

Self-Study Report

**Master of Public Health in Community Health Education
Bachelor of Science in Health Education**

**San Francisco State University
Department of Health Education**

**Self-Study Submitted:
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SELF-STUDY REPORT
MASTER OF PUBLIC HEALTH IN COMMUNITY HEALTH EDUCATION AND
BACHELOR OF SCIENCE IN HEALTH EDUCATION

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SELF-STUDY REPORT

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SAN FRANCISCO STATE UNIVERSITY
DEPARTMENT OF HEALTH EDUCATION

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List of Acronyms

AOC	Academic Office Coordinator
APHA	American Public Health Association
APTR	Association for Prevention Teaching and Research
ASC	Administrative Support Coordinator
ASPPH	Association of Schools and Programs of Public Health
CAMP	Council of Accredited MPH Programs
CBPR	Community Based Participatory Research
CEL	College of Extended Learning
CFA	California Faculty Association
CHE	Community Health Education
CHSS	College of Health and Social Sciences
CHW	Community Health Works
CLCA	College of Liberal and Creative Arts
COB	College of Business
COSE	College of Science and Engineering
CRAC	Curricular Review and Approval Committee
CSU	California State University
CTFD	Center for Teaching and Faculty Development
CWEP	Committee on Written English Proficiency
DPH	Department of Public Health
FIPSE	Fund for the Improvement of Post Secondary Education
FLC	Faculty Learning Community
FTEF	Full Time Equivalent Faculty
FTES	Full Time Equivalent Students
GCOE	Graduate College of Education
GE	General Education
GF	General Fund
GWAR	Graduation Writing Assessment Requirement
HEI	Health Equity Institute
HESA	Health Education Student Association
HH	Holistic Health
HRTTP	Hiring Retention Tenure and Promotion
HSS	Health and Social Sciences
IAC	Internal Advisory Committee
ICCE	Institute for Civic and Community Engagement
ICR	Indirect Cost Recovery
NACCHO	National Association of City and County Health Officials
NCHEC	National Commission for Health Education Credentialing
ORSP	Office of Research and Sponsored Programs
PHOGS	Public Health Organization of Graduate Students
PMAs	Peer Mentor Advisors
RRT	Reimbursed Released Time
RTP	Retention Tenure and Promotion
SFR	student faculty ratio
SLOs	Student Learning Outcomes
SMART	specific, measurable, achievable, realistic, time-framed
SOPHE	Society for Public Health Education
SPCC	Strategic Planning Coordinating Committee
T/TT	tenure/tenure track
UCorp	University Corporation
URC	University Research Council
WAC/WID	writing across the curriculum/writing in the disciplines
WASC	Western Association of Schools and Colleges
WPAF	Working Personnel Action Files

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EXECUTIVE SUMMARY

In public health today, a growing science uses an ecological/systems model through which public health intervention scientists map their efforts. Public health work focusing not on the individual but rather the social structures and environments where people live, work, and play are gaining traction as the most just and effective avenue to improve individual and community health. At the center of this work is the call to identify the social factors that are the root causes of health inequities. This identification of root causes requires serious thought, advocacy, and research on how socioeconomic hierarchies are produced, maintained, and most importantly, changed and circumvented. Public health is challenged to conceptualize health-promoting social policy and environmental change, and then mobilize policy makers, social groups, and individuals to see to its implementation.

Given these emerging realities, faculty in the Department of Health Education at San Francisco State University believe that the best way to approach the education of the future public health workforce is to embrace an ecological approach to their preparation. The ecological model works to expand students' analytical and intervention design skills beyond the dominant hegemony of individual agency to one where the social/structural determinants of health are the target for public health work. The faculty believes that health is a human right and that public health professionals must be motivated by a drive to create a world in which human rights and social justice are the norm and that compassion guides public health change interventions.

Ecological approaches demand collaborations between disciplines to design comprehensive solutions that address the complexity of problems facing communities today. Because of this, our research and programmatic work are based in and driven by a collaboration among the communities with which we work. We recognize that the community's wisdom about the causes and solutions to the problems faced by that community drives effective change. Thus, we are committed to partnering with communities to co-create new knowledge to build the evidence necessary to advance public health, health equity, and social justice.

Given our commitment to the ecological approach, we ensure that our curriculum requires that students learn and apply it across both the MPH and BS courses. In keeping with our commitment to social justice, we have also worked to integrate and scaffold the curriculum so that it fosters skills in ecological thinking, communication, cultural competence, and leadership/collaboration. Both in the MPH and the BS degree programs students are cohorted, traveling together for two years, creating a vibrant learning community where students learn together and support each other's growth and persistence. These curricular innovations are designed to support a highly diverse student body to work within highly diverse urban communities. This diversity manifests in a myriad of ways: linguistically, culturally, on race/ethnicity, gender, sexual orientation, and social class. We also teach students to abide by our professional code of ethics.

From this deeply held set of shared values, the faculty created and are informed by our program's mission which follows:

The Department of Health Education at San Francisco State University promotes health and health equity at the individual, community, and structural levels through transformative education, research, scholarship, and service, all of which value diversity, engage communities and are grounded in cultural humility.

This mission is supported by seven goals and a comprehensive set of objectives to realize those goals. It is in sync with the mission and strategic goals of San Francisco State University, a progressive and multicultural institution that elevates respect for human diversity in its mission as well as social justice and bold thinking in its strategic goals.

Students in both degree programs move through the program's four-semester curriculum as a learning community. The learning community model fosters teamwork and collaborative leadership. It also promotes social and academic peer support. These curricular innovations are intentionally designed to support a highly diverse student body prepared to work within highly diverse urban communities. In fact, 80% of students in the BS degree over the last three years graduated within four semesters of beginning the course pathway and, on average, 82% of MPH students graduate within the two-year MPH curriculum design.

In 1998, a highly competitive U.S. Department of Education Fund for the Improvement of Post Secondary Education (FIPSE) grant was awarded to San Francisco State University to develop a new innovative "MPH for the 21st Century." The MPH degree in Community Health Education is designed to effectively address the public health challenges of the 21st century and is firmly grounded in the ASPPH Framing the Future Initiative, recommendations from the Institute of Medicine, the National Commission for Health Education Credentialing (NCHEC) Responsibilities and Competencies for Health Education Specialists, and the ASPPH interdisciplinary/cross-cutting competency areas. In line with these recommendations, the MPH program is also grounded in the practice of cultural humility, emphasizes an ecological approach to public health issues and programming, and engages students in faculty-supervised, community-based practice. Our sequenced, integrated curriculum fosters communication, collaboration, and leadership skills.

The BS coursework also covers these public health skills. The NCHEC responsibilities and related skills inform the development and refinement of courses that provide students with the competence necessary to work as health education professionals. While each responsibility is designated the domain of one or more courses in each curriculum, both the MPH and BS curriculum is structured so that the knowledge and skills acquired in one course are reinforced in subsequent courses, and practiced across the curriculum. As students move through the sequence of coursework in our curricula, they gain the tools to become increasingly more sophisticated in how they can apply and demonstrate the knowledge and skills paramount to health education

professionals. Furthermore, our curricula integrate supervised practice as an integral part of learning.

