicine. Internal organizational matters are handled within the Department. For matters that have wider effects, such as a change of name or title, approval would involve the School of Medicine and, depending on the nature of the change, potentially the wider UC Davis campus and University systemwide organization.

Budgeting and resource allocation, budget negotiations, indirect cost recovery, distribution of tuition and fees, fund raising support: The MPH Program receives the majority of its funding from three sources: the Dean of the School of Medicine, the California Department of Public Health (CDPH), and professional fees paid by our students. Negotiations occur annually with the Dean of the School of Medicine and CDPH regarding the amount of support. Professional fee amounts are established centrally in the University of California Office of the President (UCOP). Although we provide input to UCOP regarding our needs, direct negotiation does not occur.

Funds from these sources are channeled to the Program through its host Department of Public Health Sciences. The Department Chair is ultimately responsible for budgetary allocation, but the budget process involves the Program Director, input from the MPH Executive Committee, and the departmental Management Services Officer.

The indirect reimbursement rate on grant and contract funding is calculated for the campus in negotiation with the federal Department of Health and Human Services

according to methodology defined in OBM circular A-21. The indirect rate negotiation process is managed by the Costing Policy & Analysis unit of the Accounting and Financial Services in the Office of the Administration. Indirect costs are tracked and managed in three groups based on the sponsor of the research: federal, private and local, and state agencies. Different sets of policies and allocation methodologies are applied to each type of indirect cost based on historical practices and formulas. In general, indirect cost allocations for the current year are based on the prior year's activity. Indirect costs for research activities are reimbursed to the Department at an average of 7-8% of the amount generated by federal funds and 15-17% of the amount generated by private funds. Currently, the University has no policies regarding how indirect reimbursement funds are spent. For more information on indirect cost recoveries, see <http://budget.ucdavis.edu/analyses-reports-white-papers/documents/icr/icr-overview.pdf>.

Student fees are organized into four main groups: registration fee, educational fee, professional fee, and other fees, as shown below in Table 1.3.c.

Table 1.3.c: Annual Student Fees		
Fee	Amount for 2009-2010	Use of funds
Registration fee	\$900.00	Student support services such as counseling and advising Debt service for campus construction projects
Education fee	\$8490.00	General fund 33% returned for financial aid
Professional fee	\$4,813.50	Professional program operating expenses 33% is returned to student financial aid
Other fees	variable	Unitrans and the Associated Students of UC Davis (ASUCD) Debt service for building projects and safety renovations Sports clubs, intramural sports, Equestrian Center, recreation hall Health premium, student health center See http://budget.ucdavis.edu/studentfees/documents/special/student-fee-overview.pdf for further detail
Total		Does not include living expenses.
Resident	\$18,004.91	
Non-resident	\$30,249.91	

Funds for the MPH Program, including their uses, are shown in Table 1.6.b (CEPH Data Table A). Decisions regarding Program-related spending are made in consultation with the Chair of the Department of Public Health Sciences.

Fund-raising support is provided through the UC Davis Health System Development Office. Our collaboration with this office began within the last year, and our Development Officer, Mr. Benjamin Korn, is assisting us in identifying and preparing applications for potential sources of foundation support. Through this office we have also established a scholarship fund for our MPH students.

Personnel recruitment, selection, and advancement for faculty and staff:

University policy prohibits discrimination in employment or promotion on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition, ancestry, marital status, age, sexual orientation, citizenship, or membership in the uniformed services. Each candidate for faculty appointment or promotion is objectively and thoroughly appraised by competent faculty members via a review committee nominated by the Committee on Academic

Personnel. The review committee's responsibility is to ascertain the fitness of each faculty candidate and the likelihood of the candidate's pursuing a productive career. Recommendation for appointment, promotion, and appraisal originate with the Department Chair. A departmental letter of recommendation (which includes a report of a vote by the Department faculty), biography, bibliography, and copy of recent research publications or scholarly work is sent to the Chancellor.

All candidates for appointment and promotion are evaluated based on their performance in 1) teaching, 2) research and other creative work, 3) professional activity, and 4) University and public service. The review committee submits a report with its recommendations to the Committee on Academic Personnel for action by the Chancellor and President (Academic Personnel Manual 210-1, see Appendix 3).

For staff recruitment, the sponsoring department prepares a job description and qualifications. These are reviewed by the campus Employment Office, which advertises the position and forwards a list of qualified candidates to the Department. The Department (including the position's direct supervisor, the Department's chief administrative officer (Ms. Karen Castelli) interviews the candidates and makes an employment offer. Advancement involves periodic performance reviews by the direct supervisor.

Academic standards and policies for individuals are based on University expectations of excellence in research, teaching, and service. These are assessed at the faculty member's home department. In addition, the MPH Program reviews faculty involvement through student evaluations. MPH faculty are also reviewed on an every-three-year basis to confirm that they are meeting minimum standards of engagement (i.e., teaching a course, mentoring a student, and/or participating in a MPH committee). Individuals not meeting standards of engagement for the MPH program are given a probationary year to meet the requirements; those unwilling or unable to do so are removed from the MPH faculty.

The MPH Curriculum Committee is charged with **establishment and oversight of curriculum** to assure that our curriculum meets University and programmatic standards of excellence. To establish a new course, the instructor completes forms describing the course for review by the MPH Curriculum Committee. Subsequent approval at the campus level is also required. The Curriculum Committee also reviews existing courses after each time the course is taught.

d. If a collaborative program, descriptions of all participating institutions and delineation of their relationships to the program.

Not applicable.

e. If a collaborative program, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program's operation.

Not applicable.

f. Assessment of the extent to which this criterion is met.

We assess Criterion 1.3 as met with commentary. The UC Davis MPH Program is well integrated into the University as a program administratively housed within the Department of Public Health Sciences in the School of Medicine, with joint sponsorship between the School of Medicine and School of Veterinary Medicine. A recent change in administrative structure entails a shift of responsibility to the Office of Graduate Studies

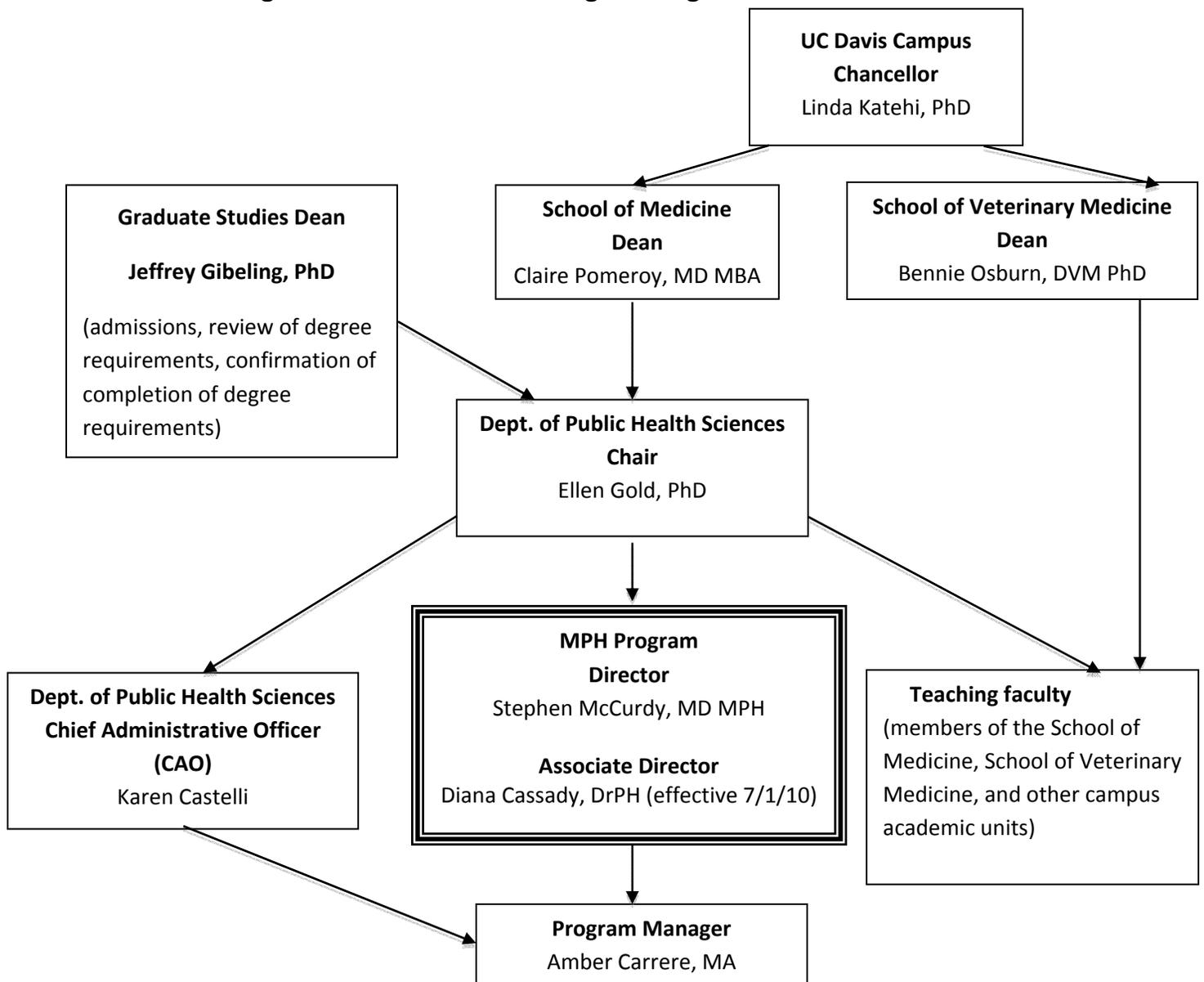
for matters pertaining to admissions, review of degree requirements, and confirmation that degree candidates have met degree requirements. However, this will not affect the substance of the program.

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.

- a. One or more organizational charts showing the administrative organization of the program, indicating relationships among its component offices or other administrative units and its relationship to higher-level departments, schools and divisions.

See Figure 3 below.

Figure 3: UC Davis MPH Program Organizational Chart



b. Description of the roles and responsibilities of major units in the organizational chart.

Overview of administrative structure (Figure 3): The MPH Program is jointly sponsored by the School of Medicine and the School of Veterinary Medicine. However, the School of Medicine confers the MPH degree, and the program is administratively housed within the School of Medicine's Department of Public Health Sciences. The MPH Program Director reports directly to the Department Chair, Dr. Ellen Gold, who in turn reports directly to the Dean of the School of Medicine, Dr. Claire Pomeroy, who in turn reports to the campus Chancellor. As a feature of our co-sponsorship arrangement, the Dean of the School of Veterinary Medicine, Dr. Bennie Osburn, confers at an equal level with School of Medicine Dean Pomeroy and, like Dr. Pomeroy, also reports to the Chancellor.

Joint sponsorship involves each School bringing its strengths to the service of the program. Because the School of Medicine confers the MPH degree, program administration is situated within the School's Department of Public Health Sciences. The School of Medicine provides much of the core curriculum (SPH210, SPH262, SPH273, SPH222, SPH 297), and the School of Veterinary Medicine provides the biostatistical curriculum (MPM 403/402). The two schools jointly provide the core epidemiology curriculum (SPH 205A/MPM405, co-taught by Dr. Ellen Gold of the School of Medicine and Dr. Woutrina Miller of the School of Veterinary Medicine). Dr. Phil Kass of the School of Veterinary Medicine teaches our Spring quarter Topics in Public Health seminar (SPH 290), and School of Medicine faculty teach this course in other quarters jointly with community public health practitioners. Dr. Bruno Chomel (School of Veterinary Medicine) chairs the Admissions and Advancement Committee. Although the program does not receive direct financial support from the School of Veterinary Medicine, its in-kind teaching and administrative support is critical to our success.

As described in 1.3.b, we recently received word that the University is transferring responsibilities for admissions, review of degree requirements, and confirmation that degree candidates have met the degree requirements to the Dean of Graduate Studies (Dr. Jeffery Gibeling). The Dean of Graduate Studies role is shown in Figures 2 and 3.

The MPH Program Director supervises and is assisted directly by the Program Manager, Ms. Amber Carrere. However, Ms. Carrere is part of the departmental administrative staff, and hence her administrative line of reporting is through the Department's Chief Administrative Officer, Karen Castelli.

The Deans (SOM: Dr. Claire Pomeroy; SVM: Dr. Bennie Osburn; Graduate Studies: Dr. Jeffrey Gibeling) are the administrative heads of their respective academic units and are directly responsible to the Chancellor (Dr. Linda Katehi). The Deans of the Schools of Medicine and Veterinary Medicine are responsible for academic leadership for their respective School's faculty in planning and developing academic programs; in implementation of plans and program improvement in the areas of instruction, research, and public service; and for student matters, such as academic advising, student relations, and admissions. Each Dean represents the School to the campus administration to gain approval and financial support for implementation of programs and articulate the goals and programs of the school to the University community and the general public. Each Dean manages the resources of the School, including faculty and staff, physical facilities, and budget. The Deans participate in campus-wide policy and program decisions through membership on the Council of Deans and Vice Chancellors.

The Graduate Studies Office under Dean Jeffrey Gibeling will be responsible for admissions, review of degree requirements, and confirmation that degree candidates have met the degree requirements. As Dean of Graduate Studies, Dr. Gibeling reports directly to the Chancellor, Dr. Linda Katehi.

The Public Health Sciences Department Chair (Dr. Ellen Gold), serves as the academic leader and administrative head of the Public Health Sciences Department. The Chair is in charge of planning the programs of the Department in teaching, research, and other functions. The Department Chair is expected to keep the curriculum of the Department under review and to maintain a climate fostering creativity, diversity, and innovation. The Chair is responsible for the recruitment, selection, and evaluation of both the faculty and the staff personnel of the Department. The Chair must be receptive to questions, complaints, and suggestions, and should take appropriate action on them. The Department Chair is responsible for making teaching assignments and other assignments of duty to members of the Department faculty and staff. The Chair is expected to provide for the conduct of Department affairs in an orderly fashion through Department meetings and the appointment of appropriate committees. The Chair is responsible for overseeing all Department teaching faculty, the MPH Program Director, and the Chief Administrative Officer.

The MPH Program Director (Dr. Stephen McCurdy) reports to the Department Chairperson, Dr. Ellen Gold. As Program Director, Dr. McCurdy is responsible for the overall function of the program, including long-term planning and day-to-day operation. The Program Director administers the MPH program through a committee structure described later in this self-study document.

The MPH Associate Program Director (Dr. Diana Cassady, effective 7/1/10) works in partnership with the Director, Dr. McCurdy. The Associate Director position has only recently been created, and the exact division of responsibilities has yet to be finalized. However, it will likely entail involvement with admissions, student advising, and general program operation.

The **Chief Administrative Officer for the Department (Ms. Karen Castelli)** oversees administrative, research and clinical activities in Sacramento and Davis. Activities include academic and staff recruitment, personnel management, development and merit/promotion activities; inventory and materials management; clinical affairs, credentialing and licensing; risk management and employee health activities; labor relations; and collective bargaining. Ms. Castelli has administrative oversight for the Division of Biostatistics, Epidemiology and Occupational/Environmental Health and the graduate professional Masters in Public Health program. She has the direct supervisory responsibility for all departmental administrative staff. Although the Program Manager, Ms. Amber Carrere, reports to Ms. Castelli for administrative purposes, she is directly supervised by and assists the Program Director.

The **Program Manager (Ms. Amber Carrere)** serves as the Student Affairs Officer (SAO) and manager of Department and instructional activities. She is responsible for high-level analysis and coordination of the Master of Public Health (MPH) program. Ms. Carrere oversees daily operations and provides analysis and review of accreditation requirements and monitors progress for appropriate levels of review. She advises students regarding application, registrations, scheduling, course requirements, financial issues, and other student-related activities.

The SAO produces regular publications and promotional materials for the unit, serving as writer and editor. She represents the program at various recruitment and

development activities and develops and maintains recruitment and enrolled student databases. Ms. Carrere develops and maintains all Department course evaluations. She assists faculty with developing new courses and providing training for online procedures to develop new courses. She coordinates the quarterly seminar series for the program. Finally, she supervises student assistants, provides direction for course teaching assistants, and oversees any temporary help for the MPH program. The Department's full-time chief administrative officer, Ms. Karen Castelli, supervises Ms. Carrere.

MPH Program faculty are responsible for designing and teaching core and/or elective courses for the MPH program. They are expected to maintain independent and/or collaborative research projects in public health. Faculty are encouraged to serve on MPH Committees and hold membership in professional and community organizations that are relevant to public health. Faculty also advise students and mentor junior faculty.

c. Description of the manner in which interdisciplinary coordination, cooperation and collaboration are supported.

Interdisciplinary collaboration is fundamental to graduate education at Davis and on other University of California campuses. In contrast to undergraduate education, which is organized along the lines of departments offering disciplinary majors, graduate education is organized within interdisciplinary Graduate Groups offering masters and doctoral degrees. Graduate Groups draw faculty from a variety of departments and units with an interest in the particular focus of the Graduate Group. Students then affiliate with the Graduate Group rather than with a specific department. UC Davis has 47 Graduate Groups offering advanced degrees in disciplines ranging from Agricultural and Environmental Chemistry to Viticulture and Enology. Examples of Graduate Groups with significant public health ramifications include Biostatistics, Epidemiology, Food Science, Health Informatics, Microbiology, and Nutritional Biology. Graduate Groups are under the administrative supervision of the Dean of Graduate Studies. (The recent decision to transfer responsibility for MPH Program admissions, review of graduation requirements, and certification that degree candidates have met degree requirements represents a harmonization with UC systemwide policy for graduate education.)

Interdisciplinary coordination, cooperation, and collaboration for the MPH program are supported by the intrinsically interdisciplinary organization of the program. Like other graduate programs, the MPH program draws its faculty from a variety of academic groups on campus: the Schools of Medicine, Veterinary Medicine, Nursing, Law, Management, and Education and the Colleges of Agriculture and Environmental Sciences, Biological Sciences, Engineering, and Letters & Sciences. Added to this mix are the Volunteer Faculty among the community practicing public health professionals.

In addition to sharing students, our diverse faculty work together in classroom teaching. For example, Dr. Gold (School of Medicine) and Dr. Miller (School of Veterinary Medicine) co-teach the core epidemiology course, and School of Veterinary Medicine faculty teach core biostatistics and a number of electives. Practicing community public health professionals are heavily involved in our weekly seminar course, SPH 290: Topics in Public Health Seminar. Finally, the program sponsors quarterly social gatherings for faculty and students, as well as "meet-and-greet" events for students to meet potential practicum site preceptors. The MPH Program and Department of Public Health Sciences have also co-sponsored annual meetings of the California Public Health Association-North with the state health department and public health symposia with the School of Veterinary Medicine during the annual April Public Health Week.

d. Identification of written policies that are illustrative of the program's commitment to fair and ethical dealings.

The UC Davis MPH Program is an integral part of the University of California, Davis campus and subscribes to the campus-wide Principles of Community (<http://principles.ucdavis.edu/>), cited below.

"The University of California, Davis, is first and foremost an institution of learning and teaching, committed to serving the needs of society. Our campus community reflects and is a part of a society comprising all races, creeds and social circumstances. The successful conduct of the university's affairs requires that every member of the university community acknowledge and practice the following basic principles:

We affirm the inherent dignity in all of us, and we strive to maintain a climate of justice marked by respect for each other. We acknowledge that our society carries within it historical and deep-rooted misunderstandings and biases, and therefore we will endeavor to foster mutual understanding among the many parts of our whole.

We affirm the right of freedom of expression within our community and affirm our commitment to the highest standards of civility and decency towards all. We recognize the right of every individual to think and speak as dictated by personal belief, to express any idea, and to disagree with or counter another's point of view, limited only by university regulations governing time, place and manner. We promote open expression of our individuality and our diversity within the bounds of courtesy, sensitivity and respect.

We confront and reject all manifestations of discrimination, including those based on race, ethnicity, gender, age, disability, sexual orientation, religious or political beliefs, status within or outside the university, or any of the other differences among people which have been excuses for misunderstanding, dissension or hatred. We recognize and cherish the richness contributed to our lives by our diversity. We take pride in our various achievements, and we celebrate our differences.

We recognize that each of us has an obligation to the community of which we have chosen to be a part. We will strive to build a true community of spirit and purpose based on mutual respect and caring."

e. Description of the manner in which student grievances and complaints are addressed, including the number of grievances and complaints filed for each of the last three years.

When students believe they have not been treated according to these principles, several levels of redress are available. In most cases the student will attempt to address complaints or problems with the person the student believes is acting unfairly. Should this not be feasible or satisfactory, the student may discuss the situation with their faculty advisor and/or the MPH Program Director. If this does not lead to satisfactory resolution, the student may turn to Dean for Student Affairs within the School of Medicine. Students also have access to the Student Grievance Center and the Student Judicial Affairs Office. These latter two offices are also involved in addressing complaints of sexual harassment.

Entering students are provided with a Student Handbook (Appendix 1) that contains information regarding the program's commitment to fair and ethical dealing and includes the campus's code for Expectations of Professional Conduct from the Student Judicial

Affairs Office (available at <http://sja.ucdavis.edu/cac.html>). Policies apply to all students equally, unaffected by age, sex, race, disability, religion, national origin, or other distinctions.

In addition, The MPH Program has an open-door policy. Students are encouraged to meet with professors, faculty advisors, and/or the MPH Program Director to discuss grievances.

No formal complaints or grievances have been filed in each of the last three years.

f. Assessment of the extent to which this criterion is met.

We assess Criterion 1.4 as met with commentary. The UC Davis MPH Program exists in an organizational setting that supports its mission and its constituents, including students, faculty, and the public health community. The MPH Program has historically handled matters of admission, degree requirements, and conferring the degree within the School of Medicine, its administrative home. Consistent with University-wide policy, the Graduate Studies Office under Dean Jeffery Gibeling will take over responsibility this year for admissions, review of degree requirements, and confirmation that degree candidates have met degree requirements. This will not entail any substantive change in the program.

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

a. Description of the program's governance and committee structure and processes, particularly as they affect:

- general program policy development**
- planning**
- budget and resource allocation**
- student recruitment, admission and award of degrees**
- faculty recruitment, retention, promotion and tenure**
- academic standards and policies**
- research and service expectations and policies**

The program's administrative, governance, and committee structure are shown in Figure 4 below. As described elsewhere in this self-study, students are involved in all MPH program committees.

The UC Davis MPH Executive Committee is the main deliberative and executive body with respect to **program policy development, planning, and budget and resource allocation**. The Executive Committee provides general direction and oversight for these functions. The MPH Program Director, in consultation with the Chair of the Department of Public Health Sciences, is responsible for practical implementation in these areas.

Student recruitment, admission and award of degrees are the responsibility of the Admissions and Advancement Committee. The Admissions and Advancement Committee provides direction to the MPH Program Director, who is responsible for practical implementation.

Faculty recruitment, retention, promotion, and tenure are the purview of the faculty member's home department, school, and general campus. The MPH Program Director influences recruitment, retention, promotion, and tenure for MPH faculty in the Department of Public Health Sciences by virtue of the Director's faculty position. Thus, discussions of recruitment policies and voting on promotion and tenure packets for fellow Department faculty are among the Director's academic prerogatives. In addition, the MPH program provides student evaluations for the core MPH courses to the faculty (regardless of their home department) who teach those courses, and these are included in the merit and promotion packets of those faculty.

Academic standards and policies for MPH faculty operate at the level of the home department (as described in the above paragraph) and at the level of the MPH program itself, which requires that faculty be engaged in research, teaching, and mentoring. Academic standards and policies for students reside at the level of the campus, School of Medicine, and the MPH Program.

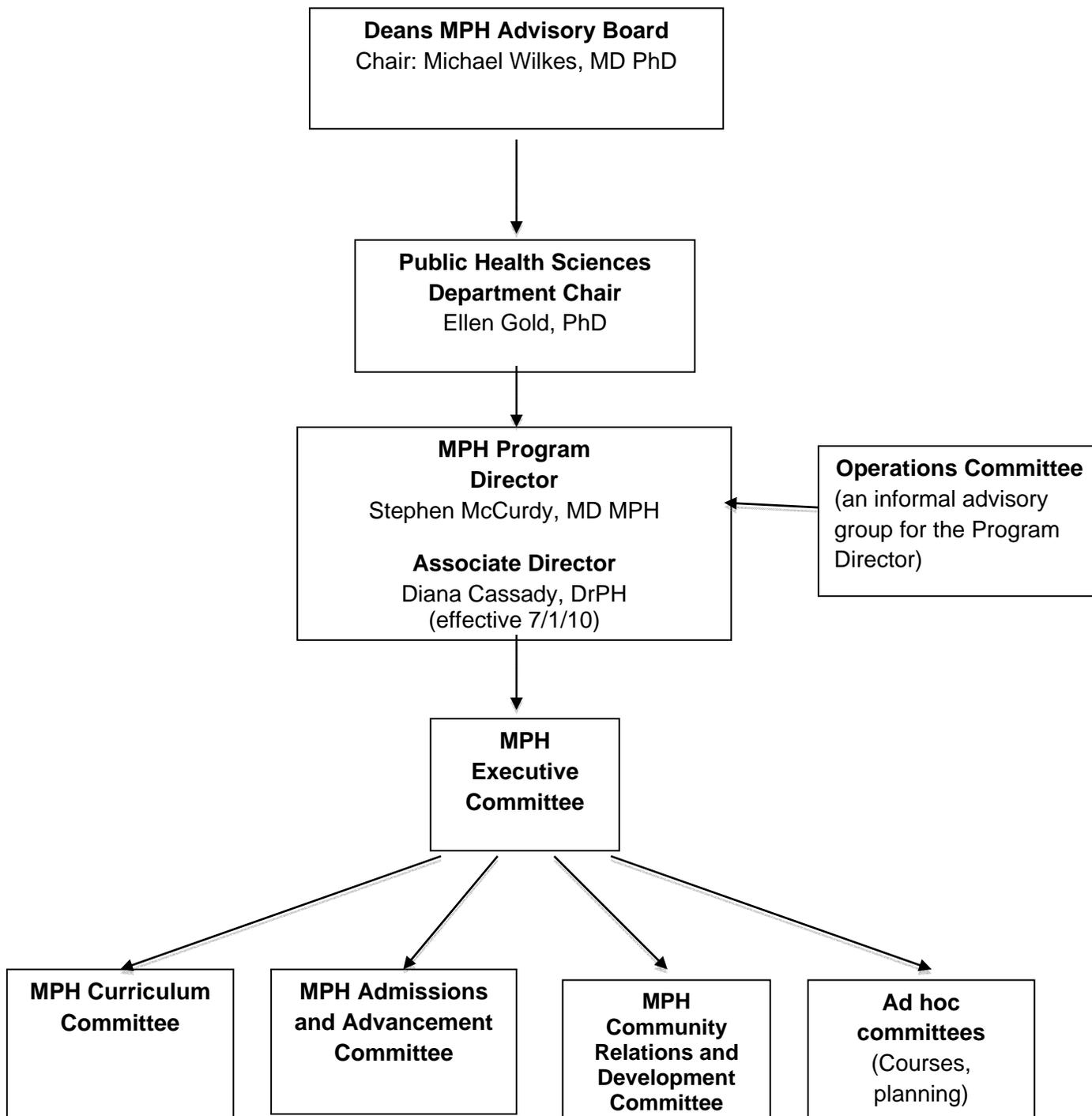
For example, the MPH faculty recently voted to make graduation requirements more stringent. Whereas previously students could have a grade as low as a C (2.0) in a core course, the faculty now requires students to maintain an overall GPA of at least a B-minus (2.7) in each core course and have a GPA of at least 3.0 for all core courses

combined. They are also required to have a GPA of at least 3.0 for all courses combined that are applied to the MPH degree.

Existing policies forbid cheating on examinations or assignments, plagiarism and other forms of academic dishonesty. A copy of the code of conduct can be found at <http://sja.ucdavis.edu/scs.html>. In addition, students are expected to be honest at all times, act fairly toward others, work independently unless given permission by an instructor to work with a group, and to not submit the same work in more than one class.

Research and service expectations and policies are primarily in the purview of the respective faculty member's home department. However, within the MPH program, we expect that all faculty are meaningfully engaged in teaching, mentoring, or committee involvement. All MPH faculty are reviewed by the Executive Committee on an every-three-year basis to assure that they meet membership criteria.

Figure 4: UC Davis MPH Program Committee Structure



b. A copy of the constitution, bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the program.

The MPH Program Bylaws stating the rights and obligations of administrators, faculty, and students are available in Appendix 4.

c. A list of standing and important ad hoc committees, with a statement of charge and composition.

Deans MPH Advisory Board: This is the main advisory board for the program. It consists of four members appointed by the Dean of the School of Medicine and four members appointed by the Dean of the School of Veterinary Medicine. The Program Director reports to this committee, which in turn reports to the Deans of the Schools of Medicine and Veterinary Medicine. This board meets semiannually.

Deans MPH Advisory Board Members:

- Michael Wilkes, MD, PhD Chair, (SOM; 2004-current)
- Joy Melnikow, MD, MPH (SOM) (2010-current)
- Richard L. Kravitz, MD, MPH (SOM; 2004-current)
- Tom Nesbitt, MD, MPH (SOM; 2009-current)
- Phillip Kass, DVM, MPVM, PhD (SOVM; 2008-current)
- Bruno Chomel, PhD, DVM (SOVM; 2008-current)
- Rob Atwill, DVM, PhD (SOVM; 2008-current)
- Rance LeFebvre, PhD (SOVM; 2008-current)
- Cheryl Scott, RN, MSN, DVM, MPVM (SOVM; Staff; 2008-current)
- Karen Castelli (SOM; staff; 2006-current)

UC Davis MPH Executive Committee: This is the main deliberative and decision-making body for the program. The Executive Committee has overall responsibility for academic, administrative, and budgetary policy for the MPH Program. The Executive Committee is chaired by the Program Director and meets quarterly. Representation includes the School of Medicine and Veterinary Medicine, the California Department of Public Health, core-course faculty, and MPH students. The committee receives reports and recommendations from the working committees described below. Members of the Executive Committee are appointed by the Chair of the Department of Public Health Sciences for three year terms, which may be renewed. The Program Director serves as *ex officio* chair of the committee.

MPH Executive Committee Members:

- Ellen Gold, PhD (SOM), PHS Dept. Chair, *ex officio*
- Stephen McCurdy, MD, MPH (UC Davis SOM), Executive Committee Chair, *ex officio*
- Kathleen Acree, MD, MPH JD (CA Dept of Public Health; 2004-2007, 2007-2010)
- Bruno Chomel, PhD, DVM (SOVM; 2004-2007, 2007-2010)
- Lisa Ikemoto, JD, LL.M (School of Law; 2006-2009, 2009-2011)
- Phillip Kass, DVM, MPVM, PhD (SOVM; 2004-2007, 2007-2010)
- Paul Leigh, PhD (SOM; 2004-2007, 2007-2010)
- David Roche, PhD (SOM; 2004-2007, 2007-2010)
- Patrick Romano, MD, MPH (SOM; 2004-2007, 2007-2010) *on sabbatical*
- Marc Schenker, MD, MPH (SOM; 2004-2007, 2007-2010)

- Gerhard Bauer, MD (SOM; 2009-2012)
- Lorien Dalrymple, MD, MPH (SOM; 2009-2012)
- Debbie Bennett, PhD (SOM; 2008-2011)
- Margaret Fix, MPH Student Representative
- Linda Campbell, MPH GSA Student Rep

UC Davis MPH Curriculum Committee: This committee reviews and promotes development of curriculum for the MPH program. The committee recommends policy regarding issues such as transferability of credits and graduation requirements and reviews course evaluations. Representation includes core-course faculty and students from the MPH program. Instructors of record (IOR's) and the Graduate Program Chair are *ex officio* members of the committee. Each year, an inquiry is sent to the faculty to identify those interested in renewing or becoming members of the Curriculum Committee. At the beginning of each year, students are given the opportunity to request membership on the Curriculum Committee. Students and faculty who express interest are then appointed by the Program Director. A final list of committee members is then sent to the Executive Committee to approve. Committee terms for both students and faculty are for three years and may be renewed.

MPH Curriculum Committee Members:

- Debbie Bennett, PhD, Chair (SOM; 2007-2010)
- Dianna Cassady, DrPH, (SOM; 2007-2010)
- Bruno Chomel, PhD, DVM (SOVM; 2004-2007, 2007-2010)
- Thomas B. Farver, PhD (SOVM; 2004-2007, 2007-2010)
- Mike Hogarth, MD (SOM; 2004-2007, 2007-2010)
- Philip Kass DVM, MPVM, PhD (SOVM; 2004-2007, 2007-2010)
- J. Paul Leigh, PhD (SOM; 2004-2007, 2007-2010)
- Woutrina Miller, DVM, MPVM, PhD (SOVM; 2004-2007, 2007-2010)
- Jessica Núñez de Ybarra, MD, MPH (CA Dept of Public Health 2004-2007, 2007-2010)
- Marc Schenker, MD, MPH (SOM; 2004-2007, 2007-2010)
- Stephen McCurdy, MD, MPH (SOM; 2004-2007, 2007-2010)
- Marlene von Friederichs-Fitzwater, PhD, MPH (SOM; 2009-2012)
- Estella Geraghty, MD, MS, MPH/CPH, FACP (SOM; 2009-2012)
- Keirsten Mihos, MPH Student Representative
- Nick Stetkevich, MPH Student Representative

UC Davis MPH Admissions and Advancement Committee: This 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. Representation includes MPH faculty and students. (Consistent with University policy, student members do not participate in discussions regarding progress of current students.) Each year, an inquiry is sent to the faculty to identify those interested in renewing or becoming members of the Admissions and Advancement Committee. At the beginning of each year, students are given the opportunity to request membership on the Committee. Students and faculty who express interest are then appointed by the Program Director. A final list of committee members is then sent to the Executive Committee to approve. Committee terms for both students and faculty are one year and may be renewed.

MPH Admissions and Advancement Committee Members:

- Bruno Chomel, PhD, DVM, Chair (SOVM; 2004-2007, 2007-2010)

- Stephen A. McCurdy, MD, MPH (SOM; 2004-2007, 2007-2010)
- Richard Sun, MD, MPH (CA Public Employees Retirement System; 2008-2011)
- Diana Cassady, DrPH (SOM; 2010-current)
- Jason Spitzer, MPH Student Representative (2009-2010)
- Mary Gallagher, MPH Student Representative
- Ashley Stone, MPH Student Representative
- Van La, MPH Student Representative
- Mandy Li, MPH Student Representative
- Fiona Scott, MPH Student Representative

Community Development Committee: This committee addresses community relations (including communication and input regarding MPH program priorities vis-à-vis the community) and program development.

Each year, an inquiry is sent to the faculty to identify those interested in renewing or becoming members of the Community Development Committee. In a communication to the Executive Committee and based on faculty and student responses, the Program Director proposes for membership those who express interest in joining this committee. Committee terms for both students and faculty are three years and may be renewed.

Community Development Committee Members:

- Diana Cassady, DrPH (SOM; 2010-present)
- Donald Lyman, MD, DTPH (CA Dept of Public Health; 2004-2007, 2007-2010)
- Marlene von Friederichs-Fitzwater, PhD, MPH (SOM; 2009-2012)
- Kurt Snipes, PhD (CA Dept of Public Health; 2009-2012)
- Kathryn Shack, PhD, MPH (SOM; 2009-2012)
- Cori Traub (Staff, SOM; 2008-2010)
- Laurie MacIntosh (Staff, SOM; 2008-2011)
- Karen Castelli, (Staff, SOM)
- Nicole Sturmfels, (MPH Alumni '09)
- Liya Manukyan, MPH Student Representative
- Julia Huerta, MPH Student Representative
- Joey Miller, MPH Student Representative
- Mina Mohammadi, MPH Student Representative
- Gabriela Alaniz, MPH Student Representative
- Maria Shaikh, MPH Student Representative
- Amy McCarthy, MPH Student Representative
- Hang Vu, MPH Student Representative
- Riddhi Desai, MPH Student Representative
- Anne Williams, Student Representative

Ad hoc committees: The Program Director meets periodically with various ad hoc committees to address specific issues. Examples include instructors for the SPH 290: Topics in Public Health course to plan seminars for the coming year and instructors of record of core courses to improve integration and minimize scheduling conflicts.

SPH 290 Seminar Committee (ad hoc): This committee meets in the Spring of each year to plan the SPH 290: Topics in Public Health seminars for the coming year. Members of the SPH

290 Seminar Committee are appointed when they begin teaching the seminar course and remain on the committee for the duration of their service as instructor for the seminar.

SPH 290 Seminar Committee members:

- Stephen McCurdy, MD, MPH (Chair; UC Davis SOM) (Summer Session II 2009)
- Jessica Núñez de Ybarra, MD, MPH (CDPH) (Summer Session II 2009)
- Marc Schenker, MD, MPH (UC Davis SOM) (Fall Quarter 2009)
- Mark Starr, DVM, MPVM Dipl. ACVPM (Placer County HHS) (Fall Quarter 2009)
- Bruce Leistikow, MD (UC Davis SOM) (Winter Quarter 2010)
- Frederick B. Hodges, MD MPH (CDPH) (Winter Quarter 2010)
- Phillip Kass, DVM MPVM PhD (SOVM) (Spring Quarter 2010)

Instructor of Record Committee (*ad hoc*): This committee meets on an as-needed basis to improve course integration and minimize scheduling conflicts. Members are appointed to the Instructor of Record Committee by being appointed as instructor (or co-instructor) of record for a core course or seminar course. They remain on the committee for as long as they remain an instructor of a core course.

Instructor of Record Committee Members:

- Thomas B. Farver, PhD (SOVM; MPM 402/403 Biostatistics)
- Woutrina Miller, DVM, MPVM PhD (SOVM; EPI 205A Principles of Epidemiology)
- Michael Hogarth, MD (SOM; SPH 210 Public Health Informatics)
- J. Paul Leigh, PhD (SOM; SPH 262 Health Services Administration)
- Marc Schenker, MD, MPH (SOM; SPH 290 Topics in Public Health Seminar)
- Stephen McCurdy, MD, MPH (SOM; SPH 290 Topics in Public Health Seminar, SPH 297 Public Health Practicum)
- Debbie Bennett, PhD (SOM, Chair; SPH 273 Principles of Environmental Health Science)
- Diana Cassady, DrPH (SOM; SPH 222 Social and Behavioral Aspects of Public Health)
- Jessica Núñez de Ybarra, MD, MPH (CA Dept of Public Health; SPH 290 Topics in Public Health Seminar)
- Mark Starr, DVM, MPVM Dipl. ACVPM (Placer County Health and Human Services Dept.; SPH 290 Topics in Public Health Seminar)
- Frederick B. Hodges, MD, MPH (CA Dept of Public Health; SPH 290 Topics in Public Health Seminar)
- Phillip Kass, DVM, MPVM, PhD (SOVM; SPH 290 Topics in Public Health Seminar)
- Gwen Doebbert, MA (CA Dept of Public Health; SPH 210 Public Health Informatics)

d. Identification of program faculty who hold membership on university committees, through which faculty contribute to the activities of the university.

In addition to the MPH committees described above, faculty are involved in committees at the School and University level. A complete listing of committee service for the program faculty is included as Appendix 5.

f. Assessment of the extent to which this criterion is met.