San Francisco State University is a Western Associated Schools and Colleges (WASC) accredited institution of higher education that enrolls close to 30,000 students. The Department of Health Education located within the College of Health and Social Services is one of the six colleges that comprise the academic arm of the university. The university has a strong tradition of shared governance that involves administration, faculty, staff, and students. The organizational structure, rules, regulations and procedures of the university, the college, and the department facilitate the integrity of the instructional programs in public health and the fulfillment of program goals. Faculty, as well as students and community practitioners, have been active participants in the MPH and BS programs, their policies, governance, and strategic direction. Twenty full-time core faculty teach in the BS and MPH programs in the Department of Health Education. Program management responsibilities, shared by all members of the faculty, include program and policy development, planning, a shared role with the university in student recruitment, admissions (MPH only), awarding of degrees, faculty recruitment, academic standards, student assessment, and teaching, research and service expectations and policies. The university faculty manual provides the expectations regarding faculty performance in teaching, research, and service to ensure that our faculty continue their active engagement with students and the community, as well as their consistent contributions to the advancement of the public health field. Students are involved in the governance of the MPH program in a variety of ways including participation in admissions, recruitment, and faculty meetings as their time allows. Also, the two student organizations, the Public Health Organization of Graduate Students (PHOGS) for the MPH students and the Health Education Student Association (HESA) for the BS students, participate in many levels of program functioning and governance.

The department has managed to secure the required resources to support the mission and goals of its programs. Twenty full-time primary faculty (16.6 full time equivalent faculty FTEF) and fourteen part-time secondary faculty (5.5 FTEF) split their time between the MPH and the BS program. The student-faculty ratio (SFR) of the department is approximately 6:1 on the graduate level and 23.7:1 for the BS. This SFR is a reflection of our value for and commitment to supervised practice and limited class size for majors, both of which serve to increase the opportunities for student-to-faculty interaction, which ultimately contributes to increased student success. Physical space provided for the programs allows us to meet the needs of students for meetings, classes, and study. All students have access to campus computer facilities, library resources, and academic support services.

The Department of Health Education is one of the top recipients of external funding within the College of Health and Social Sciences. The addition of financial support from grants and contracts has helped the department offer innovative programming and play a role in advancing initiatives important to the broader University and surrounding community and the profession. Due to our community assessment practice, culminating experience requirement, and student involvement in faculty research, all of the MPH students are involved in the department's

research efforts, resulting in professional publications and presentations being produced by both faculty and students.

The department has a well-trained faculty in diverse areas in public health. Faculty are assigned teaching responsibilities in the areas of their public health specialization while faculty who have degrees in health education serve as instructors for the health education specialty courses in the program.

The diversity of the faculty in the department mirrors the diversity of our urban campus community, as well as that of the larger San Francisco Bay Area. As of the fall 2016 semester, our 20 full-time and 14 adjunct faculties are 68% female and 32% male. Fifty-six percent of these faculty represent diverse racial and ethnic backgrounds; 12% African American, 18% Asian American, 18% Latino/a, and 50% white. Our faculty are diverse in other demographic factors as well, such as sexual orientation, native language, and family background. Our student body also reflects the diversity of the Bay Area populations, with the majority of our students identifying as Asian-American, African-American or Latino, and, as expected, given the rich diversity of our wider community, our students are also diverse in a multitude of other demographic factors.

Accurate and accessible advising plays a pivotal role in the commitment of the university to equip students with the resources required to make deliberate decisions regarding their academic and career paths. In the Department of Health Education, MPH students are assigned a faculty advisor for specific academic and career guidance throughout their learning experience while BS students rely on the undergraduate coordinator who advises students by scheduling one on one appointments, group advising in their major courses, offering new student orientations as well as graduation workshops. Other avenues for student advising and career counseling include the Division of Graduate Studies Advising Services, the college Student Resource Center (SRC), the Public Health Organization of Graduate Students (PHOGS), and the Health Education Student Association (HESA).

Students are evaluated through multiple methods to provide evidence that the MPH and BS experiences at the university prepare students for a career in community health education or an affiliated area in the public health field. Student academic performance indicators include evaluation of student work in academic coursework; internship performance assessed by working PH professionals in the BS; and the community-based practice coursework and the culminating experience in the MPH. Student feedback on the program and curricular features are regularly solicited, including just before graduation. At the time of a student's initiation into the program and again at completion, we also conduct an online pre-post health education competency survey to assess graduating students' self-perceived competence gains in the knowledge and skills required of a public health professional. Additionally, an online alumni survey is administered every three years. Overall, student, alumni, and community evaluations of the programs and their curricula have been consistently positive.

The integration of student and community feedback is part of a systematic process established for the regular review of the programs' mission, goals, objectives, and related competencies to keep them in sync with the realities of each program and the fluid nature of best practices in the public health field.

In conclusion, as this self-study report attests, the department faculty demonstrate a high level of engagement in teaching, research, and service responsibilities. Over the last four years, they have creatively participated in the rigorous development of an integrated and scaffolded curriculum in both the BS and MPH degrees. Creating a learning experience where public health competencies are carefully introduced, reinforced and practiced while the cross-cutting themes of ecological thinking, leadership/collaboration, communication and cultural humility develop. These skills and values instilled in our graduates allow them to flourish in a range of fulfilling careers within the dynamic contemporary public health field.

CRITERION 1.0 The Public Health Program

Criterion 1.1 Mission

1.1.a. Mission statement

The Department of Health Education at San Francisco State University promotes health and health equity at the individual, community, and structural levels through transformative education, research, scholarship and service, all of which value diversity, engage communities and are grounded in cultural humility.

1.1.b. Values statement

Our mission, goals, and objectives reflect the following public health values:

We affirm that health is a human right. Public health practitioners must be motivated by profound compassion and the desire to create a world in which human rights and social justice are the norms.

We believe the health of the public demands a workforce that is intellectually rigorous, socially engaged, and culturally and linguistically diverse. An educated citizenry is critical to the improvement of public health.

We embrace an ecological approach in the preparation of public health professionals.

We honor communities and community wisdom about the causes and solutions to the problems we face.

We partner with communities to co-create new knowledge to build the evidence necessary to advance public health, health equity, and social justice.

1.1.c. Goal statements

I. Instructional Goals and Measurable Objectives for the Program

Instructional Goal 1: Students are well prepared in the competencies, functions, and responsibilities expected for MPH and BS trained health educators through coursework, practice activities, and a culminating experience addressing these public health areas: biostatistics, epidemiology, environmental health, social behavioral sciences, theory, research, policy, community assessment, planning, management, administration, evaluation, training/curricula, as well as the cross-cutting themes delineated below in the Goal 1 sub-goals.