The UC Davis MPH Program has developed a committee and administrative structure that facilitates its governance and evolution and enfranchises both students and faculty. **We assess Criterion 1.5 as fully met.**

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

- a. **A description of the budgetary and allocation processes, sufficient to understand all sources of funds that support the teaching, research and service activities of the program. This should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact on the resources available to the program.**

Legislative appropriations: The California state Legislature provides funds to the University. These are distributed to the ten UC campuses and directed to the various academic units on each campus. We receive these funds from the Dean of the School of Medicine because the School of Medicine is the degree-granting authority, and the Program is administratively housed within the School of Medicine's Department of Public Health Sciences.

Formula for funds distribution: UC Davis MPH students pay a Professional Fee, of which 33% is retained by the MPH program and distributed back to students as financial aid. The balance is forwarded to the program for operational support. The School of Medicine receives and allocation from the educational and registration fees and 33% of this amount is returned to students as financial aid.

Tuition generation and retention: Our students pay the campus in-state fees for graduate students, which is set by the campus and approved by the University of California Office of the President (UCOP). There is an educational/registration fee portion, which is retained by the campus and shared with the School of Medicine. Some portion may be returned to the program by the School of Medicine Dean's office.

Gifts, grants and contracts: We receive program support from the California State Department of Public Health. This support is utilized for administration of the program, as scholarship opportunities for students, and Teaching Assistant support.

Indirect cost recovery: Indirect cost recovery is provided through the Department of Public Health Sciences if there is grant support from which indirect costs are collected. The Department applies retains these funds toward Department needs, such as technical and computing support and administrative staff support.

Taxes or levies imposed by the university or other entity within the university, and other policies that impact on the resources available to the program: In the past year the campus instituted a tax on entertainment and travel expenses as a way to offset state budget reductions. This has an adverse impact on our budget and reduces our social event budget. Outreach programs and travel to promote the program are also adversely affected.

- b. **A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, which is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in table format as appropriate to the program. See CEPH Data Template A.**

Below is a budget statement showing sources of funds and expenditures for the last five years.

Table 1.6.b (CEPH Data Table A): Sources of Funds and Expenditures by Major Category					
	Year 3	Year 4	Year 5	Year 6	Year 7
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Source of Funds					
Tuition & Fees					
State Appropriation					
University Funds	\$40,000	\$ 50,000	\$41,300	\$85,688	\$ 117,600
Grants/Contracts					
Indirect Cost Recovery					
Endowment					
Gifts					
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
Other - External Fees					
TOTALS	\$ 80,000	\$ 142,000	\$173,300	\$ 271,376	\$ 330,510
Expenditures					
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		\$ 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
TOTALS	\$ 85,964	\$ 150,112	\$168,809	\$ 285,869	\$ 304,580
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 program has been able to bank revenue on occasion by "rolling-over" funds to pay expenses that unexpectedly fall in a later year. Deficits have effectively been made up by the Department of Public Health Sciences. In-kind core faculty salary component is calculated as 10% of the salary of each core faculty member.

c. If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointment elsewhere.

Not applicable.

d. A concise statement or chart concerning the number (headcount) of core faculty employed by the program as of fall for each of the last three years.

As of the Fall for each of the last three academic years (2007-08, 2008-09, 2009-10), 11 core faculty have been involved in teaching the MPH curriculum. See Table 1.6.e (CEPH Data Table B) below.

e. A table showing faculty, students, and student/faculty ratios, organized by specialty area, for each of the last three years. These data must be presented in table format and include at least: a) headcount of primary faculty who support the teaching programs, b) FTE conversion of faculty based on % time or % salary support devoted to the instructional programs, c) headcount of other faculty involved in the teaching programs (adjunct, part-time, secondary appointments, etc), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of core faculty plus other faculty, f) total FTE of core and other faculty, g) headcount of students in department or program area, h) FTE conversion of students, based on 9 or more credits per semester as full-time, i) student FTE divided by regular faculty FTE and j) student FTE divided by total faculty FTE, including other. All programs must provide data for a), b) and i) and may provide data for c), d) and j) depending on whether the program intends to include the contributions of other faculty in its FTE calculations. Note: CEPH does not specify the manner in which FTE faculty must be calculated, so the program should explain its method in a footnote to this table. In addition, FTE data in this table must match FTE data presented in 4.1.a. and 4.1.b.

Commitment by faculty in terms of FTE is based on their faculty appointment, contribution to the program and their contribution to public health research. FTE contribution is based upon : Advising students 10%, Teaching core courses 20%, Administrative contribution 15%, Public health research 10%

Percent time does not include community preceptorship for our practicum rotations, which can involve significant time. We have been using this method for our annual reports as well.

Table 1.6.e (CEPH Data Table B): Faculty, Students, and Student/Faculty Ratios by Department or Specialty Area

Year 8 2009-2010										
	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students	FTE Students	SFR by Core FTEF	SFR by Total FTEF
General Public Health	11	11	31	4.45	42	15.45	30	28.5	2.59 (28.5:11)	1.84 (28.5:15.45)
Year 7 2008-2009										
	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students	FTE Students	SFR by Core FTEF	SFR by Total FTEF
General Public Health	11	11	30	4.55	41	15.55	25	24.5	2.22 (24.5:11)	1.57 (24.5:15.5)
Year 6 2007-2008										
	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students	FTE Students	SFR by Core FTEF	SFR by Total FTEF
General Public Health	11	11	6	4	17	15	21	20.5	1.86 (20.5:11)	1.36 (20.5:15)
Year 5 2006-2007										
	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students	FTE Students	SFR by Core FTEF	SFR by Total FTEF
General Public Health	10	10	7	4	17	14	12	12	1.2 (12:10)	.86 (12:14)

**The FTE for faculty and students is calculated October of each year when fall quarter commences. There is a large increase in Other faculty in 2009. This is due to conservative reporting in previous annual reports. Since starting the accreditation review process we are now including more Other faculty with fewer FTE contributions.*

Key:

HC = Head Count

Core = full-time faculty who support the teaching programs

FTE = Full-time-equivalent

FTEF = Full-time-equivalent faculty

Other = adjunct, part-time and secondary faculty

Total = Core + Other

SFR = Student/Faculty Ratio

f. A concise statement or chart concerning the availability of other personnel (administration and staff).

The program has a full-time administrative coordinator, Ms. Amber Carrere. Ms. Carrere serves as the Student Affairs Officer (SAO) and manager of department and instructional activities. She is responsible for high-level analysis and coordination of the Master of Public Health (MPH) program. Ms. Carrere oversees daily operations and provides analysis and review of accreditation requirements and monitors progress for appropriate levels of review. She advises students regarding application, registrations, scheduling, course requirements, financial issues, and other student related activities. The SAO produces regular publications and promotional materials for the unit, serving as writer and editor. She represents the program at various recruitment and development activities and develops and maintains databases for recruitment and of current and graduated students.

Ms. Carrere develops and maintains all department course evaluations. She assists faculty with developing new courses and providing training for online procedures to develop new courses. She coordinates the quarterly seminar series for the program. Finally, she supervises student assistants, provides direction for course teaching assistants, and oversees any temporary help for the MPH program. Ms. Carrere is supervised by the department's full-time top administrative officer, Ms. Karen Castelli.

In addition, the department has employed a part-time (50%) project coordinator, Kristin Gottschalk, MPH, to assist in the reaccreditation process. Ms. Gottschalk assisted with program research, edits, and draft text for the self-study document. She assembled accreditation materials for the appendices and the on-site resource file. In addition, she assisted with coordinating the site visit.

The department has one part-time Student Assistant who assists the MPH program coordinator with various projects. The Student Assistant supports the coordinator through database entry, research, file management, and other general office duties. In addition, Departmental administrative staff assist with logistic and administrative needs, such as purchasing and supply requests, budgeting, payroll, administering fellowships, and managing grants.

g. A concise statement or chart concerning amount of space available to the program by purpose (offices, classrooms, common space for student use, etc.), by program and location.

Offices: The Department of Public Health Sciences, the administrative home for the UC Davis MPH Program, has 4000 square feet of office space on the main UC Davis campus for faculty and core administrative staff, in excess of 1,800 square feet of space at the Center for Health and the Environment (CHE), and 6,000 square feet of space at the EPM: Research and Outreach Programs facility located off-campus. An additional 300 square feet of office space is available at the UC Davis Health System in Sacramento. The Division of Biostatistics has 1200 square feet of office space and houses the departmental information technology services. While all of departmental office space benefits at least indirectly the MPH program, there is also a one-person office (approximately 150 sq. ft.) occupied by the MPH Program's administrative coordinator, Ms. Amber Carrere.

Classrooms: General assignment classrooms are distributed through the Campus Registrar Scheduling Unit. The Student Affairs Officer (SAO) works closely with the scheduling unit to schedule classrooms and appropriate space each quarter. In addition,

the program shares space with the Veterinary School where a majority of the courses are taught. The SAO coordinates with the scheduling unit of the Veterinary School to arrange rooms for courses.

Classrooms for the core courses are listed below:

SPH 210 (Public Health Informatics): 2020 Sciences Lab Building (1,148 sq. ft.)

SPH 290 (Topics in Public Health): 2030 Valley Hall (900 sq. ft.)

MPM 402/403 (Medical Statistics I/II): 1041 Valley Hall (1,150 sq. ft.)

EPI 205A (Principles of Epidemiology): 2020 Valley Hall (1,150 sq. ft.)

SPH 222 (Social and Behavioral Aspects of Public Health): 172 Schalm (1,036 sq. ft.)

SPH 262 (Principles of Environmental Health): 172 Schalm (1,036 sq. ft.)

SPH 273 (Health Services Administration): 172 Schalm (1,036 sq. ft.)

SPH 297 (Public Health Practicum): 172 Schalm (1,036 sq. ft.)

Common space: The major common-space area for MPH students is in the Valley Hall area of the School of Veterinary Medicine. The Valley Hall facility is a two-story building that includes two large auditoriums, five classrooms, four seminar rooms, large and small conference areas, and a computer classroom/office suite with two printers. The building also features rooms dedicated to training in diagnostic imaging and clinical practice. Any of the rooms in Valley Hall may be reserved by students to use when a class is not in session. Valley Hall has quiet zones that can be used for individual or group study, an office for student organizations, a mother's room, seven showers, and 450 lockers for student use.

The MPH office also serves as a common area for students. The MPH suite comprises two offices that house the Program Director and administrative assistant. In addition, there is a common area that houses a cubicle space, a meeting table, a working area for computers, a printer, a fax machine, a refrigerator, and a water cooler.

h. A concise statement or floor plan concerning laboratory space, including kind, quantity and special features or special equipment.

The main laboratory space within the Department of Public Health Sciences, the administrative home of the UC Davis MPH Program, is the epidemiology and industrial hygiene laboratory and equipment located within the Center for Health and the Environment (CHE) complex. The industrial hygiene laboratory has 1 UV spectrophotometer, 1 FTIR gas analyzer, 1 Aerodynamic particle sizer, 1 Indoor air quality monitor, 1 Cahn microbalance, 20 Gilian and 5 Dupont personal sampling pumps, 3 battery chargers, 2 flow calibrator, 20 inhalable sampling heads (IOM), 20 respirable sampling heads (cyclone), 4 personal environmental monitor for PM_{2.5} and PM₁₀, 2 cascade impactors, 1 camera, 2 work benches and miscellaneous material such as assorted filters, belts, tubing, sprays. Additional field equipment is available from the Center for Occupational and Environmental Health and by cooperative agreement from NIOSH. Other laboratory space, including animal and wet laboratories, is available within the School of Medicine and the School of Veterinary Medicine.

i. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

The Department of Public Health Sciences, the administrative home of the UC Davis MPH Program, has a core computing facility consisting of 35 servers in a mixed environment of Windows 2003/2008 server, Sparc Solaris, Redhat Linux, FreeBSD, and Macintosh OS, housed in a dedicated restricted-access building. The user network spans across six core Department buildings and supports over 130 users and over 20 network printers. The Department offers a centralized, secure backup system that offers desktop/laptop backup as well as server facility backup and performs secure offsite tape rotation on a regular basis. A core storage server allows network users to store files securely in a central location on one of the three main file sharers. Microsoft Exchange powers the email and calendaring services and allows users to harness these services with their mobile devices, such as Blackberries and Windows Mobile devices. A security firewall and intrusion-detection system protects the users, servers, and data from attacks. A wireless network is available in the core Medical Sciences building, offering secure wireless access for users of the Public Health Sciences network. The network allows guest users to participate, albeit from a zone providing protection our core network, in case of an infected or vulnerable guest. A remote access VPN system allows users to securely access their work network from home or while traveling.

j. A concise statement of library/information resources available for program use, including description of library capabilities in providing digital (electronic) content, access mechanisms and guidance in using them, and document delivery services.

The UC Davis General Library is one of the premier research libraries in North America and comprises six library facilities: the Peter J. Shields Library, the Physical Sciences and Engineering Library, the Loren D. Carlson Health Sciences Library, the Agricultural and Resource Economics Library, the Mabie Law Library, and the William Blaisdell Medical Library. The combined collections of the various General Library facilities total more than 3.29 million volumes, and more than 32,000 periodical and journal titles are received annually. The collection also comprises an extensive variety of government documents, maps, microfilms and CD-ROMs.

The libraries at UC Davis offer a variety of public health resources to MPH students via books, print and online journals, access to resources from the US National Library of Medicine, library courses, and free software. Resources pertinent to public health include those in general public health, medical and veterinary health, epidemiology and statistics, toxicology, social sciences, news, legal, and business. Journal article databases for public health include GIDEON and Global Health.

Both the main Shields Library and The Carlson Health Sciences Library offer valuable workshops to assist students in using the library, searching and obtaining materials, and composing research documents. The library also offers free software for students to use, including EndNote reference management software and Geographic Information Systems (GIS), as well as provides courses for using the software.

Many library holdings can be accessed through terminals at the library or from a distance through the Internet. Students can search the Harvest Library Catalog for materials held by the UC Davis libraries, the Melvyl database for materials held by all UC campuses, WorldCat for holdings from libraries around the world, and the California Digital Library for resources. For resources held by UC Davis and all UC campus

libraries, students can place a request for the item with the library and pick it up at the library of their choice.

Not only do MPH students have access to all library resources, they also have access to a library staff member who has been designated as the Public Health Sciences Department Liaison. Students can arrange for one-on-one meetings, group sessions, and ask questions relating to how to use the library, using software, searching for information on a specific topic, writing, and technical assistance.

k. A concise statement describing community resources available for instruction, research and service, indicating those where formal agreements exist.

The major community resource for the UC Davis MPH program are the California Department of Public Health (CDPH) and local county health departments. The MPH Program and CDPH have shared a vision of developing an “academic health department” comprising the CDPH (providing access to the state population as a “public health laboratory” and practical expertise) and the University (providing academic expertise). Such collaborations are promoted by the Institute of Medicine and the Association of Schools of Public Health to combine the strengths of health departments and academic institutions.

Our progress toward an academic health department includes a recently executed memorandum of understanding (officially designated as a No-Cost Contract, Appendix 6) to facilitate collaboration and resource sharing for the purpose of education and meeting the state’s public health needs. This memorandum is an appropriate culmination for our decades-long history of mutually beneficial collaboration. For example, CDPH was instrumental in beginning discussions with the University regarding developing an MPH program at UC Davis. The CDPH role in the program has been deep and broad. CDPH personnel have been involved in all aspects, including program development and planning, curriculum, classroom instruction, student mentorship, and financial support.

In addition to the CDPH, a variety of community groups and resources are available to the program. For students, these most commonly involve Practicum placements at state and local health departments and non-profit entities providing public health services. (See Appendix 7 for a listing of Practicum placement sites)

l. A concise statement of the amount and source of “in-kind” academic contributions available for instruction, research and service, indicating where formal agreements exist.

In-kind academic contributions for UC faculty are provided through FTE allocations. That is, faculty draw their salaries based on funds provided by the state or other sources, and their MPH program work is part of their expected work. Thus, the MPH program does not see a direct cost for their time. Estimated dollar amounts for this are found in Table 1.6.b and CEPH Data Table A.

In-kind contributions from our community partners is variable from year to year and difficult to monetize. The major contributor is the CDPH, which contributes directly to classroom instruction, preceptoring students in practicum placements, and service to MPH Program committees. Contributions from other community partners, e.g., local county health departments and private non-profit organizations, primarily involves preceptoring practicum students with occasional classroom instruction.

- m. **Identification of outcome measures by which the program may judge the adequacy of its resources, along with data regarding the program's performance against those measures for each of the last three years. At a minimum, the program must provide data on institutional expenditures per full-time-equivalent student, research dollars per full-time-equivalent faculty, and extramural funding (service or training) as a percent of the total budget.**

The MPH program assesses adequacy of resources in the context of the program's mission statement and associated goals and objectives. Our instructional goal is to educate MPH students in the core public health content areas necessary for a career in public health. Important indicators here are the **student-to-faculty ratio** and **expenditures per full-time-equivalent student**. We also monitor student evaluations of class work through the evaluation process and involvement of MPH students in the MPH Curriculum Committee.

The research goal is to maintain and support a program of research addressing public health. Here we look at **research dollars per full-time-equivalent faculty**.

Our service goal is collaboration with institutional partners by providing consultation and student involvement for the study and improvement of public health programs. This is achieved primarily through practicum placements of MPH students with involvement of a UC Davis faculty advisor. This is monitored through the course evaluation system and less formally through observation and presentation of work at the EPP 297 Symposium, where results of practicum work are presented.

The major outcome indicators are shown below in Table 1.6.m.

Table 1.6.m: Outcome Measures for Assessing Resources				
Indicator	Target/ Timeline	2006-2007	2007-2008	2008-2009
Number of FTE students	24	12	23	23
Faculty FTE	18	14	15	15.5
Student:faculty ratio	1.3	12:14=0.86	20.5:15=1.36	24.5:15.5=1.57
Expenditure per FTE Student ¹	\$15,000	\$12,883	\$12,421	\$13,003
Research dollars per faculty ²	\$400,000	\$1,003,790	\$384,444	\$938,062
Practicum Placements	24	12	21	21
Percent funding supplied by extramural sources ³	N/A	46.2%	36.3%	34.0%
1: Excludes in-kind value of teaching and preceptoring.				
2: Calculated as total research dollars from primary faculty (shown in Table 3.1.c CEPH Data table E) divided by Core FTE faculty (shown in Table 1.6.e CEPH Data Table B).				
3: Calculated from Table 1.6.b and CEPH Data Table A.				

n. **Assessment of the extent to which this criterion is met.**

We assess Criterion 1.6 as met with commentary. Although the program has demonstrated success with obtaining resources to fulfill its stated mission, goals, and objectives, we remain in a challenging fiscal situation with respect to state funding.

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.

The areas of knowledge basic to public health include: Biostatistics – collection, storage, retrieval, analysis and interpretation of health data; design and analysis of health-related surveys and experiments; and concepts and practice of statistical data analysis; Epidemiology – distributions and determinants of disease, disabilities and death in human populations; the characteristics and dynamics of human populations; and the natural history of disease and the biologic basis of health; Environmental health sciences – environmental factors including biological, physical and chemical factors that affect the health of a community; Health services administration – planning, organization, administration, management, evaluation and policy analysis of health and public health programs; and social and behavioral sciences – concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

- a. An instructional matrix (See CEPH Data Template C) presenting all of the program’s degree programs and areas of specialization, including undergraduate, masters and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees and identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix.

The MPH Program offers a generalist Masters in Public Health. See Table 2.1.a below for a list of degree programs and areas of specialization.

	Academic	Professional
Masters Degrees		
Master of Public Health (MPH) (Generalist program)		X

- b. The bulletin or other official publication, which describes all curricula offered by the program. If the university does not publish a bulletin or other official publication, the program must provide for each degree and area of specialization identified in the instructional matrix a printed description of the curriculum, including a list of required courses and their course descriptions.

An instructional matrix and a list of required courses with a brief description are listed below in Table 2.1.b. Additional information can be found on the program website at: http://mph.ucdavis.edu/core_curriculum.html.

Year 1:

Summer II	Fall	Winter	Spring
MPM 402	MPM 403	SPH 297	SPH 290
SPH 210	SPH 262	SPH 290	SPH 297
SPH 290	EPI 205A	SPH 222	Electives
Electives optional	SPH 290	SPH 273	
	Electives	Electives	

Year 2:

Summer I	Summer II	Fall	Winter
SPH 297 (optional)	SPH 297 (optional)	SPH 297 (optional)	SPH 297 (optional)
Electives (optional)	Electives (optional)	Electives (optional)	Electives (optional)

Table 2.1.b: MPH Degree Requirements				
Discipline	Course	Instructor	Quarter	Units
Core Courses (37 units)				
Biostatistics	MPM 402: Medical Statistics I	Dr. Farver	Summer	4
	MPM 403: Medical Statistics II	Dr. Farver	Fall	4
Epidemiology	EPI 205A/MPM 405: Principles of Epidemiology	Dr. Gold & Dr. Miller	Fall	4
Environmental Health Science	SPH 262: Principles of Environmental Health Science	Dr. Bennett	Fall	3
Health Services Administration	SPH 273: Health Services Administration	Dr. Leigh	Winter	3
Social and Behavioral Sciences	SPH 222: Social and Behavioral Aspects of Public Health	Dr. Cassady	Winter	3
Informatics	SPH 210: Introduction to Public Health Informatics	Dr. Hogarth & Doebbert	Summer	2

Table 2.1.b: MPH Degree Requirements				
Discipline	Course	Instructor	Quarter	Units
General Public Health	SPH 290: Seminar in Public Health	Dr. McCurdy and Staff	Summer, Fall, Winter, Spring	1/qtr, 4 total
	SPH 297: Public Health Practicum	Dr. McCurdy and Staff	Winter, Spring, Summer	10
Added-Competence Selectives¹ (6 units)				
Added-Competence Selectives (for generalist specialty; at least 6 units)	MPM 404: Medical Statistics	Dr. Farver	Winter	4
	PHR 202: Sampling in Health-Related Research	Dr. Farver	Winter	3
	EPI 205B: Integration of Basic Epidemiologic Principles	Dr. Hertz-Picciotto	Winter	2
	EPI 206/MPM 406: Epidemiologic Study Design	Dr. Miller	Winter	3
	EPI 220: Problems in Epidemiologic Study Design	Dr. Gold	Spring	4
	EPI 251: Environmental Epidemiology	Dr. Schenker	Winter	3
	SPH 266: Applied Analytic Epidemiology	Dr. Kass	Spring	3
	SPH 295: International Health Care	Dr. Koga	Spring	2
	ECN 132: Health Economics	Dr. Cameron	Fall, Winter	4
	SOC 154: Sociology of Health Care	Dr. Halfmann	Fall	4
	CRD 160: Research Design and Method in Community Studies	Dr. Pence	Winter	4
	CRD 168: Program Evaluation and Management of Organizations	Dr. Pence	Winter	4
	Select courses focusing on social and			Variable

Table 2.1.b: MPH Degree Requirements				
Discipline	Course	Instructor	Quarter	Units
	political features of minorities			
Electives				13
TOTAL				56

1: Added-Competence Selectives are a group of courses that provide added competence in one of the five core disciplines or seven cross-cutting areas of public health. The added competence provided by these courses corresponds to the generalist specialty component of the MPH degree.

Below is a list and description of required courses and Added-Competence Selectives. Additional information can be found on the program website at http://mph.ucdavis.edu/core_curriculum.html.

REQUIRED CORE COURSE WORK (37 units):

- **Biostatistics:**

MPM 402: Medical Statistics I (4 units) – Lecture, 3 hours, Laboratory 2 hours. Statistics in clinical, laboratory and population medicine; graphical and tabular presentation of data; probability, binomial; Poisson, normal, t-, F-, and Chi-square distributions; elementary nonparametric methods; simple linear regression and correlation; life tables. Microcomputer applications of statistical procedures in population medicine.

MPM 403: Medical Statistics II (4 units) – Lecture, 3 hours, Laboratory, 2 hours. Continuation of course 402. Analysis of variance in biomedical sciences; nonparametric methods; multiple regression; biomedical applications of statistical methods. Microcomputer applications to reinforce principles that are taught in lecture.

- **Epidemiology**

EPI 205A/MPM 405: Principles of Epidemiology (4 units) – Lecture, 4 hours. Basic epidemiologic concepts and approaches to epidemiologic research, with examples from veterinary and human medicine, including outbreak investigation, infectious disease epidemiology, properties of tests, and an introduction to epidemiologic study designs and surveillance.

- **Environmental Health Science**

SPH 262: Principles of Environmental Health Science (3 units) – Lecture, 3 hours. Principles, approaches, and issues related to environmental health. Recognizing, assessing, understanding and controlling the impact of people on their environment and the impact of the environment on the public.

- **Health Services Administration**

SPH 273: Health Services Administration (3 units) – Lecture, 3 hours. Structure and function of public and private medical care. Topics include categories and trends in

national medical spending, predictors of patient use, causes of death, managed care, HMOs, Medicare, Medicaid, costs of technology, and medical care in other countries.

- **Social and Behavioral Sciences**

SPH 222: Social and Behavioral Aspects of Public Health (3 units) – Lecture, 3 hours. Concepts and methods of social and behavioral science relevant to the identification and solution of public health problems. Topics include nutrition, physical activity, smoking, socioeconomic status, gender, race/ethnicity, stress, social support, social marketing, media advocacy, and behavioral theories of change.

- **Informatics**

SPH 210: Introduction to Public Health Informatics – Lecture 2 hours, Lab 2 hours. An introduction to the collection, verification, and utilization of data related to populations and the infrastructure, functions and tools used to generate public health knowledge supporting public health practices and policy development and dissemination. The laboratory portion of the course is designed to provide students with hands-on experience with Geographic Information Systems (GIS), a critical tool in public health today. Key concepts provided in the laboratory segment include basic digital cartography principles, visualization of health data using GIS, and preparation of spatial data for GIS systems.

- **Topics in Public Health Seminar**

SPH 290: Topics in Public Health (Summer, Fall, Winter, Spring; 4 units total) – Seminar, 1.5 hours. Seminar in key issues of current topics in public health.

- **Public Health Practicum**

SPH 297: Public Health Practicum (10 units) – Fieldwork 300 hours. Practical fieldwork experience in public health. Placement sites vary based on the interest and experience of each student.

ADDED-COMPETENCE SELECTIVES (6 units)

- **Biostatistics:**

MPM 404: Medical Statistics III (4 units) – Lecture, 3 hours, Laboratory, 2 hours. Continuation of course 403. Analysis of time dependent variation and trends, analysis of multiway frequency tables; logistic regression; survival analysis selecting the best regression equation; biomedical applications.

PHR 202: Sampling in Health-Related Research (3 units) – Lecture, 3 hours. A very thorough coverage of simple random sampling, stratified sampling, cluster sampling, systematic sampling and other sampling methods applied extensively in epidemiology and other health-related disciplines. Emphasis on application of the sampling methods.

- **Epidemiology:**

EPI 205B: Integration of Basic Epidemiologic Principles (2) – Discussion, 2 hours. In-depth analysis and integration of basic epidemiologic concepts and approaches to epidemiologic research presented in Epidemiology 205A, with more mathematical and theoretical basis and examples from veterinary and human medicine, including outbreak investigations, infectious disease epidemiology, properties of diagnostic tests, study design and surveillance.

EPI 206: Epidemiologic Study Design (3 units) – Lecture, 20 sessions; discussion, 6 sessions; laboratory, 4 sessions. Builds on concepts presented in course 205.

Concepts of epidemiologic study design – clinical trials, observational cohort studies, case control studies – introduced in course 205A are covered in more depth, using a problem-based format. Discussion of published epidemiologic studies.

EPI 220: Problems in Epidemiologic Study Design (4 units) – Lecture, 3 hours.

Design and development of research protocols and funding applications for peer review. Application of research methods data collection and management and statistical analysis in research proposals. Methods of evaluating research proposals, mechanisms of funding, specifying human subjects considerations.

EPI 251: Environmental Epidemiology (3 units) – Lecture, 3 hours. Examination of the human health effects and the risk of disease from community, occupational, and personal exposure to toxic substances.

SPH 266: Applied Analytical Epidemiology (3 units) – Lecture, 2 hours, laboratory, 2 hours. Principles and applications in analysis of epidemiologic data. Methods of analyzing stratified and matched data, logistic regression for cohort and case-control studies, Poisson regression, and survival-time methods.

- **Health Services Administration:**

CRD 168: Program Evaluation and Management of Organizations (4 units) – Lecture, 4 hours. Role of program evaluation in organizational and program management. Impact of internal evaluation in program planning, improvement, and accountability.

SPH 295: International Health Care (2 units) – Lecture/discussion, 2 hours. Forum for learning health issues and health care systems in other countries. Topics include health care for refugees, the impact of political strife on health, and the health care professional in international settings.

ECN 132: Health Economics (4 units) – Lecture, 3 hours, discussion, 1 hour. The health care market, emphasizing the role and use of economics. Individual demand, provision of services by doctors and hospitals, health insurance, managed care and competition, the role of government access to health care.

- **Social and Behavioral Sciences:**

SOC 154: Sociology of Health Care (4 units) – Lecture, 3 hours, discussion, 1 hour. Overview of sociological research in medicine and health care, with emphasis on the organizational, institutional, and social psychological aspects.

CRD 160: Research Design and Methodology in Community Studies (4) – Lecture, 4 hours. Application of behavioral science research methodology to multidisciplinary problems confronting communities and community organizations. Focuses on design, sampling, measurement and analysis.

Courses that focus on the social or political characteristics relevant to public health for identified racial/ethnic minority groups, subject to the approval of the Program Director.

ELECTIVES (13 units)

A matrix of electives can be found in Appendix 8.

c. Assessment of the extent to which this criterion is met.

The UC Davis MPH Program offers a generalist MPH degree in accordance with its mission, goals, and objectives. The curriculum provides grounding in the core disciplines of public health, and students add to this with Added-Competence Selectives in an area of special interest to them. **We assess Criterion 2.1 as fully met.**

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

a. Definition of a credit with regard to classroom/contact hours.

Units of credit are assigned to courses based on the “Carnegie unit,” which assigns one unit of credit for three hours of work by the student per week. Usually this means one hour of lecture or discussion led by the instructor and two hours of outside preparation by the student. In laboratory courses, two or three hours of work in the laboratory are normally assigned 1 unit of credit.

b. Information about the minimum degree requirements for all professional degree curricula shown in the instructional matrix. If the program or university uses a unit of academic credit or an academic term different than the standard semester or quarter, this should be explained and an equivalency presented in a table or narrative.

The minimum degree requirements for the MPH program is 56 quarter units (equivalent to 42 semester units). All students must complete 37 quarter units of core courses (including the Practicum and seminar series), at least 6 quarter units of Added-Competence Selectives, and 13 quarter units of elective courses to total 56 quarter units in all. See 2.1 and Table 2.1.b for course and degree requirements.

c. Information about the number of MPH degrees awarded for less than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

All classes entering prior to August 2007 required 48 quarter units (36 semester units) to graduate. All have since graduated or left the program. All classes entering subsequently and currently enrolled students have required 56 quarter units (42 semester units) in accordance with CEPH requirements, and there have been no exceptions. Over the duration of the program, 46 graduated under the requirement of 48 units, 42 graduated under the requirement of 56 units, and 31 are currently enrolled under the 56-unit requirement.

d. Assessment of the extent to which this criterion is met.

The UC Davis MPH Program instituted a requirement of 56 quarter units for all classes entering in 2007 and subsequently. Since that time there have been no exceptions to this requirement. **We assess Criterion 2.2 as fully met.**

2.3 Public Health Core Knowledge. All professional degree students must demonstrate an understanding of the public health core knowledge.

- a. **Identification of the means by which the program assures that all professional degree students have a broad understanding of the areas of knowledge basic to public health. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.**

We have several means for assuring that the MPH students gain a broad understanding of the areas of knowledge basic to public health. In the classroom setting, each of the core courses has identified learning objectives contained in the course syllabus. These are included as Appendix 9. The students are assessed throughout the course of instruction, and their course grade reflects their mastery of the material.

In addition, students gain practical experience in the Practicum Placement (SPH 297). Practicum students apply their public health skills and learning in a real world public health setting. The Site Preceptor, the student's UC Davis faculty advisor, and the instructor of record evaluate the students. The culminating experience comprises a final written report, a poster, and an oral presentation at a Practicum Symposium attended by fellow students, MPH faculty, and public health colleagues.

Table 2.3.a: Areas of Knowledge Basic to Public Health (Core Courses)		
Area of Knowledge Basic to Public Health	Core Course Title (Instructor)	Units
Biostatistics	MPM 402/403: Medical Statistics I/II (T. Farver)	4+4=8
Epidemiology	EPI 205A: Principles of Epidemiology (E. Gold, W. Miller)	4
Environmental Health Sciences	SPH 262: Principles of Environmental Health Science (D. Bennett)	3
Health Services Administration	SPH 273: Health Services Administration (P. Leigh)	3
Social and Behavioral Sciences	SPH 222: Social and Behavioral Aspects of Public Health (D. Cassady)	3

b. Assessment of the extent to which this criterion is met.

The UC Davis MPH degree program has established a curriculum assuring that students demonstrate mastery of the core disciplines of public health. Students utilize and further develop their knowledge, integrating it into a real-world practice setting through a Practicum Project addressing a public health problem in their area of interest. **We assess Criterion 2.3 as fully met.**

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.

- a. **Description of the program's policies and procedures regarding practice placements, including selection of sites, methods for approving preceptors, approaches for faculty supervision of students, means of evaluating practice placement sites, preceptor qualifications and criteria for waiving the experience.**

Overview of Practicum: The SPH 297 Public Health Practicum course is described in detail in the course syllabus, including course objectives and relevant forms (Appendix 9). In brief, the practicum is a 10-quarter-unit course comprising 300 hours of student effort for a public health project in a public health practice setting. The practicum is divided into a preparatory phase and main activities phase. The preparatory phase comprises two quarter-units (60 hours of student effort) during the Winter Quarter of Year 1, coincident with core courses in social and behavioral sciences (SPH 222), health services & administration (SPH 273), our Topics in Public Health Seminar (SPH 290), and electives according to student choice. Students and instructor meet biweekly; sessions include open discussion of student progress, writing workshops, and practice of oral presentations. Deliverables for the preparatory phase include selection of a practicum project and site and a written practicum plan approved by the site preceptor, the student's MPH advisor, and the SPH 297 instructor of record (Form 1 in course syllabus, Appendix 9). Students also complete a draft Introduction section for their final report due at the end of the practicum and deliver a draft oral presentation in preparation for the end-of-practicum symposium.

The remaining eight quarter-units (240 hours of student effort, yielding a total of 300 hours for the entire practicum experience) represent the main activities phase of the practicum. Students continue to meet biweekly in the Spring Quarter of Year 1, but the main activities are the practicum experience itself. Class meetings include open discussion of progress and training in oral presentation by the UC Davis Media Relations group. Students complete this work during the Spring Quarter of Year 1 and Summer Quarter of Year 2. There are no other core courses during these quarters except the Topics in Public Health seminar (SPH 290), although some students choose to take electives. (Some students complete the work in Spring Quarter of Year 1, although we recommend they continue into the following Summer Quarter of Year 2 to allow time for electives in the Spring and a more longitudinal practicum experience.)

At the end of the practicum, students participate in the culminating experience, which is a symposium in which they have a poster and an oral presentation on their work and turn in their final written report. The symposium is scheduled for the end of Spring Quarter (Year 1), and a second symposium is held in the late Summer or early Fall (Year 2) to accommodate students who work on their practicum in the Summer of Year 2.

Practicum Site Selection: During the Fall Quarter of Year 1, the Student Affairs Officer (SAO) works with the Program Director to create a formal letter to prospective practicum preceptors that explains the purpose and nature of the practicum experience, including the preceptor's role. We include a catalog of our students, describing their experience and interests (Appendix 10). We send these materials to prospective preceptors in the fall quarter, with response deadlines for mid-November. Upon receiving the responses, the SAO creates a table that includes the names, areas of interest, job titles, department affiliation, and contact information of those interested in serving as preceptors. We then

disseminate this table to students in late fall. In addition, our Fall Quarter MPH Social Event is themed as a “meet and greet” session for students and prospective practicum site preceptors.

Students also make helpful contacts with the practicing public health community during the SPH 290 Topics in Public Health Seminar. Students select their practicum site during Winter Quarter of Year 1 as part of the required SPH 297 Public Health Practicum Course, as described earlier.

Evaluation of Preceptor and Site Qualifications: Acceptable placements must offer a public health-related project for MPH students in a practicing public health setting. An identified public health professional must act as the Site Preceptor willing to supervise the student, including at least weekly meetings, periodic evaluation of the student and work product, and attendance at the end-of-quarter symposium. The SPH 297 instructor of record reviews and approves proposed practicum sites and preceptors based on these criteria.

Preceptors must be practicing public health professionals able to supervise students as described above. Although we prefer preceptors with an MPH or DrPH degree, this is not a requirement, in recognition of the fact that many public health professionals lack a public health degree. Students also evaluate the practicum site and preceptor at the end of the course. The instructor of record monitors the practicum placements and experience of the student to assist in evaluation.

Faculty supervision of students: Students are supervised by the SPH 297 instructor of record, their MPH advisor, and the site preceptor. Each of these individuals completes evaluation forms at various points in the practicum experience.

Waiver of Practicum: Under no circumstance will the practicum experience be waived for students.

b. Identification of agencies and preceptors used for practice experiences for students, by specialty area, for the last two academic years.

See Appendix 11.

c. Data on the number of students receiving a waiver of the practice experience for each of the last three years.

We have provided no waivers for the practicum experience.

d. Data on the number of preventive medicine, occupational medicine, aerospace medicine, and public health and general preventive medicine residents completing the academic program for each of the last three years, along with information on their practicum rotations.

No preventive medicine, occupation medicine, aerospace medicine, or public health and general preventive residents have completed the program in either of the previous three years.

e. Assessment of the extent to which this criterion is met.

The UC Davis MPH Program provides a practicum experience involving state and local county health departments and non-profit entities. We have established a supervisory regimen that allows the student to develop and demonstrate their public health skills in a practical public health setting. **We assess criterion 2.4 as fully met.**

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.

- a. Identification of the culminating experience required for each degree program. If this is common across the program's professional degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.**

The culminating experience is part of the practicum experience. Practicum students work in a public health setting, e.g., state or local county health department, non-profit entity, completing a project of their choosing involving synthesis and application of public health principles. As described in Section 2.4.a, the practicum project involves 300 hours of effort. It includes supervision and written evaluation by the on-site preceptor, the UC Davis faculty advisor, and the instructor of record for the SPH 297: Public Health Practicum course.

The culminating experience portion involves the Practicum Symposium, at which the student showcases their abilities in public health, including oral and written communication. Specifically, students prepare an oral presentation and a poster. The oral presentation is made before an audience of their fellow students, faculty, and supervisors. Part of their oral presentation involves addressing questions that arise from the audience.

The culminating experience also includes a written report describing the public health background for their topic, methods employed in the project, and their results. It also includes a discussion of their project and its results, implications for the future, and recommendations for further work. The written and oral reports allow the student to synthesize and demonstrate mastery of public health principles and programmatic competencies (Table 2.6.b). Students continue to meet in the SPH 297: Public Health Practicum course, where drafts of their written and oral presentations are reviewed and commented on by the instructor of record and their fellow students. Thus, by the time they make their formal presentation at the Practicum Symposium, they have had significant practice and feedback.