As part of Instructional Goal 1 to prepare students in the competencies, functions, and responsibilities required of community health educators, the program faculty collectively agree to elevate the following cross-curricular themes central to public health equity practice in the 21st Century. Introduction, reinforcement, and practice of the cross-curricular themes are threaded across both the MPH and BS sequenced curricula.

- **Instructional Goal 1.a. Ecological/Systems Thinking:** MPH and BS program students develop critical thinking to apply an ecological, systems approach that integrates theory, research, and practice to identify and address the determinants of health at the individual, community, and structural levels.
- **Instructional Goal 1.b. Communication:** MPH and BS students develop the professional oral and written communication skills necessary for a career in the public health field.
- **Instructional Goal 1.c. Professionalism, Collaboration, and Leadership:** MPH and BS students develop the professionalism skills, including those in collaboration and leadership, necessary for a career in the public health field.
- **Instructional Goal 1.d. Diversity and Culture, Practice of Cultural Humility:** MPH and BS program students receive the preparation necessary to work effectively with diverse communities.

Instructional Goal 2: MPH and BS program students move toward graduation in an expeditious manner.

Instructional Goal 3: MPH and BS students are satisfied with their program learning experience.

Instructional Goal 4: MPH and BS program graduates secure employment/pursue further education within 12 months of program graduation.

Instructional Goal 5: Faculty engage in professional development learning communities to build and share skills and resources in the areas of teaching, research, and scholarship.

II. Research Goal for the Program

The Department of Health Education faculty, in partnership with students and constituencies throughout the region, will conduct public health research informed by an ecological perspective to address the complex determinants of health, reduce inequities in health and education, and build healthy communities.

III. Service Goal for the Program

The Department of Health Education faculty, in partnership with students and constituencies throughout the region, will contribute to improving the health of the people of the San Francisco Bay Area, the State of California, and beyond by participating in professional and community-

based organizations and partnerships, professional practice, workforce training, volunteer work, policy development and other forms of community service.

1.1.d. Measurable objectives

Following are the instructional, research, and service goals and their related measurable objectives by which our MPH and BS programs intend to achieve the departmental mission.

I. Instructional Measurable Objectives for the Program

MPH Measurable Objectives for Instructional Goal 1: Students are well prepared in the competencies, functions, and responsibilities.

A. 100% of MPH course syllabi will list student learning outcomes that address the MPH competencies, functions, and responsibilities covered in the course.

B. At least 90% of graduating MPH students report that they are confident that they can execute the functions and responsibilities of an MPH practitioner.

C. At least 90% of MPH alumni report that the MPH program provided them with strong preparation for their work as MPH professionals.

D. Compared to their reported mastery levels upon program entry, all graduating MPH students will gain 1.5 points or higher on a 6 point (AY 13-14) or 5 point (AY 14-15 & 15-16) competency mastery scale of at least 80% of surveyed MPH competencies.

E. 100% of MPH graduates will self-report at least a 4.5 (for AY 13-14) and a 4 (for AY 14-15 and 15-16) on the survey that measures mastery of MPH competencies.

F. At least 90% of MPH student team final community assessment reports will score at least a 17 on a 20 point scoring rubric.

G. At least 90% of MPH students graduating in each of the past three years report that the team practice component of the curriculum has made a valuable contribution to their professional preparation.

H. At least 95% of MPH students meet the competency achievement standards assessed in the culminating experience paper and oral presentation.

I. At least 90% of graduating MPH students report that the process of completing their culminating experience project enhanced their mastery of the competencies expected of an MPH degree holder.

BS Measurable Objectives for Instructional Goal 1: Students are well prepared in the competencies, functions, and responsibilities.

A. 100% of BS course syllabi list student learning outcomes that address the BS competencies, functions, and responsibilities covered in the course.

B. At least 90% of graduating BS students report that they are confident that they can execute the functions and responsibilities of a public health practitioner.

C. At least 85% of BS alumni report that the BS program provided them with strong preparation for their work after graduation.

D. At least 80% of preceptors will rate their intern “excellent” or “very good” when evaluating their professional *characteristics*.

E. At least 80% preceptors will rate their intern “excellent” or “very good” when evaluating their professional *competencies*.

MPH Measurable Objectives for Instructional Goal 1.a: Ecological /Systems Thinking

A. All MPH students will apply the ecological framework in the development, implementation and data analysis of their community assessment team practice project (HED 820, 821, 822).

B. At least 90% of graduating MPH students report that the MPH program strengthened their ability to think critically about health equity and social justice.

C. At least 90% of graduating MPH students report that the MPH program strengthened their ability to apply an ecological approach when analyzing community health.

D. At least 90% of MPH alumni surveyed report that the MPH program developed the critical thinking skills expected of them as MPH professionals.

E. At least 90% of MPH alumni surveyed report that the MPH program developed the skills expected of them as MPH professionals to be able to apply the ecological approach as a framework for addressing complex problems at the individual, interpersonal, organizational, community, and policy levels.

BS Measurable Objectives for Instructional Goal 1.a: Ecological /Systems Thinking

A. All BS students apply the ecological framework in their signature projects, including in their HED 400 community assessment, HED 430 literature review, HED 431 program plan, HED 455 cultural humility community project, and HED 480 capstone written assignment and training workshop.

B. At least 90% of graduating BS students report that the BS program strengthened their ability to think critically about health equity and social justice.

C. At least 90% of graduating BS students report that the BS program strengthened their ability to apply an ecological approach when analyzing community health.

D. At least 90% of BS alumni surveyed report that the BS program developed the critical thinking skills expected of them in their work after graduation.

E. At least 90% of BS alumni surveyed report that the BS program developed the skills expected of them to apply the ecological approach as a framework for addressing complex public health problems.

MPH Measurable Objectives for Instructional Goal 1.b: Communication

A. 100% of MPH students will professionally present to students, faculty, and/or community members throughout the MPH program as documented in course syllabi.

B. At least 90% of MPH students report that the MPH program has strengthened their ability to write effectively for professional purposes.

C. At least 90% of MPH students report that the MPH program has strengthened their professional oral presentation skills.

D. At least 90% of MPH alumni surveyed report that the MPH program developed the oral communication skills expected of them as MPH professionals.

E. At least 90% of MPH alumni surveyed report that the MPH program developed the written communication skills expected of them as MPH professionals.

F. At least 70% of alumni surveyed present their professional work at conferences or in other formal professional settings.

G. At least 40% of alumni surveyed publish their professional work in journals or other professional publications.

BS Measurable Objectives for Instructional Goal 1.b: Communication

A. At least 90% of BS students report that the BS program has strengthened their ability to write effectively for professional purposes.

B. At least 90% of BS students report that the BS program has strengthened their professional oral presentation skills.

C. At least 90% of BS alumni surveyed report that the BS program developed the oral communication skills expected of them in their work after graduation.

D. At least 90% of BS alumni surveyed report that the BS program developed the written communication skills expected of them in their work after graduation.

MPH Measurable Objectives for Instructional Goal 1.c: Professionalism

A. At least 90% of graduating students report that the MPH program strengthened their ability to work effectively in teams.