The instructor of record for SPH 297: Public Health Practicum reviews evaluative information from the site supervisor, the UC Davis faculty advisor, the instructor's own observations during the 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 experience.

- b. Assessment of the extent to which this criterion is met.**

The UC Davis MPH Program provides a culminating experience in the context of the public health practicum. The practicum experience includes a final Practicum Symposium as the culminating experience, during which students provide both oral and written reports demonstrating mastery of, and ability to communicate, public health principles in the context of their practicum project. **We assess Criterion 2.5 as fully met.**

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.

- a. **Identification of core public health competencies that all MPH or equivalent professional masters degree students are expected to achieve through their courses of study.**

The UC Davis MPH Program faculty has selected competencies for our graduates that were based on the Association of Schools of Public Health competencies and are shown in Table 2.6.b below.

- b. **A matrix that identifies the learning experiences by which the core public health competencies are met. If this is common across the program, a single matrix will suffice. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.**

Competency	Setting	Method of evaluation
1. Describe basic concepts of probability, random variation and commonly used statistical probability distributions.	MPM 402/403: Biostatistics SPH 290: Topics in Public Health* SPH 297: Public Health Practicum*	Graded course work Participation Oral and written reports
2. Apply common statistical methods for inference.	MPM 402/403: Biostatistics SPH 290: Topics in Public Health* SPH 297: Public Health Practicum*	Graded course work Participation Oral and written reports
3. Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question.	MPM 402/403: Biostatistics SPH 290: Topics in Public Health* SPH 297: Public Health Practicum*	Graded course work Participation Oral and written reports
4. Discuss the strengths and limitations of the main epidemiologic study designs and their utility for public health.	EPI 205A: Principles of Epidemiology SPH 290: Topics in Public Health* SPH 297: Public Health Practicum*	Graded course work Participation Oral and written reports
5. Apply the basic terminology and definitions of epidemiology.	EPI 205A: Principles of Epidemiology SPH 290: Topics in Public Health* SPH 297: Public Health Practicum*	Graded course work Participation Oral and written reports
6. Calculate basic epidemiology measures.	EPI 205A: Principles of Epidemiology SPH 290: Topics in Public Health* SPH 297: Public Health Practicum*	Graded course work Participation Oral and written reports

Table 2.6.b: Matrix of Learning Experiences Contributing to Public Health Competencies

Competency	Setting	Method of evaluation
7. Draw appropriate inferences from epidemiologic data.	EPI 205A: Principles of Epidemiology SPH 290: Topics in Public Health* SPH 297: Public Health Practicum*	Graded course work Participation Oral and written reports
8. Describe how the tools of toxicology, epidemiology, risk assessment, risk management, and risk communication are useful in understanding environmental health problems, and the strengths and limitations of each.	SPH 262: Envir Health Sciences SPH 290: Topics in Public Health* SPH 297: Public Health Practicum*	Graded course work Participation Oral and written reports
9. Describe the human health effects of a few environmental and occupational agents and know how to obtain information on additional agents.	SPH 262: Environ Health Sciences SPH 290: Topics in Public Health* SPH 297: Public Health Practicum*	Graded course work Participation Oral and written reports
10. Describe techniques for preventing and controlling environmental hazards and regulatory approaches that may govern environmental hazards.	SPH 262: Environ Health Sciences SPH 290: Topics in Public Health* SPH 297: Public Health Practicum*	Graded course work Participation Oral and written reports
11. Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.	SPH 273: Health Svc & Admin SPH 290: Topics in Public Health* SPH 297: Public Health Practicum*	Graded course work Participation Oral and written reports
12. Describe the legal and ethical bases for public health and health services.	SPH 273: Health Svc & Admin SPH 290: Topics in Public Health* SPH 297: Public Health Practicum*	Graded course work Participation Oral and written reports
13. Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice.	SPH 222: Soc & Behav Sci SPH 290: Topics in Public Health* SPH 297: Public Health Practicum*	Graded course work Participation Oral and written reports
14. Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.	SPH 222: Soc & Behav Sci SPH 290: Topics in Public Health* SPH 297: Public Health Practicum*	Graded course work Participation Oral and written reports
* Competencies addressed in SPH 290: Topics in Public Health and SPH 297: Public Health Practicum will not necessarily include every competency.		

c. Identification of a set of competencies for each specialty area identified in the instructional matrix, including professional and academic degree curricula.

The UC Davis MPH Program is a generalist program meant to produce future leaders in public health. We emphasize increased expertise in the core disciplines of public health, supplemented by expertise in the relatively new field of informatics. We also emphasize communication skills in both oral and written media.

Competency	Setting	Method of evaluation
1. Use information technology to access, evaluate, and interpret public health data.	SPH 210: Public Health Informatics SPH 290: Topics in Public Health* SPH 297: Public Health Practicum*	Graded course work Participation Oral and written reports
2. Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities.	SPH 290: Topics in Public Health* SPH 297: Public Health Practicum* (SPH 297 includes workshops in composition and media training)	Participation Oral and written reports

d. A description of the manner in which competencies are developed, used and made available to students.

How competencies are developed: We develop our competencies through discussions with our faculty and students and with colleagues at other institutions, typically in the setting of national meetings such as for the American Public Health Association (APHA) or the Association for Prevention Teaching and Research (APTR). We also bring in published competencies, such as those provided by the Association of Schools of Public Health (ASPH) and the Council on Linkages between Academia and Public Health Practice.

Our current competencies arose from these sources and were discussed in committee (Curriculum Committee, Executive Committee) and also with the faculty at large. The MPH faculty as a whole voted to base our competencies on the ASPH competencies, and further work with instructors of record for the core courses and in the Curriculum and Executive Committee led to adoption of the current set of competencies.

How competencies are used: We use the competencies to inform discussions of our curriculum and encourage instructors of record for core courses to consider them as they develop course learning objectives. Course instructors are key in developing the overall programmatic competencies, and they consider those relevant to their own courses in developing the more detailed course learning objectives. As an example, programmatic competencies relevant to social & behavioral sciences (SPH 222) include #13 and #14 on Table 2.6.b above. These require familiarity with theories, concepts and models utilized in public health practice (#13) and application of evidence-based approaches in the development and evaluation of social and behavioral science interventions (14). These programmatic competencies are evident in the SPH 222

course learning objectives #2 and #3 (theories of health behavior change and their application to public health problems) and #4 (use of evidence-based material for public health problems.) The course's readings and activities, including small-group sessions, are designed to help students achieve these objectives, whereas the graded papers and examinations document this achievement. Further detail is available in the SPH 222 course syllabus in Appendix 9.

The competencies are also used in evaluating the students during their SPH 297: Public Health Practicum rotation. Beginning in the 2009-2010 academic year, students will complete a self-assessment of the competencies as part of their final report for the SPH 297: Public Health Practicum Course. This will be reviewed and commented on by the course instructor of record.

Availability to students: The programmatic competencies are posted on our website and included in the Student Handbook for each entering class. In addition, beginning in the 2009-2010 academic year, students will complete a self-assessment of the competencies as part of their final report for the SPH 297: Public Health Practicum Course (Appendix 9).

- e. **A description of the manner in which the program periodically assesses the changing needs of public health practice and uses this information to establish the competencies for its educational programs.**

Assessment of changing needs of public health practice: UC Davis MPH Program faculty are immersed in the public health world, enjoying ongoing contact with colleagues and students. Their involvement in the field makes them acute observers of changing needs. For course work, learning objectives are reviewed by instructors of record each time the course is taught, typically annually. This process involves reviewing student evaluations. Programmatically, the MPH Curriculum Committee, which includes student members, reviews student evaluations for each core course each time it is taught. Recommendations for changes or improvements are forwarded to the instructors of record, all of whom are members of the committee. Conclusions of the MPH Curriculum Committee are also reported to the MPH Executive Committee.

Surveys of the local public health community are another strategy the MPH Program uses to assess and strategize on meeting the needs of public health practice. For example, in 2006-2007, a public health workforce survey (funded by The California Endowment and conducted by a UC Davis group coordinated by the PI on this proposal) of 29 Northern and Central California Counties and 43 community health centers in the UC Davis catchment area showed that the greatest interest among the public health workforce was for online courses, with an Introduction to Public Health course as a top priority. As a result, one of our faculty members developed an Introduction to Public Health online course. In addition, input is acquired through informal conversation and email exchanges between public health workforce members and the MPH program faculty, staff and students.

Use of input for developing competencies: The information from these formal and informal sources contributes to discussion of our competencies within the relevant committees (Curriculum, Community Relations and Development, Executive), and the faculty at large. The competencies are used by our instructors of record in the development of their course learning objectives.

f. Assessment of the extent to which this criterion is met.

The UC Davis MPH Program has selected a set of competencies based on the Association of Schools of Public Health competencies. Identification and development of these competencies involved a collaborative approach among faculty with input from students. The competencies are clearly identified within the instructional matrix and guide development of our curriculum. **We assess Criterion 2.6 as fully met.**

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.

a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies.

The MPH Program assesses student attainment of competencies at several levels. With respect to course work, students typically complete a series of examinations assessing their subject mastery, leading to a final grade. To receive the MPH, students must complete 56 academic quarter units of coursework with a grade-point average of at least 3.0 and no grade in a core required course below B-. This process assures that students have mastered the underlying disciplines necessary for public health.

The practicum placement (SPH 297) is also important for assessing mastery of the competencies. Practicum experiences offer the opportunity to integrate and apply classroom learning in a real-world public health setting. Students are evaluated by their Site Preceptors, UC Davis faculty advisor, and the SPH 297 instructor of record based on their project performance and outputs. The culminating experience—the practicum symposium attended by students, faculty, and community public health colleagues—allows the student to demonstrate mastery through a written report, poster, and oral presentation. With the 2009-2010 academic year we are adding a student self-assessment for the programmatic competencies.

Finally, we monitor degree completion rates and progress after students leave the program, looking at professional advancement and job placement.

b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each degree program, and presentation of data assessing the program’s performance against those measures for each of the last three years.

The following outcomes serve as evaluative measures and are shown in Table 2.7.b below:

Outcome measure	Target	2005-2006	2006-2007	2007-2008	2008-2009
Percentage of students with GPA \geq 3.0 upon graduation	90%	100%	100%	90%	100%
Percentage of students completing Practice Placement	90%	100%	100%	100%	100%
Percent graduating within 24 months of matriculation	90%	93%	92%	91%	74% ¹
Percent employed by 12 months following degree	90%	92%	100%	86%	95% ¹

1: Data incomplete as this cohort is only 18 months post matriculation, and 12 months have not elapsed since receiving the degree.

c. If the outcome measures selected by the program do not include degree completion rates and job placement experience, then data for these two additional indicators must be provided, including experiential data for each of the three years. If degree completion rates, in the normal time period for

degree completion, are less than 80%, an explanation must be provided. If job placement, within 12 months following award of the degree, is less than 80% of the graduates, an explanation must be provided.

Not applicable.

d. A table showing the destination of graduates for each of the last three years.

The table must include at least the number and percentage of graduates by program area each year going to a) government (state, local, federal), b) nonprofit organization, c) hospital or health care delivery facility, d) private practice, e) university or research institute, f) proprietary organization (industry, pharmaceutical company, consulting), g) further education, h) non-health related employment, or i) not employed. See CEPH Data Template D.

Table 2.7.d (CEPH Data Table D): Destination of Graduates by Department or Specialty Area for Each of the Last 3 Years																		
Destination of Graduates Matriculating in 2008-2009																		
	Government		Nonprofit		Health Care		Private Practice		University / Research		Proprietary		Further Education		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
General Public Health	8	38%	0		1	5%	0		3	14%	0		7	33%	1	5%	1	5%
Destination of Graduates Matriculating in 2007-2008																		
	Government		Nonprofit		Health Care		Private Practice		University / Research		Proprietary		Further Education		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
General Public Health	4	19%	1	5%	5	24%	0	0	3	14%	1	5%	3	14%	0	0	3	14%
																		missing one grad
Destination of Graduates Matriculating in 2006-2007																		
	Government		Nonprofit		Health Care		Private Practice		University / Research		Proprietary		Further Education		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
General Public Health	3	27%	0	0	0	0	0	0	1	9%	1	9%	5	45%	0	0	0	0
																		missing one grad

e. In public health fields where there is certification of professional competence, data on the performance of the program's graduates on these national examinations for each of the last three years.

The National Board of Public Health Examiners has recently instituted a certification examination. At this time there are insufficient data for this to be a useful indicator for our program.

f. Data describing results from periodic assessments of alumni and employers of graduates regarding the ability of the program's graduates to effectively perform the competencies in a practice setting.

The UC Davis MPH Program surveys its graduates annually. However, we have not included information on their self-assessed ability to perform competencies effectively in the practice setting. (Note that with the 2009-2010 academic year we will include a self-assessment as part of their public health practicum report.) We plan to alter our annual alumni survey to include a self-assessment of the competencies in the practice setting.

With respect to employers, we recently instituted an annual roundtable involving several of the major employers of our students (specifically, state and county health departments) to address needs of employers. At the most recent round-table (September 9, 2009), the employers indicated that they are looking for skills relating to budgeting, program management and evaluation, and statistical programming.

At present we have no formal coursework in budgeting or program management. Program evaluation is part of our core coursework (SPH 222: Social and Behavioral Aspects of Public Health), and there are elective offerings for statistical programming that we encourage our students to take.

The round-table was especially helpful for our students, in that they were able to converse with potential future employers about sought-after skills. In addition, the issues regarding budgeting and program management are under discussion in our Curriculum Committee and Department. The Department has recently received approval to recruit two new faculty members, one in Health Policy and the other in Social and Behavioral Sciences. We anticipate that program management can be included in coursework taught by these two new faculty members. Unfortunately recruitment is often a long process, and it is unlikely they will be available before the 2010-2011 academic year.

g. Assessment of the extent to which this criterion is met.

The UC Davis MPH Program has in place procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance. However, we lack sufficient information about performance of competencies in the work place among alumni. We plan to alter our survey efforts to address this. **We assess Criterion 2.7 as partially met.**

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.

a. Identification of all academic degree programs, by degree and area of specialization. The instructional matrix may be referenced for this purpose.

Not applicable, as the program does not offer academic degrees.

b. Identification of the means by which the program assures that students in research curricula acquire a public health orientation. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

Not applicable.

c. Identification of the culminating experience required for each degree program. If this is common across the program's academic degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

Not applicable.

d. Assessment of the extent to which this criterion is met.

Not applicable.

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

a. Identification of all doctoral programs offered by the program, by degree and area of specialization. The instructional matrix may be referenced for this purpose.

Not applicable, as the program does not offer doctoral degrees.

b. Data on the number of active students in each doctoral degree program as well as applications, acceptances, enrollments and graduates for the last three years.

Not applicable.

c. Assessment of the extent to which this criterion is met.

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.

a. Identification of joint degree programs offered by the program and a description of the requirements for each.

Not applicable.

b. Assessment of the extent to which this criterion is met.

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 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 teaching and learning methodologies and to systematically use this information to stimulate program improvements.

Required Documentation. The self-study document should include the following:

a. **Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both. The instructional matrix may be referenced for this purpose.**

Not applicable.

b. **Description of the distance education or executive degree programs, including an explanation of the model or methods used, the program's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the program, and the manner in which it evaluates the educational outcomes, as well as the format and methodologies.**

Not applicable.

c. **Assessment of the extent to which this criterion is met.**

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.

a. A description of the program’s research activities, including policies, procedures and practices that support research and scholarly activities.

MPH Program faculty are active in many areas of research, ranging from laboratory investigations to population-based epidemiologic studies addressing occupational health, assessing environmental exposures, costs of work-related injuries, nutrition, reproductive health, children’s health, women’s health, human and veterinary infectious and chronic diseases, zoonoses, new statistical methods and approaches, social marketing, and others (Appendix 12). The MPH Program has the research objective of promoting research relevant to community needs with the opportunity for student involvement.

Research is supported with administrative resources (e.g., secretarial, financial, grants management) within the Department of Public Health Sciences (School of Medicine) and the School of Veterinary Medicine. The Public Health Sciences Department employs a full-time Grants Coordinator, Ms. Phillippa Savage. The coordinator provides assistance and advice throughout the life of a grant. The coordinator researches funding opportunities, reviews requirements, helps faculty develop budgets, gathers required paperwork, and submits materials for grants. She oversees administration of grants, ensuring agency and University requirements are met, coordinates progress and budget reporting, assists with Institutional Review Board submissions, oversees payroll, and recruits students and staff to assist in projects. Other department staff also coordinate purchases, travel, and meetings.

The School of Medicine (SOM) maintains a listserv that informs members of funding opportunities and disseminates a funding opportunities newsletter. They offer matched-funding programs to help extramurally funded investigators acquire major new research equipment on a shared-purchase basis, as well as multi-investigator program project and center grant matches.

Faculty have access to seed grant programs, which foster new and creative programs, such as those related to University outreach or international research. Three faculty members from the MPH Program have received this award: Kathryn DeRiemer, PhD for “Tools for Disease Forecasting,” Woutrina Miller, DVM PhD for “Advancing Tuberculosis Detection and Prevention to Improve Animal Health, Human Health, and Rural Livelihoods in Africa,” and Marc Schenker, MD MPH for “Promoting International Health at UC Davis.”

The School of Medicine’s Clinical Translational Science Center provides staff to assist in reviewing and editing research proposals to ensure that they are clearly written and adhere to agency guidelines. Further, the campus sponsors courses in research methods and grant writing for faculty. For example, two courses the Office of the Vice Chancellor for Research (OVCR) offers are “Proposal Processing and Submission” and “Proposal Budgeting Basics.” The OVCR provides a variety of additional resources to support research and scholarly activities. They offer basic research grants supporting development of research centers, organized research units, and organized research

programs; multidisciplinary proposal support that includes clerical, travel, supplies, and grant writing assistance; publication assistance funding to defray costs of publishing; and 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.

The OVCR links faculty to funding opportunities from the Federal Register, GrantsNet, National Science Foundation, Community of Science, Federal Agencies, non-profit organizations, The University of California Office of the President, and opportunities at UC Davis. Finally, the OVCR offers a listserv for faculty informing them of new funding opportunities, as well as a listserv for information about contract and grant administration, trainings, and workshops. Finally, both the School of Medicine and the campus OVCR offer courses in responsible conduct of research.

The UC Davis MPH Program faculty are extremely active in public health research, as shown by the listing of current activity below (See 3.1.c., CEPH Data Table E). Examples of current research projects in Public Health include work by Dr. Ellen Gold on lifestyle factors related to changes in ovarian function and symptoms in a long-term longitudinal study in a multi-ethnic cohort of midlife women, Dr. Laurel Beckett in using CT scanners for early breast cancer detection, Dr. Patrick Romano in variation in health care utilization, and Dr. Deborah Bennett in assessing indoor air exposures. In addition, faculty are involved in research through centers such as the institution's Clinical and Translational Science Center (Drs. Romano and Beckett), The Center for Children's Environmental Health (Drs. Bennett and Hertz-Picciotto), Western Center for Agricultural Health and Safety at UC Davis (Dr. Schenker, Dr. McCurdy, Dr. Bennett and others), UC Davis Center for Healthcare Policy & Research (Dr. Romano), Tobacco Control Evaluation Center (Dr. Cassidy), and Center for Genomic and Phenomic Studies in Autism (Dr. Bennett).

Students are encouraged to become involved with research according to their interest. We emphasize that the MPH is a practice, rather than a research degree, and thus there is no requirement for involvement in research. Student involvement in research activities is summarized in Table 3.1.d below.

b. A description of current community-based research activities and/or those undertaken in collaboration with health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

A listing of research activity by program faculty is included in Appendix 12. Many of the listed projects are community-based participatory research projects (CBPR) in that they represent an approach that involves "all potential users of the research and other stakeholders in the formulation as well as the application of the research." (Green and Mercer, 2001, in *Who Will Keep the Public Healthy*, Institute of Medicine, 2003 p. 85). The community is engaged in the work through community advisory panels and focus groups helping to develop and guide the studies, develop promotion and outreach approaches, and dissemination of results. Community-based groups, such as advocacy groups, are also engaged in the formative stages of a study.