B. At least 90% of graduating MPH students report that the MPH program strengthened their leadership abilities.

C. At least 90% of MPH alumni surveyed report that the MPH program developed the team/collaborative skills expected of them as MPH professionals.

BS Measurable Objectives for Instructional Goal 1.c: Professionalism

A. At least 90% of graduating BS students report that the BS program strengthened their ability to work effectively in teams.

B. At least 90% of graduating BS students report that the BS program strengthened their leadership abilities.

C. At least 90% of BS alumni surveyed report that the BS program developed the team/collaborative skills expected of them in their work after graduation.

MPH Measurable Objectives for Instructional Goal 1.d: Diversity and Cultural Humility

A. At least 90% of graduating MPH students report that the MPH program has prepared them to work with diverse populations.

B. At least 90% of graduating students report that the MPH program strengthened their ability to think critically about health equity and social justice.

C. At least 90% of MPH alumni surveyed report that the MPH program developed the skills expected of them as MPH professionals to successfully work with diverse populations.

D. At least 90% of MPH alumni surveyed report that the MPH program developed the skills expected of them as MPH professionals to promote health equity in public health practice.

E. 100% of MPH students will practice community-based learning and application of skills and attitudes relevant to the unique health and social needs of diverse populations.

BS Measurable Objectives for Instructional Goal 1.d: Diversity and Cultural Humility

A. At least 90% of graduating BS students report that the BS program has prepared them to work with diverse populations.

B. At least 90% of graduating students report that the BS program strengthened their ability to think critically about health equity and social justice.

C. At least 90% of BS alumni surveyed report that the BS program developed the skills expected of them to successfully work with diverse populations.

D. At least 90% of BS alumni surveyed report that the BS program developed the skills expected of to promote health equity in public health practice.

E. In the capstone internship experience, 100% of BS students will engage in community-based learning and application of skills and attitudes relevant to the unique health and social needs of diverse populations.

MPH Measurable Objectives for Instructional Goal 2: Expeditious Graduation

A. At least 75% of students enrolled in the MPH program will continue in the program and graduate within the *shortest* timeframe possible to complete our sequenced 44-unit curriculum (two academic years).

B. At least 90% of students enrolled in the MPH program will continue in the program and graduate within the *maximum* timeframe allowed by the university for graduate degree completion.

BS Measurable Objectives for Instructional Goal 2: Expeditious Graduation

A. At least 90% of students who are accepted and enroll in the BS program will continue in the program and graduate within the shortest timeframe possible to complete our sequenced 51-53 unit curriculum (four semesters).

MPH Measurable Objectives for Instructional Goal 3: Learning Experience Satisfaction

A. At least 90% of graduating MPH students report that they would recommend the San Francisco State University MPH program to prospective students.

B. At least 90% of alumni surveyed report that they recommend the San Francisco University MPH program to others considering an MPH degree program.

C. At least 90% of graduating MPH students report that they are satisfied with the educational quality of the MPH program.

D. At least 90% of graduating MPH students report that the MPH faculty facilitated the expected development of knowledge and skills.

BS Measurable Objectives for Instructional Goal 3: Learning Experience Satisfaction

A. At least 90% of graduating BS students report that they would recommend the San Francisco State University BS program to prospective students.

B. At least 90% of graduating BS students report that they are satisfied with the educational quality of the BS program.

C. At least 90% of graduating BS students report that the BS faculty facilitated the expected development of knowledge and skills.

MPH Measurable Objectives for Instructional Goal 4: Employment and Further Education

A. At least 80% of MPH students secure employment/pursue further education within 12 months of program graduation.

BS Measurable Objectives for Instructional Goal 4: Employment and Further Education

A. At least 75% of BS students secure employment/pursue further education within 12 months of program graduation.

Departmental Measurable Objectives for Instructional Goal 5: Faculty Professional Development

A. 100% of MPH and BS faculty will meet monthly in workgroups to share instructional experiences and resources and work collaboratively to maximize the efficacy of their curricula and instructional methods.

B. 100% of department faculty will actively participate in ongoing professional development opportunities to integrate and sequence both the MPH and BS degree program curriculum.

II. Research Measurable Objectives for the Program

- A. 85% of T/TT faculty are actively engaged in research focusing on public health issues broadly defined.
- B. 85% of T/TT faculty seek funding to support their research programs or community interventions.
- C. 85% of T/TT faculty present their research or field practice at professional meetings at least three times in a three-year period.
- D. 85% of T/TT faculty produce at least 2 scholarly works every three years.
- E. 100% of MPH students will participate in faculty-supervised community health education research projects.

III. Service Measurable Objectives for the Program

- A. 100% of T/TT faculty maintain an active role in upholding the mission of San Francisco State University and support its community through service on department, college, and university service committees.
- B. 100% of T/TT faculty are active members in at least one professional organization or participants in at least one community-based service activity.
- C. 100% of T/TT faculty assume leadership responsibilities in at least one university, professional organization, or community-based service activity.

1.1.e. Development of mission, values, goals and objectives

The faculty in the Department of Health Education reviews its mission and values statements annually at either a full faculty retreat or at one of our full faculty monthly meetings. Revisions, when suggested, are executed in a cooperative manner with full faculty participation and consensus.

The department's mission and goals reflect the department's shared values as public health educators, practitioners, and researchers. The Department of Health Education's mission and goals also reflect the larger mission and goals of San Francisco State University and that of the California State University (CSU) system. The department's instructional goals reflect the value for engaged teaching as well as the design and content of the MPH and BS curricula, which are grounded in the recommendations put forth by the ASPPH Framing the Future Initiative, National Commission for Health Education Credentialing (NCHEC) Responsibilities and Competencies for Health Education Specialists, and the ASPPH interdisciplinary/cross-cutting competency areas.

A triangulated approach to assessment is in place to monitor and, if needed, revise the Department of Health Education mission, goals, and objectives. The department schedules regular full faculty retreats, as well as monthly full faculty and degree workgroup meetings at which faculty reflect on student performance, concerns and curricular needs. Workgroup faculty facilitators present data as it is available from the MPH and BS assessment measures of the various stakeholder groups including student and alumni surveys, student feedback sessions/open forums, and alumni/employer/community partner/internship preceptor documented discussions and memos. This feedback, combined with faculty members' first-hand experiences in each program and knowledge of emerging realities in public health practice, provides the evidence to inform faculty discussions of what efforts need to be implemented to strengthen both the MPH and BS degree programs. This monitoring of student, alumni, preceptor, and community stakeholder feedback as well as faculty experience of student needs and academic performance is an ongoing, iterative process that helps shape the work of the faculty and maintains the currency of the programs mission as well as the shared goals for student learning, faculty teaching, research, and service.

The HED Faculty Retention and Promotion Guidelines (see Electronic Resource File) address faculty responsibilities around teaching effectiveness, research/scholarly activities, and service expectations. These guidelines, approved by the dean and the provost, were collectively developed and adopted by the department's tenured/tenure-track faculty. These retention and promotion guidelines align with the teaching, professional achievement, and growth and service goals outlined in this document. Guidelines are reviewed periodically by tenured/tenure-track faculty, and changes are made when appropriate and supported by the dean and provost. In the spring of 2016, the RTP guidelines were discussed and minor modifications made. The revised guidelines are now moving forward for approval at the dean and provost level.

1.1.f. Availability of mission, values, goals and objectives

The mission, goals, and objectives are made available to the public through several means. Every San Francisco State University academic department is required to participate in university program reviews. The sixth cycle program review focused on graduate programs and the current cycle (the seventh) will systematically assess graduate and undergraduate programs. The mission, goals, and objectives, including monitoring and evaluation data, are included in this review. The Office of Academic Planning requires an annual Assessment Activity Report due each fall. Finally, the departmental mission statement and most current CEPH self-study is on the department's website. The department is in the midst of redesigning its website and reimagining content and intends to add value statements and information about departmental goals to the renovated website.

1.1.g. Criterion assessment

This criterion is met.

Strengths: The program's' mission, goals, objectives, reveal a commitment to the public's health and the professional preparation of the public health workforce. The department is at the cutting edge of public health preparation with its integrated, sequenced, and scaffolded curriculum. Both the MPH and BS curriculum focus on the development of students' public health competencies to address the determinants of health at the individual, interpersonal, organizational, community, and policy levels. The curricular integration of our cross-cutting themes of ecological/systems thinking, communication, leadership/collaboration, and diversity and culture are competencies the department believes are critical for public health practice to effectively address the complex health challenges facing today's diverse communities. Also, community practice and dialogue by MPH and BS faculty ensure that the foundation upon which the department rests remains current, relevant, and consistent with the needs of the students, the community, and the public health profession.

These commitments to the MPH and BS students have resulted in faculty who have also invested, as a community, to deepen the department's shared understanding of social justice and critical public health in teaching, research, and service. Finally, the faculty has worked systematically over the last five years to produce a curriculum that is integrated and scaffolded over the four semesters of both the MPH and the BS programs. This careful building of student skills over time as well as the department's commitment to engaged teaching has resulted in stellar students who report satisfaction with our professional preparation and successfully persistence and graduation at high rates in both of our degree programs.

Areas for improvement: None identified.

Criterion 1.2 Evaluation

The Department of Health Education, with the guidance of the department chair, the program coordinators and the MPH and BS program workgroups, has a number of evaluation procedures in place to determine its effectiveness in achieving its programs' stated mission, goals, and objectives. In addition, data collected through these evaluation procedures are reviewed and discussed by faculty and other stakeholders. As appropriate, these data are used to inform changes to the programs and curricula and to assist in strategic planning processes.

1.2.a. Evaluation processes

Evaluation procedures for the MPH and BS program are triangulated and continuously reviewed, updated, and adapted. The tools and processes used to evaluate the two degrees were originally developed independently and the department has worked to align the methods and data scales. The department has adopted evaluation procedures for the BS program that are similar and easily comparable to those used in the MPH program. Table 1.2.a Planning and Evaluation Procedures and Processes Summary Matrix represents a summary of the evaluation procedures and processes used by the department, the constituent groups involved, and their roles for tracking the department's mission, goals, and objectives. These will be referenced throughout this self-study, including summary data.

Table 1.2.a. Planning and Evaluation Procedures and Processes Summary Matrix		
Constituent Groups	Procedures & Processes	Brief Description
Faculty		
Program Coordinators	Workgroup on Department and Program Goals	Responsible for eliciting, refining and presenting the departmental and program mission, goals, and objectives for faculty review and implementation.
All full-time HED faculty	Department Faculty Meetings	Held monthly to discuss relevant program-related issues.
MPH Faculty	MPH Workgroup Meetings	Held monthly to discuss issues relevant to effectiveness of graduate program and curriculum.
BS Faculty	BS Workgroup Meetings	Held monthly to discuss issues relevant to effectiveness of undergraduate program and curriculum.
All HED faculty	Evaluation of Department Chair	Midterm written evaluation of Chairperson's performance by faculty.
MPH and BS Workgroups	MPH and BS Program Student and Alumni Surveys	Student and alumni assessments related to department performance reviewed by faculty as evidence becomes available
MPH and BS Faculty	Faculty Retreat(s)	Held bi-annually for BS and MPH Faculty to discuss programs and curricula and engage in strategic planning processes.
BS and MPH Assessment Faculty Subgroups	Leads BS Assessment Activities	Implements assessment procedures for the BS Degree
Administration		
Chair, Degree Coordinators and Department Staff	Department Administration Meetings	Weekly meetings to discuss program administration and assure that concerns of staff and coordinators are received and addressed.
Department Chair	University Council of Chairs	Monthly meetings to discuss program-related issues with Dean of Faculty Affairs
College Chairs	College of Health and Social Sciences Chairs Council	Weekly meetings of the College Dean, Associate Deans, CFO and Chairpersons that provide an executive panel for College decision-making.

Table 1.2.a. Planning and Evaluation Procedures and Processes Summary Matrix cont.		
Students		
MPH Students and BS Students	Faculty Meetings	Student representative(s) invited to attend specific faculty meetings with relevant agenda items to provide student input regarding academic program and curriculum.
PHOGS Advisor and MPH Coordinator	PHOGS (Public Health Organization for Graduate Students)	PHOGS faculty advisor meets regularly with PHOGS to support strategic plans for PHOGS work.
HESA Advisor and BS Coordinator	HESA (Health Education Student Association) for BS program	HESA faculty advisor meets regularly with HESA student organization meetings support student group plans.
All Student Majors	Pre- and Post-competency Assessments	Students complete a self-assessment of their mastery of required competencies for a bachelor-level and master-level health educator.
All Student Majors	Satisfaction Survey	Students complete a survey of their satisfaction with the program and curriculum at the time of graduation.
Community Stakeholders		
Community BS Preceptors	BS Supervisor Evaluations of BS Interns	Supervisors for BS field placements provide assessments of student performance and professionalism during field placement.
Alumni		
MPH and BS Alumni	Alumni Survey	Every three years, an alumni survey is sent to graduates of the BS and MPH programs to assess relevance of the degree and curriculum to their work in the field.

1.2.b. How results of the evaluation processes are monitored, analyzed, and communicated

Results of the student assessments we conduct are used to enhance the quality of both the MPH and BS degree programs and activities. This evidence is reviewed in the relevant faculty subcommittees (MPH or BS) where it is thoroughly discussed and recommendations for improvements agreed upon. It is then the responsibility of the program coordinators to implement those suggestions with the support of the chair. For example, the MPH students reported in the biannual focus group that PHOGS attendance was low due to MPH scheduling conflicts. As a result, the MPH calendar was carefully revised to make Thursday mornings available while both cohorts are on campus to facilitate participation in the student governance group. In our graduation survey of BS students, students reported a need for more career advice for health education majors. As a result, we have established a career panel with BS alumni for two consecutive fall semesters for the BS students. These discussions are scheduled as the data becomes available to the assessment team.