The summary data for Table E 3.1.c can be found below in Table 3.1.b. Eight out of the eleven (72%) primary faculty have research activity within the last three years. There are a total of 32 research projects from primary faculty. One-third (32%) of the 32 projects

are community-based, and more than one-third (38%) include student participation. Primary faculty brought in \$91,844,591 in research funding.

Twelve out of the 30 (40%) secondary faculty have research activity within the last three years. There are a total of 69 research projects. Less than 1 percent of the projects are community-based, and over one-quarter (29%) include student participation. Secondary faculty brought in \$130,575,580 in research funding.

Table 3.1.b

Summary data for Table E 3.1.c

	Percentage of faculty with research awards	Amount Total Award [\$]	Amount 2009-2010 [\$]	Amount 2008-2009 [\$]	Amount 2007-2008 [\$]	Amount 2006-2007 [\$]	Community -Based	Student Participation
Primary Faculty	72% (8/11)	91,844,591	4,990,427	10,072,677	4,304,496	10,306,057	34% (11/32)	38% (13/32)
Secondary Faculty	40% (12/30)	130,575,580	6,963,775	15,047,243	7,026,051	10,044,773	1% (1/69)	29% (21/69)
Total	48% (20/41)	222,420,171	11,954,202	25,119,920	11,330,547	20,350,830	12% (12/101)	34% (334/101)

Examples of community-based research include work on the Childhood Autism Risks from Genetics and the Environment (CHARGE) study at the MIND Institute by Dr. Irva Hertz-Picciotto. This study's goal is to better understand the causes and contributing factors for autism or developmental delay by learning how genes and the environment interact to change the behavior and skills of children. Dr. Hertz-Picciotto works with over 1,000 children from California who are between 24 and 60 months of age who have varying severities of autism or developmental delay and with children from the general population. Her work serves to inform the community of exposures and susceptibilities for autism and provides resources for limiting exposures.

Dr. Diana Cassady directs the Tobacco Control Evaluation Center (TCEC) at UC Davis. The TCEC is a statewide project of the California Department of Health's Tobacco Control Program. This Center offers consulting and training in the evaluation of social service and disease prevention programs and California tobacco control programs. The center provides individualized technical assistance, trainings, and evaluation-related resources in order to build the evaluation capacity of local programs to build strong and health communities. They do this by helping programs plan their evaluations, develop data collection instruments, analyze and interpret their data and/or report results.

Another example is the work of Drs. Bennett and Schenker at the Western Center for Agricultural Health and Safety at UC Davis. This is a comprehensive, multidisciplinary program dedicated to the understanding and prevention of illness and injury in Western Agriculture. The center focuses on health and safety of western farmers and farm workers. It designs and implements outreach programs to improve health among pesticide applicators, farmers, children, family members of farmers, and farm workers. Center investigators design safer and more ergonomic farm equipment in order to reduce traumatic and cumulative trauma injuries. The center also strives to develop

innovative and effective means of communication through electronic media, newsletters, conferences, courses, advisory panels, and interactions among the agriculture community. Drs. Bennett and Schenker seek to identify risk factors for acute and chronic illnesses due to toxic exposures.

Dr. Stephen McCurdy is also active within the Western Center for Agricultural Health and Safety, serving as the Director of the Community Outreach for Research and Education (CORE) component. He is also involved in projects looking at injury in agricultural populations, including farm youth and migrant Hispanic farm workers.

c. A list of current research activity of all primary and secondary faculty identified in 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years. This data must be presented in table format and include at least the following: a) principal investigator, b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year’s award, g) whether research is community based, and h) whether research provides for student involvement. Only research funding should be reported here; extramural funding for service or training grants should be reported elsewhere. See CEPH Data Template E.

Over the past three years, primary and secondary faculty have generated over \$200 million dollars to fund their research. Funding has been provided by sources such as the NIH, EPA, California Department of Public Health, Department of Energy, Department of Defense, and the California Air Resource Board. Examples of the research interests of the faculty include autism, obesity, infectious diseases, cancer, farm worker health, environmental exposures, tobacco control, and emergency preparedness. For a complete list of current research activity, see Appendix 12.

d. Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program’s performance against those measures for each of the last three years. For example, programs may track dollar amounts of research funding, significance of findings (e.g., citation references), extent of research translation (e.g., adoption by policy or statute), dissemination (e.g., publications in peer-reviewed publications, presentations at professional meetings), and other indicators.

The major measures of success in the research arena are publications and funding received. As indicated in Table 3.1.d below and in Appendix 12, MPH Program faculty over the past three years have been successful in both these arenas. The program also measures its success by the number of public health presentations, and research projects that involve the community and students.

	Target/ Timeline	2006-2007	2007-2008	2008-2009
Total annual research funding (for all UC Davis MPH faculty)	N/A	\$20,350,830	\$11,330,547	\$25,119,920

	Target/ Timeline	2006-2007	2007-2008	2008-2009
Involvement of primary ² MPH faculty in ongoing public health research project	80%	Unavailable	Unavailable	100%
Publications by primary ¹ MPH faculty (aggregate)	40	55	76	40
Public Health Presentations (for all UC Davis MPH faculty)	5	13	15	18
Studies involving community participation (for all UC Davis MPH faculty)	2	3	8	9
Student Involvement (for all UC Davis MPH faculty)	5	10	9	7
<p>1: Table 3.1.c in Appendix 12 includes 2009-2010 data. For the purpose of Table 3.1.d it only summarizes from 2006-2009.</p> <p>2: Primary faculty are defined consistent with Section 1.6.e and comprise full-time University faculty substantially involved in teaching or mentoring MPH students.</p>				

e. A description of student involvement in research.

MPH students may be involved in applied research in the course of their Practicum Placements or as a continuation of interests not formally part of the MPH curriculum. Students involved in research may be employed by the investigator (for general assistance or as an intern, volunteer, or Graduate Student Researcher) or acquire course credit.

One such example is a student who received units for his work with the Office of Environmental Health Hazards Assessment (OEHHA). While enrolled for research units, the student worked on several research projects and actively participated in meetings and focus groups. He developed a current Pesticide Illness Report form on the CDC's Pinto software program for the web-based Pesticide Illness Reporting System. He also worked on a report OEHHA submitted to the Governor's office regarding pesticide illness reports received by OEHHA, which included a revision of a 30-page document and the development of recommendations for future action. Other examples of MPH student

involvement on research include work with Dr. Irva Hertz-Picciotta on xenobiotic exposure and with Dr. Marc Schenker on agricultural health.

f. Assessment of the extent to which this criterion is met.

UC Davis MPH Program faculty have formidable strength in public health-related research, manifest by significant levels of extramural funding and active publication. **We assess Criterion 3.1 as fully met.**

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.

a. A description of the program's service activities, including policies, procedures and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.

Overview of MPH Program Service Activities: Service activities within the UC Davis MPH Program comprise a wide set of activities, ranging from leadership and supportive positions within professional organizations, editorial and review activities for journals, and support for public health at a political level. For example, in Spring 2009 a number of our students attended hearings convened by the Sacramento County Board of Supervisors to address pending cuts to the County's public health budget. Dr. McCurdy also testified at these hearings regarding the likely public health consequences of the proposed cuts.

Service also includes provision of continuing education. The Department of Public Health Sciences sponsors an annual Continuing Education Symposium for community providers in Occupational and Environmental Medicine. Additional community service activities occur under the No-Cost Contract with the California Department of Public Health described below.

Agreements with external agencies: The Department of Public Health Sciences has entered into a No-Cost Contract with the California Department of Public Health (CDPH). This agreement represents a step toward creating an "academic health department" combining the strengths of the health department and academia. It seeks to promote each organization's mutual interest in public health practice, training and education, and research. As part of this agreement, the department offers a variety of services to the CDPH comprising educational development, learning experiences, faculty appointment, and research. Both parties will work in collaboration to design, develop, and implement training courses, workshops, conferences, preceptorships, work-study programs, and research training.

The Department of Public Health Sciences has agreed, pending funding, to develop and deliver via distance-learning modalities a multi-course certificate in public health that will provide public health professionals with essential knowledge in the major disciplines of public health practice. The Department has agreed, once appropriate funding is in place, to offer a series of distance-learning educational symposia in public health practice that will provide practitioners with interactive learning opportunities in critical public health practice areas. When the CDPH makes practicum experiences available, the department notifies students and shares evaluations of the experiences with the CDPH preceptor.

Members of the CDPH may receive, upon approval of the department, a faculty position such as Volunteer Clinical Faculty or any other non-salaried appointment including the ranks of Professor, Associate Professor, and Assistant Professor. To encourage collaborative research, representatives from the department and the CDPH share information on request to prepare grant applications, submit grants, share personnel and instrumentation, jointly assure quality control plans, and conduct research.

In return, the CDPH provides services in the same areas. The CDPH provides educational experiences by developing practicum experiences for UC Davis students and seeking to make stipends available for these. The CDPH also provides staff to be

appointed to the faculty of the Department of Public Health Sciences for teaching and research. For example, our SPH 290: Topics in Public Health Seminar pairs UC Davis and CDPH personnel as co-instructors.

Policies, procedures, and practices supporting service activities: Service is an integral part of the UC Davis MPH Program. With respect to individual faculty, service is one of the considerations involved in evaluation and career advancement (Academic Personnel Manual 210-10.d; APM 210-1.(4)d; Appendix 3). Thus, all faculty are reviewed on an approximately biannual basis with respect to their productivity in research, teaching, and service. The emphasis on service in merit and promotion actions helps to promote a culture of service among the faculty. The University also makes awards to faculty involved in service. One of our MPH faculty, Dr. Marc Schenker, 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.

b. A list of the program's current service activities, including identification of the community groups and nature of the activity, over the last three years.

A major service activity is the Practicum Placement project. Students, working with a faculty advisor, engage in projects that benefit the sponsoring agency and the community it serves. The projects over the last two years of the program's existence are discussed in section 2.4.b and shown in Appendix 11. Other service activities are shown in Table 3.2.b below. The table below focuses on service activities of the MPH Program *per se*; it does not include service activities of individual MPH faculty, such as serving in professional societies, testifying before governmental bodies, journal service, etc.

Table 3.2.b: MPH Program Service Activities 2006-2009				
Project Title	Years	Nature of Project	Professor and Role	Community Served
Tobacco Control Evaluation Center	2007-2009	Assistance regarding tobacco control activities and program evaluation	Dr. Diana Cassady; Principal Investigator	California agencies conducting tobacco control programs and efforts
California Public Health Association-North (CPHAN) annual meeting	2008	In collaboration with the California Department of Public Health and University of California, Berkeley School of Public Health Alumni Association, hosted the CPHAN annual meeting.	Dr. Stephen McCurdy, Dr. John Troidl, Karen Castelli, Amber Carrere; Co-sponsor	National and international public health administrators, nurses, educators, researchers, epidemiologists, physicians, related health specialists, and public health students.
Emergency Preparedness Contract	2009 – 2010	Assist in creating disaster response plans, notification protocols, identify emergency preparedness resources, and conduct community awareness presentations	Dr. Marc Schenker; Principal Investigator	Local governments, NGO's, hospitals, community organizations, etc., and the American Indian community
No-Cost Contract with CA Department of Public Health	2008-	Educational development, learning experiences, faculty appointment, and research	Faculty	Public health community

c. Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program’s performance against those measures for each of the last three years.

The MPH program measures the success of its service efforts through memberships in community and professional organizations, public health-related presentations, and community-based research. Student service is measured by attendance at public health conferences and meetings and volunteer work. The program informs students of such events, but does not make attendance mandatory. In previous years, the program has tracked attendance informally. However, in future years we plan to formally track and record attendance. See Table 3.2.c for service measures and performance over the last three years.

Activity	Target	2006-2007	2007-2008	2008-2009
Percentage of primary MPH faculty members ¹ who are members of at least one professional or community organization relevant to public health.	80%	90%	90%	90%
Public Health Presentations	15	13	15	18
Community Based Research Projects	5	3	6	7
Student Attendance at a Public Health conference	5	Not Available	Not Available	Not Available
Student Attendance at a hearing or community-based public health related meeting	5	Not Available	Not Available	Not Available
1: Primary faculty are defined consistent with Section 1.6.e and comprise full-time University faculty substantially involved in teaching or mentoring MPH students.				

d. A description of student involvement in service.

Students are encouraged to engage in community service. Their major contribution is through the practicum placements. However, many of our students have also been involved on a volunteer basis working with organizations such as the American Cancer Society, health fairs, and attending county Board of Supervisors meetings when public health-related issues arise. Our students have also been involved as volunteer staff for public health-related meetings, such as the California Public Health Association-North meetings.

In the Fall quarter of 2009, one further example of student service is that one of the students from the current cohort is participating on the Yolo County Health Council that is the official body that advises the Yolo County Health Department. While on the council, the student attended monthly Health Council meetings. The student served as a

liaison between the MPH program and the Yolo County Health Council by informing students about service opportunities and current topics being discussed, as well as provided the Health Council with a student perspective of issues in public health and desired training in public health. Her service included an in-depth study of the history, responsibilities, and performance evaluation of the local health department, which was compiled into a paper and PowerPoint presentation to be shared with classmates and the public.

e. Assessment of the extent to which this criterion is met.

The UC Davis MPH Program provides service to the community in a variety of settings. On a programmatic basis, this includes a No-Cost Contract with the state Department of Public Health, among other activities. Individual faculty are also heavily involved in service, including work with marginalized communities, professional societies, journals, and government bodies. Service activities are an integral part of the faculty advancement process. Students are encouraged to engage in service, and have participated in governmental bodies, professional symposia, for example. **We assess Criterion 3.2 as fully met.**

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

a. A description of the program's continuing education activities, including policies, needs assessment, procedures, practices, and evaluation that support continuing education and workforce development strategies.

Overview of continuing education activities: Continuing education activities include the annual Occupational and Environmental Medicine symposium that is sponsored by the Department of Public Health Sciences. This serves primarily the occupational and environmental practice community, including physicians, occupational health nurses, and industrial hygienists. The faculty as well as audience includes persons from local private and governmental health organizations. Second, the Program Director directs a one-week intensive clinical epidemiology summer course serving new UC Davis faculty, fellows, and community health practitioners (including public health personnel from the state and local health departments). Additional continuing education activities are shown below in Table 3.3.c.

Needs assessment and evaluation: In 2006-07 we conducted a public health workforce survey of 39 Northern and Central California counties and 43 community health centers in the UC Davis catchment area regarding the needs of the current public health workforce. The results of the survey revealed that there was a significant need to hire new employees and a strong demand for education and training by current employees. Over 900 current employees were interested in continuing education in public health. Since no school or program in public health is located anywhere near most of the potential students, distance education modalities will be necessary to bring the University to the student. Moreover, even persons located close to the University evinced a strong preference for online content.

We also conduct a needs assessment as part of the evaluations for continuing education programs we sponsor. Specifically, evaluation forms contain a question asking what other topics the respondent recommends for continuing education. These are reviewed as we prepare for subsequent CME offerings and guide our choice of topics. We also review the evaluations for suggestions regarding organizational improvements to the program (e.g., quality of facilities, registration process, timing, etc.).

Policies, procedures, and practices supporting continuing education: The University has an open-campus University Extension option in which nonstudents can enroll in and take courses for credit with faculty approval. Non-MPH students may take any course offered by the MPH program, with the exception of the practicum course (SPH 297). The SPH 290 Topics in Public Health has been the most popular course for non-MPH program individuals. If a student is accepted into the MPH program, up to 12 units of public health-related coursework that was taken through the University Extension may be transferred.

The Department of Public Health Sciences has applied for grants to develop a distance education version of the UC Davis MPH Program core curriculum to meet the needs of the current public health workforce. As discussed in Section 1.6.k, development of online educational content is included in a No-Cost Contract that the Department of Public Health Sciences signed with the California Department of Public Health. Due to the difficult economic situation throughout the state and nation, the Department has been unsuccessful in obtaining additional resources to develop distance education courses. Meanwhile, videos of our SPH 290 Topics in Public Health seminars recorded

are available for borrowing, and the Department hopes to have a digital library created of the seminars that can be accessed from the program's website.

b. Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.

Not applicable.

c. A list of the continuing education programs offered by the program, including number of students served, for each of the last three years. Those that are offered in a distance learning format should be identified.

Table 3.3.c below shows a list of the continuing education programs offered and the number of CE students served by each program.

Table 3.3.c: Continuing Education Activities		
Activity	Year	CE Students Served
Annual Occupational & Environmental Medicine Symposium with Postgraduate Mini-Courses	2007	46
	2008	44
	2009	49
Clinical Epidemiology Study & Design	2007	45
	2009	47
	2009	51
SPH 290 Topics in Public Health	2006-2007	0
	2007-2008	5
	2008-2009	1

d. A list of other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.

Not applicable.

e. Assessment of the extent to which this criterion is met.

We assess Criterion 3.3 as met with commentary. The UC Davis MPH Program has a program for assessing and meeting the workforce development needs of the public health workforce, consistent with resources available. An area in which further effort is needed is in the provision of online coursework, as revealed in a health needs assessment of local county health departments. Although we have made progress in that on-line course development has been included in a recent No-Cost Contract with the state health department, to date we have been unsuccessful in identifying funds to meet this need.

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.

- a. **A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format and include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification*, e) gender, f) race, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current teaching areas, k) current research interests, and l) current and past public health practice activities. *Note: classification refers to alternative appointment categories that may be used at the institution. See CEPH Data Template F.**

The degree program is supported by 11 full-time primary faculty members. These faculty members include one Associate Professor, one Assistant Professor, and nine Professors. Their teaching areas include environmental health, nutrition, veterinary medicine, biostatistics, epidemiology, and health systems administration. For a complete description of primary faculty, see CEPH Data Table F in appendix 13.

- b. **If the program uses other faculty in its teaching programs (adjunct, part-time, secondary appointments, etc), summary data on their qualifications should be provided in table format and include at least a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to teaching program, e) gender, f) race, g) graduate degrees earned, h) disciplines in which degrees were earned, and i) contributions to the teaching program. See CEPH Data Template G.**

The program is supported by 30 other faculty members. These faculty members are employed by a range of public health agencies, including: The California Department of Public Health; the Placer County Health and Human Services Department; the California Public Employees' Retirement System (CalPERS); the University of California, Davis Health System; the Chicano/a Studies department of UC Davis; and the UC Davis School of Medicine, Department of Public Health Sciences. For a complete description of other faculty members, see CEPH Data Table G in Appendix 14.

- c. **Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program.**

Integration of perspectives from field of practice: The UC Davis MPH Program faculty bring a wide perspective to teaching. Classroom instructors have field experience that is relevant to their subject, and this experience becomes part of their teaching. Field experience is also strongly integrated into teaching in our SPH 290: Topics in Public Health seminar course. (The topics and speakers for the most recent completed year, 2008-09, are included in Appendix 15.) Here we pair a University faculty member with a Volunteer Clinical Faculty (VCF) member from the California Department of Public Health as instructors of record for the course. For example, the initial Summer Session faculty for the SPH 290 Topics in Public Health seminar are

Stephen McCurdy, MD MPH (UC Davis) and Jessica Núñez de Ybarra, MD MPH (CDPH). In addition, the speakers at each of the weekly seminars are practicing public health professionals, providing the students with exposure to a wide spectrum of public health.

The practicum experience also serves to integrate perspectives in public health. The student completes the practicum work under the supervision of a practicing public health professional. However, the student's UC Davis faculty advisor is also involved in reviewing the student's practicum work, as is the SPH 297 instructor of record. The net effect is that the students experience a highly integrated perspective on public health in both the didactic and practical aspects of their education.