Also, teaching faculty in both degrees are involved in an informal but informative assessment at each subcommittee meeting where students concerns are also discussed. This discussion is primarily focused on how students are doing, which students need support, and how to support students who are experiencing issues that affect their performance and standing in the program. This discussion also serves to support faculty who are directly involved. As an example, out of these monthly conversations, writing support has been implemented for the MPH students and policies designed such as restricting course repetition for non-passing students and coordinating support services for students outside of the program.

The faculty discusses both the qualitative data, such as focus groups and their experience of student challenges in the classroom, as well as the quantitative evidence from our competency surveys and preceptors. This discussion then identifies student needs and strategies to make program improvements.

1.2.c. Data regarding the program's performance on each objective

Table 1.2.c. List of Program Outcome Measures	
Outcome Measure	Table Reference
MPH Outcome Measures	
<ol style="list-style-type: none"> 100% of MPH course syllabi will list student learning outcomes that address the MPH competencies, functions, and responsibilities covered in the course. At least 90% of graduating MPH students report that they are confident that they can execute the functions and responsibilities of an MPH practitioner. At least 90% of MPH alumni report that the MPH program provided them with strong preparation for their work as MPH professionals. Compared to their reported mastery levels upon program entry, all graduating MPH students will gain 1.5 points or higher on a 6 point (AY 13-14) or 5 point (AY 14-15 & 15-16) competency mastery scale of at least 80% of surveyed MPH competencies. 100% of MPH graduates will self-report at least a 4.5 (for AY 13-14) and a 4 (for AY 14-15 and 15-16) on the survey that measures mastery of MPH competencies. At least 90% of MPH student team final community assessment reports will score at least a 17 on a 20 point scoring rubric. At least 90% of MPH students graduating in each of the past three years report that the team practice component of the curriculum has made a valuable contribution to their professional preparation. At least 95% of MPH students meet the competency achievement standards assessed in the culminating experience paper and oral presentation. At least 90% of graduating MPH students report that the process of completing their culminating experience project enhanced their mastery of the competencies expected of an MPH degree holder. All MPH students will apply the ecological framework in the development, implementation and data analysis of their community assessment team practice project (HED 820, 821, 822). At least 90% of graduating MPH students report that the MPH program strengthened their ability to think critically about health equity and social justice. At least 90% of graduating MPH students report that the MPH program strengthened their ability to apply an ecological approach when analyzing community health. At least 90% of MPH alumni surveyed report that the MPH program developed the critical thinking skills expected of them as MPH professionals. At least 90% of MPH alumni surveyed report that the MPH program developed the skills expected of them as MPH professionals to be able to apply the ecological approach as a framework for addressing complex problems at the individual, interpersonal, organizational, community, and policy levels. 100% of MPH students will professionally present to students, faculty, and/or community members throughout the MPH program as documented in course syllabi. At least 90% of MPH students report that the MPH program has strengthened their ability to write effectively for professional purposes. At least 90% of MPH students report that the MPH program has strengthened their professional oral presentation skills. At least 90% of MPH alumni surveyed report that the MPH program developed the oral communication skills expected of them as MPH professionals. At least 90% of MPH alumni surveyed report that the MPH program developed the written communication skills expected of them as MPH professionals. 	<p><i>See Table 2.7.b.4 for targets and outcomes by year</i></p>

Table 1.2.c. List of Program Outcome Measures	
Outcome Measure	Table Reference
MPH Outcome Measures	
<ul style="list-style-type: none"> 20. At least 70% of alumni surveyed present their professional work at conferences or in other formal professional settings. 21. At least 40% of alumni surveyed publish their professional work in journals or other professional publications. 22. At least 90% of graduating students report that the MPH program strengthened their ability to work effectively in teams. 23. At least 90% of graduating MPH students report that the MPH program strengthened their leadership abilities. 24. At least 90% of MPH alumni surveyed report that the MPH program developed the team/collaborative skills expected of them as MPH professionals. 25. At least 90% of graduating MPH students report that the MPH program has prepared them to work with diverse populations. 26. At least 90% of graduating students report that the MPH program strengthened their ability to think critically about health equity and social justice. 27. At least 90% of MPH alumni surveyed report that the MPH program developed the skills expected of them as MPH professionals to successfully work with diverse populations. 28. At least 90% of MPH alumni surveyed report that the MPH program developed the skills expected of them as MPH professionals to promote health equity in public health practice. 29. 100% of MPH students will practice community-based learning and application of skills and attitudes relevant to the unique health and social needs of diverse populations. 30. At least 75% of students enrolled in the MPH program will continue in the program and graduate within the <i>shortest</i> timeframe possible to complete our sequenced 44-unit curriculum (two academic years). 31. At least 90% of students enrolled in the MPH program will continue in the program and graduate within the <i>maximum</i> timeframe allowed by the university for graduate degree completion. 32. At least 90% of graduating MPH students report that they would recommend the San Francisco State University MPH program to prospective students. 33. At least 90% of alumni surveyed report that they recommend the San Francisco University MPH program to others considering an MPH degree program. 34. At least 90% of graduating MPH students report that they are satisfied with the educational quality of the MPH program. 35. At least 90% of graduating MPH students report that the MPH faculty facilitated the expected development of knowledge and skills. 36. At least 80% of MPH students secure employment/pursue further education within 12 months of program graduation. 37. 100% of MPH and BS faculty will meet monthly in workgroups to share instructional experiences and resources and work collaboratively to maximize the efficacy of their curricula and instructional methods. 38. 100% of department faculty will actively participate in ongoing professional development opportunities to integrate and sequence both the MPH and BS degree program curriculum. 	<p><i>See Table 2.7.b.4 for targets and outcomes by year</i></p>

Table 1.2.c. List of Program Outcome Measures

Outcome Measure	Table Reference
BS Outcome Measures	
<ol style="list-style-type: none"> 1. 100% of BS course syllabi list student learning outcomes that address the BS competencies, functions, and responsibilities covered in the course. 2. At least 90% of graduating BS students report that they are confident that they can execute the functions and responsibilities of a public health practitioner. 3. At least 85% of BS alumni report that the BS program provided them with strong preparation for their work after graduation. 4. At least 80% of preceptors will rate their intern “excellent” or “very good” when evaluating their professional <i>characteristics</i>. 5. At least 80% preceptors will rate their intern “excellent” or “very good” when evaluating their professional <i>competencies</i>. 6. All BS students apply the ecological framework in their signature projects, including in their HED 400 community assessment, HED 430 literature review, HED 431 program plan, HED 455 cultural humility community project, and HED 480 capstone written assignment and training workshop. 7. At least 90% of graduating BS students report that the BS program strengthened their ability to think critically about health equity and social justice. 8. At least 90% of graduating BS students report that the BS program strengthened their ability to apply an ecological approach when analyzing community health. 9. At least 90% of BS alumni surveyed report that the BS program developed the critical thinking skills expected of them in their work after graduation. 10. At least 90% of BS alumni surveyed report that the BS program developed the skills expected of them to apply the ecological approach as a framework for addressing complex public health problems. 11. At least 90% of BS students report that the BS program has strengthened their ability to write effectively for professional purposes. 12. At least 90% of BS students report that the BS program has strengthened their professional oral presentation skills. 13. At least 90% of BS alumni surveyed report that the BS program developed the oral communication skills expected of them in their work after graduation. 14. At least 90% of BS alumni surveyed report that the BS program developed the written communication skills expected of them in their work after graduation. 15. At least 90% of graduating BS students report that the BS program strengthened their ability to work effectively in teams. 16. At least 90% of graduating BS students report that the BS program strengthened their leadership abilities. 17. At least 90% of BS alumni surveyed report that the BS program developed the team/collaborative skills expected of them in their work after graduation. 18. At least 90% of graduating BS students report that the BS program has prepared them to work with diverse populations. 19. At least 90% of graduating students report that the BS program strengthened their ability to think critically about health equity and social justice. 20. At least 90% of BS alumni surveyed report that the BS program developed the skills expected of them to successfully work with diverse populations. 21. At least 90% of BS alumni surveyed report that the BS program developed the skills expected of to promote health equity in public health practice. 22. In the capstone internship experience, 100% of BS students will engage in community-based learning and application of skills and attitudes relevant to the 	<p><i>See Table 2.7.b.8 for targets and outcomes by year</i></p>

Table 1.2.c. List of Program Outcome Measures	
Outcome Measure	Table Reference
BS Outcome Measures	
<p>unique health and social needs of diverse populations.</p> <p>23. At least 90% of students who are accepted and enroll in the BS program will continue in the program and graduate within the shortest timeframe possible to complete our sequenced 51-53 unit curriculum (four semesters).</p> <p>24. At least 90% of graduating BS students report that they would recommend the San Francisco State University BS program to prospective students.</p> <p>25. At least 90% of graduating BS students report that they are satisfied with the educational quality of the BS program.</p> <p>26. At least 90% of graduating BS students report that the BS faculty facilitated the expected development of knowledge and skills.</p> <p>27. At least 75% of BS students secure employment/pursue further education within 12 months of program graduation.</p>	<p>See Table 2.7.b.8 for targets and outcomes by year</p>
Research Outcome Measures	
<p>1. 85% of T/TT faculty are actively engaged in research focusing on public health issues broadly defined.</p> <p>2. 85% of T/TT faculty seek funding to support their research programs or community interventions.</p> <p>3. 85% of T/TT faculty present their research or field practice at professional meetings at least three times in a three-year period.</p> <p>4. 85% of T/TT faculty produce at least 2 scholarly works every three years.</p> <p>5. 100% of MPH students will participate in faculty-supervised community health education research projects.</p>	<p>See Table 3.1.d for targets and outcomes by year</p>
Service Outcome Measures	
<p>1. 100% of T/TT faculty maintain an active role in upholding the mission of San Francisco State University and support its community through service on department, college, and university service committees.</p> <p>2. 100% of T/TT faculty are active members in at least one professional organization or participants in at least one community-based service activity.</p> <p>3. 100% of T/TT faculty assume leadership responsibilities in at least one university, professional organization, or community-based service activity.</p>	<p>See Table 3.2.d for targets and outcomes by year</p>

1.2.d. Description of the self-study document development process

The evaluation of the department's instructional programs is an ongoing, iterative process required by the university's Division of Undergraduate Education and Academic Planning (DUEAP). The evaluation of the department faculty in their roles as teachers, scholars, and community servants is also an ongoing process under the auspices of the tenure and post-tenure review required by the Dean of Faculty Affairs. The CEPH self-study provides the department with the opportunity to reflect upon the department's implementation of these evaluation measures and to expand them to include a broader look at context, governance and resources. The self-study provides an opportunity for reflective dialogue among stakeholders and results in a candid assessment of the programs' strengths and areas to seek improvement and further investment.

The department chair, MPH coordinator, BS coordinator, and the academic office coordinator took the lead in compiling the various completed sections of the draft report. As they were completed, sections of the preliminary self-study document draft were shared with additional faculty members for review and comment.

Given numerous significant changes in San Francisco State University's administrative leadership over recent months, the Department of Health Education has made a strategic decision to wait to distribute the self-study report draft to third party constituents until after the draft was submitted to CEPH in October 2016. The self-study was posted on the Department website in December 2016 for stakeholders viewing. The website posting and commentary window dates were announced by email to students, alumni, part-time faculty, and additional representatives of the public health community from whom the department requested input on the draft self-study document. The final draft of the self-study was thoroughly reviewed by the Interim Dean for Undergraduate Education and Academic Planning, the Dean of the Graduate Division and the Dean of the College of Health and Social Sciences.

In addition, departmental faculty reviewed and provided feedback on all sections of the self-study document in face-to-face meetings and electronically, during the months of December and January 2016.

Recommendations and comments from other program constituents, SFSU administrators, students, alumni, part-time faculty, and additional public health community members will be integrated into the final version of the self-study document due to the CEPH site review team in early February 2017.

1.2.e. Criterion assessment

This criterion is met.

Strengths: The department, through its Retention and Tenure Committee, department chair, MPH and BS program coordinators, MPH and BS faculty workgroups and the assessment coordinators, has established an explicit process for the planning, management, and evaluation of both current and future departmental activities. Regular data collection mechanisms provide information needed for these purposes and facilitate participation of each program's major constituent groups, using a variety of quantitative and qualitative methods.

Areas for improvement: None identified.

Criterion 1.3 Institutional Environment

1.3.a. Description of the institution

California State University System (CSU) Lines of Accountability

The California State University was established as a system in 1960 by the Donahoe Higher Education Act. A 25 member Board of Trustees is responsible for oversight of the CSU, which adopts rules, regulations, and policies governing the entire CSU System. The Chancellor is responsible for oversight of the 460,200 students with 24,405 faculty and 23,012 staff. CSU is the largest four-year public university system in the United States. The current Chancellor of the CSU system is Dr. Timothy P. White.

The Board of Trustees meets six times per year. The Governor is designated as the President of the Board, the General Counsel serves as Secretary, and the Chief Financial Officer as Treasurer. Other officers, including the board's chair and vice-chair, are elected by board members for one-year terms. Board meetings allow for communication among the trustees, chancellor, campus presidents, executive committee members of the statewide Academic Senate, representatives of the California State Student Association, and officers of the statewide Alumni Council.

The university president functions as the chief executive officer of the university and exercises power under the auspices of the Board of Trustees and the Chancellor for the governance and advancement of the educational and business aspects of the university. Dr. Leslie Wong is the current and the 13th president of San Francisco State University. He began his tenure in 2012. The CSU Organizational Chart is presented in Table 1.3.a.1.