Appointment track for practitioners: The University provides VCF appointments for community practitioners who will have a significant role (at least 50 hours per year) in teaching or administration of University programs such as the MPH Program. Examples of VCF include Donald Lyman, MD, DTPH from the CDPH and Glennah Trochet, MD the Sacramento County Health Officer, who were both guest speakers in the Summer Quarter of 2008. VCF also act as practicum preceptors for MPH students. Arti Parikh-Patel, PhD and Kurt Snipes, MD MPH were site preceptors for MPH students for cancer-related practicum projects with the Cancer Control Branch at the CDPH. In addition, VCF serve on MPH committees such as Kathleen Acree, MD MPH on the MPH Executive Committee, Richard Sun, MD MPH on the MPH Admissions and Advancement Committee, Donald Lyman, MD DTPH on the MPH Community Development Committee, Jessica Núñez de Ybarra, MD MPH on the MPH Curriculum Committee and SPH 290 Topics in Public Health Instructor of Record Committee.

d. Identification of outcome measures by which the program may judge the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years.

Academic rank represents a summary of the major outcome measures addressing faculty qualification. Academic rank reflects the faculty member's success in the University faculty advancement system, which in turn addresses research productivity (chiefly through publications and research funding and local, national, and global reputation), teaching (based on amount of teaching and teaching evaluations), and service (to the University, the community, and professional organizations). Thus, success in the University merit and promotion system is an important indicator of faculty quality.

	Target/ Timeline	2006-2007	2007-2008	2008-2009
Rank				
Professor		13	14	14
Associate Professor	N/A	3	2	5
Assistant Professor		1	1	13
Other		0	0	10
Publications by primary MPH faculty ² (aggregate)	40	55	76	40
Total annual research funding (for all UC Davis MPH faculty)	N/A	\$20,350,830	\$11,330,547	\$25,119,920
Public Health Presentations (for all UC Davis MPH faculty)	15	13	15	18
<p>1: The reason for the large increase in faculty from 2007-2008 relates to more conservative definition of "other" faculty in earlier years. I.e., our primary faculty numbers have been stable.</p> <p>2: Primary faculty are defined consistent with Section 1.6.e and comprise full-time University faculty substantially involved in teaching or mentoring MPH students.</p>				

e. Assessment of the extent to which this criterion is met.

We assess Criterion 4.1 as met with commentary. The UC Davis MPH program has a strong multidisciplinary faculty well recognized in their respective fields and with good publication and funding records. We note that the faculty are made up predominantly of full professors. The department is in the process of recruiting several new faculty at the assistant and associate professor level, which will improve the balance and sustainability of our faculty complement.

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.

a. A faculty handbook or other written document that outlines faculty rules and regulations.

Faculty are provided with the Faculty Guide by the UC Davis Office of the University Registrar as documentation for outlining faculty rules and regulations. The Faculty guide is included in Appendix 16. Faculty are also governed by the provisions in the Academic Policy Manual, which can be found at <http://manuals.ucdavis.edu/apm/apm-toc.htm>.

b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

Faculty development programs are available at all academic ranks to foster and sustain lifelong productivity. Opportunities include workshops, courses, grants, travel awards, mentorships and sabbatical leaves. Workshops and courses are offered by both the University and the School of Medicine. They cover topics such as teaching methods, integrating technology into teaching, teaching with writing, test question development, peer review, grading, grant-writing, leadership, media training, and work-life balance.

One faculty example of such opportunities is that Dr. Diana Cassady, a core MPH faculty member and one of our best teachers, has attended multiple teaching workshops that have helped her improve her teaching effectiveness. A course she took called “Giving a Dynamic Lecture” helped her re-structure her lecture style to gain more student involvement. After attending a course titled “Small Group Discussion and Case Studies,” Dr. Cassady began turning entire class sessions into small-group discussions for students to discuss and implement material covered in class and answer short essay questions. Three faculty members who have received seed grant funding are Kathryn DeRiemer, PhD for “Tools for Disease Forecasting,” Woutrina Miller, DVM, PhD for “Advancing Tuberculosis Detection and Prevention to Improve Animal Health, Human Health, and Rural Livelihoods in Africa,” and Marc Schenker, MD MPH for “Promoting International Health at UC Davis.”

Travel awards to attend meetings and present original work are also available. The Academic Senate will reimburse up to \$800 for any one meeting, domestic or international, for travel and other allowable expenses. The Faculty Mentoring Faculty Program within the School of Medicine gives faculty the opportunity to mentor and learn from other faculty.

Another resource offered to faculty is the Teaching Resource Center. In the summer of 2009, the Center organized a Summer Institute on Teaching and Technology that was a four-day conference with speakers and panels presenting on how to enhance teaching and learning with technology. In previous years, Dr. Cassady has attended this conference. Here she learned about incorporating a class website, blogging, and peer review comments into her teaching. The Center also provides symposia on various topics where faculty can come together to discuss teaching strategies.

The faculty development resources described above are available to all regular UC Davis faculty regardless of rank or track. (However, they are not generally available to our Volunteer Clinical Faculty.)

c. Description of formal procedures for evaluating faculty competence and performance.

Faculty tracks: The University has three parallel faculty tracks and a Volunteer Clinical Faculty track. (There are also several clinical tracks, but these are not relevant for the MPH Program.) The Ladder Rank Faculty track comprises faculty who receive base support through state funding (known as 19900 funds or FTE funding) and thus have a clear expectation of meeting teaching requirements in their schools and departments. Ladder rank faculty are held to University standards of excellence in teaching, research, and service. Ladder Rank Faculty may supplement their base support, and thus increase their salaries, with grants, clinical work, and administrative positions.

The second track is the In-Residence track. In-Residence faculty are held to the same quantitative and qualitative standards of excellence as are Ladder Rank faculty for teaching, research, and service. However, they do not receive base support from the state's 19900 fund. Base support for In-Residence positions comes from grants, departmental sources, funds received for clinical care, and program support. In-Residence faculty have the same opportunity to supplement their base funding, and thereby increase their salaries, with grants, clinical work, and administrative positions.

The third track is the Adjunct track. Adjunct faculty, including those involved in teaching in the UC Davis MPH program, do not receive state funding for their salaries and thus have a reduced (5-10%) expectation for teaching with the remainder of their effort focused primarily on research, deriving 90-95% of their salaries from research and service grants and contracts. Some service grants and contracts are specifically intended to support teaching, and adjunct faculty receiving these may increase their teaching involvement above the normal 5-10%.

The Volunteer Clinical Faculty (VCF) track is designed for community practitioners who wish to participate directly in the University's teaching, research, or service missions. These are unpaid positions. The MPH faculty includes practitioners in the state and local health departments as VCF.

Faculty evaluation: The procedures for evaluating faculty performance and for advancement are the same for the Ladder Rank and In Residence tracks, but differ slightly for the Adjunct track. Evaluation typically involves an annual review addressing productivity in research (including publication, funding, and ongoing projects), teaching (including student evaluations and peer evaluation through observed teaching), and service for all three tracks, with more emphasis on research for the Adjunct track, given the nature of the funding. Review begins at the departmental level and proceeds to the School and ultimately the campus for major steps such as promotion. Merit reviews occur every two years for Assistant and Associate level and every three years for Full Professor and promotion of rank every five to seven years. The relevant Academic Personnel Manual sections for this process are included as Appendix 17.

The results of these periodic evaluations are considered within the MPH program, in that we monitor faculty rank, publications, and funding. In addition, the MPH Curriculum Committee reviews student course evaluations on a quarterly basis. A summary of this review is presented to the MPH Executive Committee. The faculty member also reviews their student evaluation forms. If problems are identified by the MPH Curriculum Committee, the Committee Chair and or Program Director will contact the involved faculty member to address the issues.

The majority of our VCF are involved in teaching roles. They are evaluated based on their teaching evaluations after every course offering and undergo overall review by the Department every five years.

d. Description of the processes used for student course evaluation and evaluation of teaching effectiveness.

Students receive course evaluation forms in class during the last week of each course. The evaluations include standard questions, such as the extent to which the course met its stated objectives. Safeguards ensure confidentiality to encourage candor. Course evaluations are anonymous and are compiled by the Student Affairs Officer (not the instructor). Consistent with university policy, summary course evaluations are not shared with instructors until grades are submitted, and then in a manner to protect student anonymity.

Once the Student Affairs Officer has compiled the course evaluations, evaluations are given to the instructor, MPH Program Director, and MPH Curriculum Committee to review. The review may lead to changes in course structure and/or content. For example, after reviewing multiple years of student evaluations from the MPM 402/403 series for biostatistics, a common theme arose from students requesting a tutor for the course to get extra help. The MPH Curriculum Committee and Executive Committee approved, and funds were allocated to hire a student to serve as both a teaching assistant and tutor for the course. Student performance in subsequent years improved in biostatistics, and fewer requests for additional help surfaced on evaluations.

Students in SPH 222 Social & Behavioral Aspects of Health commented that too much material was being covered in the course, which prevented them from gaining depth in any particular topic. As a result, the Instructor of Record, Dr. Cassady, restructured the course so that one topic was covered over two class sessions instead of one topic per session. The additional class session was used for student to meet in groups to discuss and apply course material. The evaluations from students after the changes were made reflected an appreciation for this structure and felt they had a firm understanding of the material.

The MPH Curriculum Committee reviews the student course evaluations each quarter. Students may also provide informal feedback to the MPH Program Director by email or verbally at any time. Where problems are identified, the MPH Program Director or MPH Curriculum Committee chairperson will contact the involved faculty member to address the issues.

e. Description of the emphasis given to community service activities in the promotion and tenure process.

The University of California addresses three major areas when evaluating faculty: research, teaching, and service. Evidence of excellence in all three areas must be present for advancement and promotion. When evaluating service activities, review committees evaluate both the amount and quality of service performed both in the faculty member's area of expertise and beyond their expertise at the department, college, University, community, state, and national level. University service includes participating in faculty governance at the departmental, college or School, campus, and University-wide level.

Review committees also evaluate faculty service benefiting student welfare, such as acting as an advisor to student organizations. Review committees pay particular attention to service promoting diversity and equal opportunity or addressing the needs of

California's diverse population. Examples of service to promote diversity and equal opportunity within the University include participating in recruitment, retention, and mentoring of junior scholars and students. A complete description of the emphasis given to service in the promotion and tenure process can be found in the relevant Academic Personnel Manual sections (Academic Personnel Manual 210-10.d; APM 210-1.(4)d) in Appendix 3.

f. Assessment of the extent to which this criterion is met.

The UC Davis MPH Program comports with policies and procedures established by the University of California for the recruitment, advancement, evaluation, and support of faculty. These measures together have led to a highly competent faculty for the MPH Program. **We assess Criterion 4.2 as fully met.**

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.

- a. **Summary demographic data on the program’s faculty, showing at least gender and ethnicity; faculty numbers should be consistent with those shown in the table in 4.1.a. Data must be presented in table format. See CEPH Data Template H.**

Table 4.3.a (CEPH Data Table H): Summary Demographic Data – Faculty 2008-2009						
	Core Faculty		Other Faculty		TOTAL	
	#	%	#	%	#	%
# % Male	7	63% (7/11)	15	52% (16/31)	22	55% (23/42)
# % African American Male						
# % Caucasian Male	7	63% (7/11)	11	38% (12/31)	18	45% (19/42)
# % Hispanic/Latino Male						
# % Asian/Pacific Islander Male			4	12% (4/31)	4	9% (4/42)
# % Native American/Alaska Native Male						
# % Unknown/Other Male						
# % International Male						
# % Female	4	36% (4/11)	15	48% (15/31)	19	45% (19/42)
# % African American Female						
# % Caucasian Female	4	36% (4/11)	9	29% (9/31)	13	30% (13/42)
# % Hispanic/Latino Female			3	9% (3/31)	3	7% (3/42)
# % Asian/Pacific Islander Female			3	9% (3/31)	3	7% (3/42)
# % Native American/Alaska Native Female						
# % Unknown/Other Female						
# % International Female						
TOTAL	11		30		41	

- b. **Summary demographic data on the program’s staff, showing at least gender and ethnicity. Data must be presented in table format. See CEPH Data Template I.**

Table 4.3.b (CEPH Data Table I): Summary Demographic Data – Staff* 2008-2009		
	Full-Time Staff	TOTAL
# % Male	0	0
# % Female	1	1
# % African American Female		
# % Caucasian Female	1	1
# % Hispanic/Latino Female		
# % Asian/Pacific Islander Female		
# % Native American/Alaska Native Female		
# % Unknown/Other Female		
# % International Female		
TOTAL	1	1

* Staff is defined as those individuals not defined as students or faculty

- c. **Description of policies and procedures regarding the program’s commitment to providing equitable opportunities without regard to age, gender, race, disability, sexual orientation, religion or national origin.**

The UC Davis MPH Program sees faculty diversity as an important goal and subscribes to the policies and procedures of the University of California with respect to efforts to promote faculty diversity. University policies and procedures prohibit discrimination on the basis of age, gender, race, sexual orientation, disability, medical condition, religion, national origin or veteran status (APM Section UCD-500, Academic Recruitment Guidelines Exhibit D, <http://manuals.ucdavis.edu/APM/500d.htm>).

University policies include appointment of diverse recruiting committees, development of position announcements that the University is an equal-opportunity employer, and wide advertising. The Office of the University President publishes guidelines to promote recruitment and retention of a diverse faculty (Appendix 18).

- d. **Description of recruitment and retention efforts used to attract and retain a diverse faculty and staff, along with information about how these efforts are evaluated and refined over time.**

The University of California employs several means to attract diverse faculty, including advertising faculty positions in the journals of professional organizations and graduate and professional schools that serve particular racial/ethnic groups and conducting personal outreach to these organizations, former students, colleagues, etc. All of these outreach strategies are documented as part of the formal search strategy. Faculty retention strategies include the Partner Opportunities Program, which offers assistance in finding employment positions for spouses of faculty, and a number of programs

sponsored by the Office of the Provost's Campus and Community Relations promoting diversity and inclusiveness.

We recognize that, despite the efforts and policies described above, our faculty is of limited diversity (Table 4.3.a above). Although we have reasonable diversity with respect to sex (36% women among primary faculty), ethnic diversity is lacking. Inclusion of non-primary faculty improves the picture only modestly: we gain representation by Asian-Pacific Islanders for men and women and Hispanic faculty among women. This largely reflects historical legacy and the relative infrequency with which new faculty positions open up, allowing opportunity to increase diversity.

Although applicant pools in health policy are based on the same availability percentages at all levels, our focus is on attracting quality leadership candidates to UC Davis. We acknowledge the changing face of the profession and that recruiting at the junior level increases diversity. Our Department has been able to attract diversity by using the strategies below:

- Contacting women's or ethnic minority caucuses of professional disciplinary associations to assist in identifying candidates.
- Advertisements in journals with wide professional audience, including outlets determined to have high circulation among groups underrepresented in the recruitment field.
- Contacting persons associated with graduate programs in related fields on this campus and throughout the United States.
- Focusing special attention by personally contacting qualified individuals who would either assist in meeting affirmative actions goals or provide the names of individuals to be contacted.

The Department of Public Health Sciences plans to follow a recruitment and selection process in conformity with the "Recruitment and Retention Handbook" of the University of California, 2002, as well as School of Medicine goals to achieve a diverse faculty. We will make every effort to attract applications from qualified women and minority candidates. Specific efforts will include advertising widely, advertising through appropriate professional associations, and calling colleagues to ask if they know of qualified women or minority persons who might be interested in the position. In addition, the search committee will identify highly qualified minority candidates and will encourage their applications to UC Davis.

We are fortunate that several opportunities to increase diversity now present themselves. We recently added a Hispanic woman to our faculty (not reflected in Table 4.3.a above due to her recent appointment). We have also recently been approved to recruit two faculty members into our biostatistics group and one faculty member each for health policy & management and social & behavioral sciences. University recruitment policies will apply to these positions, which will promote wide dissemination among

minority faculty candidates, as described above. Department faculty and staff also strive to make all candidates feel welcome.

e. Description of efforts, other than recruitment and retention of core faculty, through which the program seeks to establish and maintain an environment that supports diversity.

The MPH Program has a strong interest in the health of diverse populations, and this is reflected in the academic and cultural environment of our program. In 2008-2009, four students in the MPH program were awarded the Contreras Fellowship, which provided funding for practicum placements in public health settings addressing the health of immigrant labor, including farm workers. Practicum topics included assessing food insecurity among farm workers; evaluating health-related priority pesticide investigations; developing, organizing, and implementing workshops for direct health care providers in community medical centers in California's Central Valley, and mental health services for African-Americans with HIV/AIDS (See Table 2.4.b for practicum placements).

Drs. McCurdy and Bennett are involved in the Western Center for Agriculture Health and Safety (Principle Investigator: Dr. Marc Schenker), performing research on farm workers, immigrants, migrant workers, and farm family workers. Dr. Gold has been working for the past 15 years on a national longitudinal cohort study of multiple health indicators in a cohort of midlife women from five racial/ethnic groups. Previous work by Dr. Beckett has looked at the functional status of elderly Hispanics, and Dr. Hertz-Picciotto has researched exposure to polychlorinated biphenyls and their effects on childhood development in Slovakia. Dr. Hertz-Picciotto also does extensive work with children through her Childhood Autism Risk from Genetics and the Environment (CHARGE) and The Early Autism Longitudinal Risk Investigation (EARLI) studies, as well as her participation in the Northern California Collaborative for the National Children's Study.

The MPH Program seeks to establish and maintain an environment that supports diversity through coursework as well. Guest speakers in the SPH 290 series discuss diverse populations, and many of our speakers themselves reflect California's diversity. Example topics include "Addressing Health Inequities" by Anthony Iton, MD MPH (Alameda County Health Officer); "Unequal Knowledge: Disparities in Access to Health Information among Latinos" by Professor Suro, MS (Professor, Annenberg School of Communication, USC); "Maternal and Child Health in California" by Dr. Ramstrom, DO (Maternal, Child & Adolescent Health Program, CDPH); "Health Disparities" by Dr. Lorena Garcia, DrPH, MPH (Assistant Professor, Department of Public Health Sciences, UC Davis); and "Addressing Mental Health Service Disparities with Latinos" by Dr. Yvette Flores, PhD (Professor of Psychology in Chicana/o Studies, UC Davis).

The SPH 222 course, Social and Behavior Aspects of Public Health, addresses the influence of culture on health behavior and programming for cross-cultural interventions. Students also have the option to choose from electives that include International Health, Medical Spanish, Epidemiology of Chronic Diseases & Aging, Chicana/o Community Mental Health, Health Care of Western Farmworkers, Immigration and Opportunity, Agriculture and Society, and Agricultural Development in California. Additional opportunities for students to take courses that deal with diverse populations through the general campus are available in departments such as African American Studies, Asian American Studies, Chicano Studies, Cultural Studies, East Asian Languages and Culture, Native American Studies, Religious Studies, and Women and Gender Studies.

In summary, the strong professional and personal interest in health among diverse communities, manifest in research, teaching, and service, is an important part of the MPH Program’s environment supportive of diversity.

f. Identification of outcome measures by which the program may evaluate its success in achieving a diverse faculty and staff, along with data regarding the performance of the program against those measures for each of the last three years.

The sex and racial/ethnic compositions of the faculty for the UC Davis campus, School of Law, School of Medicine, School of Veterinary Medicine, and School of Management represent reasonable benchmarks against which to measure the MPH faculty diversity. These data are shown in Table 4.3.f below. We recognize that this may not reflect the population public health seeks to serve—which is likely to be more diverse than those shown below—but we believe they are reasonable reflections of the underlying pool of qualified applicants to faculty positions at the University level. We further recognize that we, the University, and society-at-large need to continue and expand efforts to move underrepresented groups into the pool of qualified applicants.

Demographic Characteristic	MPH Faculty	UC Davis Campus Faculty	School of Law Faculty	School of Medicine Faculty	School of Veterinary Medicine Faculty	School of Management Faculty
Male	55%	66%	57%	69%	60%	81%
Female	45%	34%	43%	31%	40%	19%
African American	0%	2%	6%	2%	1%	0%
Caucasian	75%	74%	62%	68%	86%	64%
Hispanic/Latino	8%	4%	11%	4%	4%	2%
Asian/Pacific Islander	17%	16%	21%	24%	5%	26%
Native American/ Alaskan American	0%	1%	0%	0%	1%	0%
Unknown/ Other	0%	3%	0%	2%	4%	8%

g. Assessment of the extent to which this criterion is met.

We assess Criterion 4.3 as met with commentary. The UC Davis MPH Program has in place policies and procedures designed to support and maintain a diverse faculty. While this has resulted in reasonable representation of some groups (e.g., women, Latinos), it has not for others (e.g., African-Americans). This represents the effects of larger social realities beyond the control of the program. It is the intent of the program to afford opportunity to all potential faculty members regardless of demographic characteristics, and the policies in place are designed to facilitate this.

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.

a. Description of the program's recruitment policies and procedures.

The UC Davis MPH program is designed for people interested in disease prevention and community health. Applicants must have a minimum of a baccalaureate degree from an accredited institution for acceptance into the program. Recruitment measures include the following:

- Web site (mph.ucdavis.edu)
- Letters and flyers to Deans of US medical and veterinary medicine schools
- Announcements to UC Davis medical students and graduates (including residency graduates)
- Announcements to UC Davis veterinary medicine students
- Announcements and web links to state and local public health departments
- Presentations to student interest groups
- Word-of-mouth at professional meetings (faculty, alumni, students)
- On-campus informational sessions for undergrads and others interested
- Announcements to the UC Davis undergraduate Public Health Club
- Invitations to MPH socials and the practicum symposium
- MPH Program Interest Database where students interested may submit a form giving their contact information and area of interest within public health. We then follow up with periodic informational bulletins about the program and activities.

Prospective students may complete an interest form on the MPH website that provides their contact information, academic background, and areas of interest in public health. Once submitted, this information is stored in a database, and students receive an automated letter from the MPH Program Director. We invite prospective students to contact program staff and the Director. This often leads to correspondence by email, telephone calls, and face-to-face meetings. Prospective students may download application material from our website. Our MPH Admissions and Advancement Committee reviews applications and considers the applicant's grade-point average in previous schooling, standardized testing results, fluency in English, and underlying motivation for seeking the MPH degree.

b. Statement of admissions policies and procedures.

Applicants provide the application materials, which include the following:

- Application form
- Transcripts
- Graduate Record Examination (MCAT accepted for current medical students or recent medical school graduates)
- Test of English as a Foreign Language (TOEFL) for nonnative English speakers
- Three letters of recommendation
- Statement of purpose

Applicants must have a baccalaureate degree from an accredited institution with at least a 3.0 grade-point average on graduation. The undergraduate degree must be conferred

before the student begins taking courses in the MPH program. Official transcripts are required from each institution the applicant has attended. Applicants must be in good academic standing. Students must complete and submit results from the Graduate Record Exam (GRE). The program also accepts MCAT scores for those enrolled in or recent graduates of medical school and GMAT scores for those enrolled in or recent graduates of a US MBA program. Students for whom English is not the native language are required to take the TOEFL and achieve a minimum score of 600 (paper examination), 213 (computer-based examination) or 82 (internet-based examination).

Applicants also submit a curriculum vitae listing their experience and background in public health. A personal goals statement describes their interests and professional goals as they relate to public health, and how they plan to use the MPH in their career. Finally, three academic or professional letters of recommendation are required. The recommenders may submit these electronically through the online application utility or via hard copy. Incomplete applications are not reviewed.

The materials are reviewed by the MPH Admissions and Advancement Committee reviews applicant materials and develops a list of applicants recommended for admission. Formal offers of admission come from the Office of the Dean of the School of Medicine, which has delegated this authority to the MPH Program Director. (As described in 1.3.b, in the future formal offers of admission will come from the Graduate Division.) Students receive written notification of acceptance or rejection.

c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading, and the academic offerings of the program. If a program does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to website addresses may be included.

The UC Davis MPH Program website (mph.ucdavis.edu) is the most complete source for the information requested here. A copy of the website material is included as Appendix 19. Highlights of our website include a link for interested students to register their interest in the program. Once registered, interested students are sent an automated letter from the MPH Program Director. Profiles of current students and past alumni are on the program website. These profiles serve as recruitment materials by providing a snapshot of the backgrounds and diversity of current and former students. Also, a welcome message from the Director can be found in both English and Spanish on the program website. We also include a recent flyer used for recruitment of the 2010-2011 MPH class.

In addition to our own website, the MPH Program provides a link to the MPH website on gradschools.com to enhance recruitment. Our website gives an overview of the program, its particular strengths, research centers at UC Davis, application and graduation requirements, and department contact information. Interested students may contact the MPH Program from the grad schools website through an email link.

- d. **Quantitative information on the number of applicants, acceptances and enrollment, by specialty area, for each of the last three years. Data must be presented in table format. See CEPH Data Template J.**

Table 4.4.d (CEPH Data Table J): Quantitative Information on Applicants, Acceptances, and Enrollments, by Specialty Area for the Last 3 Years					
		Academic Year 2006-2007	Academic Year 2007-2008	Academic Year 2008-2009	Academic Year 2009-2010
General Public Health	Applied	29	60	100	132
	Accepted	15	34	39	59
	Enrolled	12	23	23	25

- e. **Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students and a full-time-equivalent conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any program or specialization. Data must be presented in table format. See CEPH Data Template K.**

Table 4.4.e (CEPH Data Table K): Students Enrolled in each Degree Program (Area of Specialization) Identified in Instructional Matrix for each of the Last 3 Years												
	Academic Year 2006-2007			Academic Year 2007-2008			Academic Year 2008-2009			Academic Year 2009-2010		
	HC FT	HC PT	FT E	HC FT	HC PT	FTE	HC FT	HC PT	FTE	HC FT	HC PT	FTE
General Public Health	12	0	12	21	1	20.5	25	1	24.5	30	3	28.5

NOTE: Degree conferred refers to MPH, MS, PhD, DrPH, BS, etc.
 Specialization refers to biostatistics, epidemiology, health education, etc.
 HC = Head Count
 FT = Full-time students (9 credit units or more per semester)
 PT = Part-time students
 FTE = Full-time equivalent students

f. Identification of outcome measures by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years.

To assess our success in enrolling a qualified student body, we look at applicants' grade-point average from previous degrees and coursework, GRE scores, and program graduation rates. Table 4.4.f below shows the average GPA and GRE scores of students who were admitted into the program for the last three years along with target measures for each.

		2009-2010			2008-2009			2007-2008		
	Target	Avg.	Above Target	Below Target	Avg.	Above Target	Below Target	Avg.	Above Target	Below Target
GPA	3.4	3.40	16	9	3.44	12	10	3.32	11	9
GRE Score Verbal + quantitative	1,100	1,150	18	5	1,150	11	7	1,121	4	5
GRE Score Analytic	4.5	5	15	8	4.2	9	9	4.6	4	3

Another measure to assess our success is the graduation rate for the program. Table 4.4.f.2 below shows graduation data from each of the last three cohorts. The program has successfully exceeded its target graduation rate for each of the past three cohorts.

Cohort	Target Degree Date	Number Entering	Number With-drawn	Expected time to graduation	On time Grads	Number Grads	Target Grad Rate	Actual Grad Rate
2008-2009	6/12/2010	23	2	24 months	21	21	90%	91%
2007-2008	6/11/2009	23	2	24 months	21	21	90%	91%
2006-2007	6/14/2007	12	1	24 months	11	11	90%	92%

g. Assessment of the extent to which this criterion is met.

The UC Davis MPH Program has recruitment policies designed to provide a qualified student body, and our assessment measures indicate we have been successful in this. **Accordingly, we assess Criterion 4.4 as fully met.**

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.

a. Description of policies, procedures and plans to achieve a diverse student population.

The UC Davis MPH Program does not discriminate based on age, sex, race, disability, religion, sexual orientation, or national origin, in accordance with policies of the University of California and state law. Outreach and recruitment efforts are focused on all students regardless of their demographic characteristics. Accordingly, our outreach efforts to prospective students are inclusive of all student groups. However we include in our outreach efforts activities that are likely to give our program visibility and project a welcoming ambience to underrepresented groups, as described below.

b. Description of recruitment efforts used to attract a diverse student body, along with information about how these efforts are evaluated and refined over time.

The UC Davis MPH Program seeks to attract a diverse student body through a broad-based advertising strategy targeting a wide demographic, educational, professional, and public health interest background. Measures include the following:

MPH Program Website (mph.ucdavis.edu): Our website emphasizes a commitment to diversity. The Program Director appears in two video clips—one in which he speaks English, and the other in which he speaks Spanish—encouraging applicants to apply and emphasizing our commitment to diversity.

Our website has been one of our best outreach tools, and currently is receiving approximately 800 “hits” per week. The website invites prospective students to register their interest in our recruitment database. Registered students receive a letter from the Program Director and are added to the MPH Interest listserv. The program manager also sends quarterly emails regarding admissions to prospective students. The listserv currently includes 1175 persons, including 406 who have expressed interest in entering the program in 2010.

Letters and emails to academic institutions and units: The UC Davis MPH Program sends out recruitment materials, including letters, emails, and flyers, to academic institutions around the country. We include in this outreach historically black institutions, such as Morehouse School of Medicine.

MPH Social Gatherings: The UC Davis MPH Program sponsors a social gathering involving faculty, current students, alumni, and potential applicants on a quarterly basis. The event is advertised on our website, and our current students are encouraged to invite persons they know who are interested in the program. Although this event is not focused specifically on underrepresented groups, outreach to such groups occurs through our student body, and the event demonstrates a welcoming atmosphere to such students.

Presentations to student organizations: These include groups on the UC Davis campus (e.g., undergraduate public health interest group, the undergraduate molecular biology interest group), and the campus Grad Fair, at which various UC Davis graduate programs set up information booths for regional students (not limited to UC Davis students). Our recruitment visits include California State University campuses, which tend to have a more diverse student body, in part because they are less expensive than

the University of California and are located more broadly across the state. (There are 10 University of California campuses and 23 California State University campuses.)

MPH Program Information Sessions: We hold two to three information sessions in the Fall for prospective students, and these are advertised on our website. Although these are not specifically focused on underrepresented groups, they draw from a regional audience, and our experience is that underrepresented groups are well represented at these events.

Annual Community College Premedical and Pre-Public Health Conference: This conference is among our most high-impact events. The program director and other faculty have since its inception seven years ago participated in presentations and informational panels addressing public health careers for several thousand undergraduates considering careers in medicine and public health. The student participants include many students from community colleges, because it has been organized by the AMSA pre-health branch at American River College, one of Sacramento's community colleges.

The most recent event, the 7th Annual Community College Premedical and Pre-Public Health Conference was hosted for the first time on the UC Davis campus on October 3-4, 2009 (<http://conference.amsaarc.org/pressroom/09-26-2009.php>). All previous conferences have been held at the local community college, but the event has become too large for that venue. This conference is the largest such event in the nation and draws several thousand students from community colleges, California State University, and the University of California from across the state. As indicated earlier, students from community colleges and California State University tend to be more diverse than those from the University of California, and this event provides the UC Davis MPH Program an excellent opportunity for outreach to underrepresented groups.

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. Although we do not ask participants to provide their ethnicity or race, it is our impression that underrepresented groups are well represented at these events. The program also monitors its efforts by tracking the number of students who express interest in the program and applications received each year. Below is a table documenting these figures for the past three years. As of this writing, 406 students have expressed interest for the 2010-2011 school year, 72 for 2011-2012, and 16 for 2012-2013.

Table 4.5.b: Attendance at MPH Recruitment Events			
Event	2009-2010	2008-2009	2007-2008
MPH Information Nights			
Fall	40	28	15
Winter	25	35	34
MPH Socials			
Summer	31	46	47
Fall	46	101	39
Winter		15	28
Spring		30	25
UC Davis Graduate School Fairs	27	28	29
AMSA Pre Med and Pre-Public Health Conference	77	Not available	Not available
Number in MPH Recruitment Database	1175	716	182
Number of Applicants	132	90	59

Recruitment efforts have been refined over time based on formal and informal feedback received from alumni, current students, prospective students, and faculty. The program also refines its efforts based on comments received from students who attend events. In addition, the program widens its breadth of recruitment activities based on suggestions of additional recruitment events given by students and faculty. Also, the program has created an interest listserv to keep prospective students informed of recruitment and program activities. We are currently discussing using the newer web-based opportunities, such as Facebook, Linked-In, YouTube, and others.

- c. **Quantitative information on the demographic characteristics of the student body, including data on applicants and admissions, for each of the last three years. Data must be presented in table format. See CEPH Data Template L.**

Table 4.5.c (CEPH Data Table L): Demographic Characteristics of Student Body from 2007 to 2009

		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%	1	23 %	8	8 %	3	30 %	7	5%	45	34 %
	Accepted	3	8%	9	25 %	4	10 %	1	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 %	1	21 %	1	1 %	2	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 %	1	10 %	1	11 %	2	2%	38	29 %
	Accepted	3	8%	2	6 %	2	5 %	3	8 %	0	0%	12	21 %

Table 4.5.c (CEPH Data Table L): Demographic Characteristics of Student Body from 2007 to 2009													
		2007- 2008				2008- 2009				2009-2010			
		M	M %	F	F %	M	M %	F	F %	M	M %	F	F %
	Enrolled	2	9%	0	0%	2	9%	1	4%	0	0%	2	8%
TOTAL													
	Applied	2	36%	3	64%	2	25%	7	75%	17	13%	11	87%
	Accepted	1	33%	2	67%	9	23%	3	79%	5	9%	52	91%
	Enrolled	7	32%	1	68%	6	26%	1	74%	3	12%	22	88%

d. Identification of measures by which the program may evaluate its success in achieving a demographically diverse student body, along with data regarding the program's performance against these measures for each of the last three years.

The sex and ethnicity composition of the UC Davis graduate students is a reasonable benchmark against which to measure the diversity of our student body. These data are shown in Table 4.5.d below. The program recognizes that there is currently a lack of male representation in the program, which is largely a reflection of our applicant pool.

Table 4.5.d: UC Davis MPH Student Diversity						
	2007-2008		2008-2009		2009-2010	
Demographic Characteristic	MPH	UC Davis Graduate Students	MPH	UC Davis Graduate Students	MPH	UC Davis Graduate Students
Male	31.8%	48.1%	30.8%	51.6%	12%	48.2%
Female	68.2%	51.9%	69.2%	48.4%	88%	51.8%
African American	9.1%	1.7%	0%	1.8%	0%	2%
Caucasian	40.9%	44.9%	26.9%	45.1%	64%	46.7%
Hispanic/ Latino	13.6%	6.1%	7.7%	6.4%	12%	6.9%
Asian/Pacific Islander	27.3%	15.5%	23.1%	17.9%	16%	20.1%
Native American/ Alaskan American	0%	0.7%	0%	0.7%	0%	0.7%
Unknown/ Other	9.1%	31%	42.3%	28.1%	8%	23.6%
International	9.1%	15.8%	11.5%	13.3%	0%	12.2%

e. Assessment of the extent to which this criterion is met.

We assess Criterion 4.5 as met with commentary. The UC Davis MPH Program's application admission, and degree-granting requirements and regulations are applied equitably to individual applicants regardless of age, gender, race, disability, sexual orientation, religion, or national origin. Yet we have not been successful in attracting a diverse student body; in particular, there is a paucity of males and students from historically underrepresented groups. We are focusing on this issue through outreach activities that, while inclusive for all students, will give us visibility and project a welcoming atmosphere among students from historically underrepresented groups.

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.

a. Description of the advising and career counseling services, including sample orientation materials such as student handbooks.

Before the students enter the program in Summer Session II, the Student Affairs Officer (SAO) sends an inquiry to all students that includes a list of all MPH faculty members and their areas of interest. Students are asked to examine the list and identify three faculty members who might serve as an advisor. The SAO then tries to match students based on the student's request and the backgrounds and interests of both the student and faculty member.

In some situations, the optimal match cannot be made due to faculty being on sabbatical or not being available for advising. Once the assignments have been made, the SAO contacts both the students and the chosen faculty members to inform them of the assignment. If the student subsequently concludes the match inappropriate, the student may be reassigned. In addition, students are free to supplement their advisor by meeting with additional faculty.

Both the student and the faculty member receive a copy of the Student Handbook that details the responsibilities of the advisor and advisee, as well as the advising requirements. The student initiates meetings with the advisor through email and phone interactions. Advising meetings are to be held quarterly.

On the first day of instruction during the Summer Quarter, we hold an orientation session for the students. The students receive the Student Handbook, and the Program Director reviews its salient points and answers any questions that arise. Material in the handbook covered during orientation includes:

- Program History and Overview
- Program Mission, Goals, and Objectives
- Learning Objectives
- Public Health Values and Professional Conduct
- Degree Requirements
- Curriculum
 - Required Courses
 - Elective Courses
 - Areas of Emphasis
- Advisors
- Faculty
- Resources for Students
- MPH Core Competencies

Students have access to career advice and resources through offerings from both the MPH program and the Internship and Career Center (ICC) at UC Davis. Students have the opportunity to network with public health workers in the field at quarterly social events and each week at the SPH 290 seminar session. In addition, the program website has a link to a career website that offers students links to sources for jobs in the local, county, state, and federal government; community clinics and medical centers; and global organizations in public health. This MPH program website (mph.ucdavis.edu) also features potential employment sources for a wide variety of areas in public health.

Students also have access to the ICC, which offers many forms of career assistance. The ICC provides one-on-one career advising to students. It offers numerous workshops throughout the year in topics such as career assessment, career planning, writing résumés and CVs, searching for jobs, interviewing, negotiating, grant writing, and getting a job with the government. They organize career fairs that often specialize in a specific area, such as for graduate students, health and science majors, etc. Students have access to a variety of career resource manuals and how-to guides at the career library housed in the ICC. The ICC coordinates on-campus recruiting and website where employers may post job openings.

Perhaps the most important resource is the access our students have to the practicing public health community through the weekly SPH 290: Topics in Public Health Seminar, their practicum experiences, and networking with each other and with alumni. Many of our students have gone from a practicum experience to employment with the state health department. Recent examples include a graduate who is now the Deputy Director of Health Information and Strategic Planning for the California Department of Public Health and a graduate who is a Public Health Medical Officer in the Chronic Disease Control Branch and who recently headed up a successful effort to obtain a federal cancer-prevention grant from the National Cancer Institute.

b. Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints submitted for each of the last three years.

The procedures by which students may communicate their concerns to program officials are described in 1.4.e.

c. Information about student satisfaction with advising and career counseling services.

The UC Davis MPH Program administers an MPH Graduate Survey at the end of each academic year. The survey includes information on student satisfaction with various aspects of the program, including a question about advising and counseling services. On a five-point scale, where 5.0 is the highest score, the average score was 4.07.

Some students have commented on difficulties related to being matched with an advisor unfamiliar with their area of interest or who was unavailable. Problems such as these often can be remedied by informing students that they may need to be persistent in contacting advisors, but to see about a change early on if it appears the match is not successful. The Program also emphasizes to the advisors their responsibility to the student.

d. Assessment of the extent to which this criterion is met.

The UC Davis MPH Program has in place resources for advising students in their academic and subsequent professional careers. This occurs through quarterly (and *ad hoc*) meetings with advisors and high accessibility of the Program Director. Our most recent Graduate Survey demonstrates a high level of satisfaction with advising. **We assess Criterion 4.6 as fully met.**