San Francisco State University is accredited by the Accrediting Commission Association for Senior Colleges and Universities of the Western Association of Schools and Colleges (WASC). San Francisco State University received full WASC accreditation in spring of 2013 after an institution-wide self-study and a WASC site visit. In addition to institutional accreditation with WASC, specialized programs at the university are accredited by their respective professional associations as presented in Table 1.3.a.2.

Table 1.3.a.1. CSU Organizational Chart
https://www.calstate.edu/BOT/org_chart.shtml

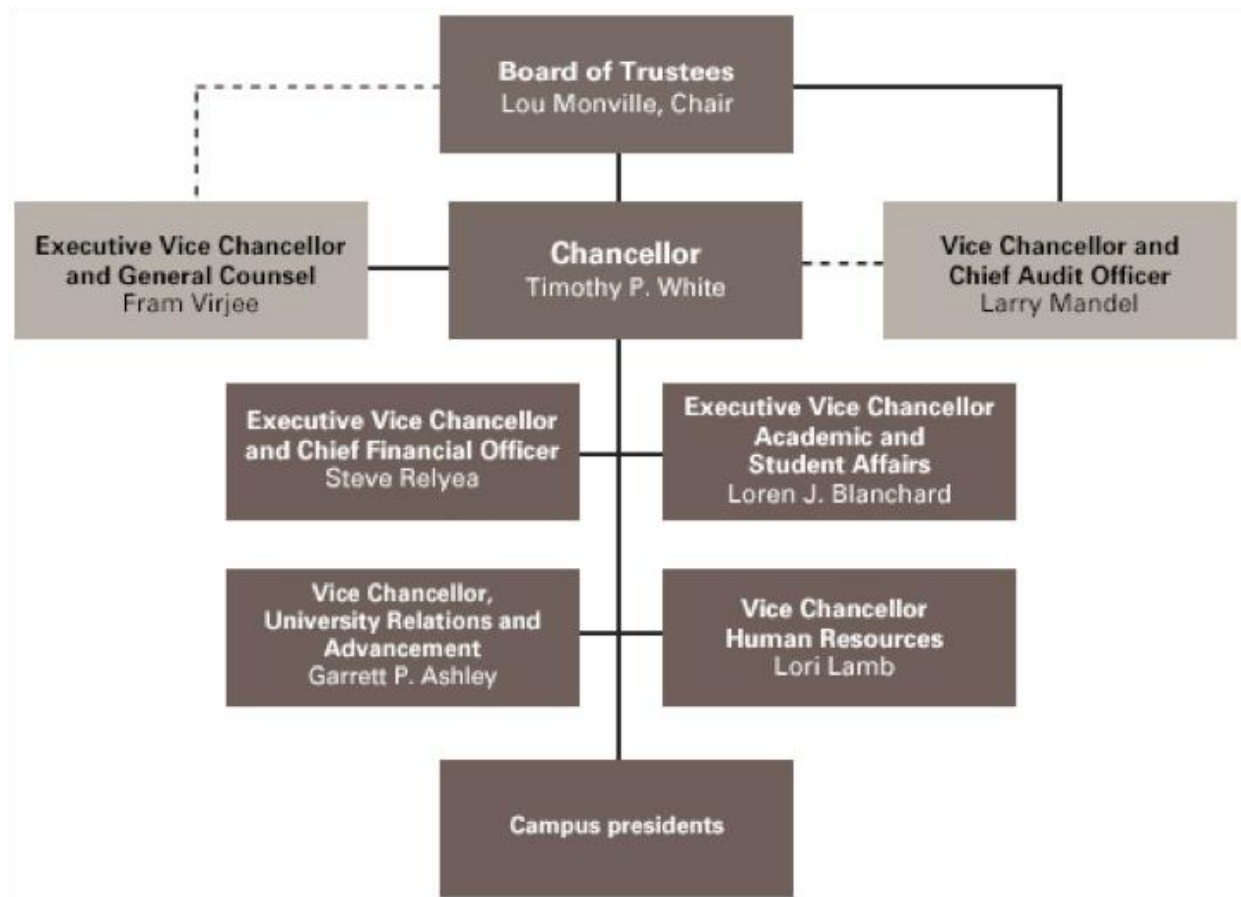


Table 1.3.a.2. San Francisco State University Accrediting Bodies

College	Program	Department	Accrediting Agency	Accreditation	
				Last	Next
CLCA	Art BA/MA/MFA	Art Department	National Association of Schools of Art and Design	2015	2023
COB	Business BS/MS/MBA; Hospitality Management BS	Business & Hospitality Management	Business Accreditation Commission of the Association to Advance Collegiate Schools of Business	2016	2019
CLCA	Cinema BS/MA/MFA	Cinema	National Association of Schools of Art and Design	2083	2023
COSE	Civil Engineering, BS; Electrical Engineering, BS; Mechanical Engineering, BS; Computer Engineering, BS. Base Fee per EAC program + Base Maintenance Fee	School of Engineering and Computer Science	Engineering Accreditation Commission of the Accreditation Board for Engineering and Technology	2011	2018
CHSS	Clinical Laboratory Scientist Internship Program	Clinical Laboratory Science Internship Program/ Medical Technologist Program	National Accrediting Agency for Clinical Laboratory Sciences	2001	2019
CHSS	Counseling MS	Counseling	Council for Accreditation of Counseling and Related Educational Programs	2012	2018
CHSS	Dietetics BS [Didactic Program in Dietetics]	Consumer and Family Studies/Dietetics	Commission on Accreditation for Dietetics Education	2009	2019

Table 1.3.a.2. San Francisco State University Accrediting Bodies

College	Program	Department	Accrediting Agency	Accreditation	
				Last	Next
CHSS	Dietetics Internship Program [graduate-level Certificate in Dietetics: Focus on Older Adults]	Consumer and Family Studies/Dietetics	Commission on Accreditation for Dietetics Education	2009	2019
GCOE	Education MA/EdD/PhD and Special Education	Special Education	Unit Accreditation board, National Council of Accreditation of Teacher Education (NCATE)		2017
CHSS	Family and Consumer Sciences BA	Consumer and Family Studies/Dietetics	Council for Accreditation, American Association of Family and Consumer Sciences	2012	2023
CHSS	Health Education BS	Health Education	Council on Education for Public Health, BS program	2009	2017
CHSS	Interior Design BS; BS in Apparel Design and Merchandising	Consumer and Family Studies/Dietetics	Council for Accreditation, American Association of Family and Consumer Sciences	2012	2023
CLCA	Journalism BA	Journalism	Accrediting Council on Education in Journalism and Mass Communications	2014	2020
CLCA	Music BA/MA/BM/MM	School of Music and Dance	National Association of Schools of Music	2008	2017
CHSS	Nursing BS/MS	School of Nursing	American Association of College of Nursing	2014	2023
CHSS	Nursing MS: Family Nurse Practitioner Concentration and FNP Certificate Program [State approval]	School of Nursing	State Board of Registered Nursing Commission on Collegiate Nursing Education, Regulatory Body	2014	2023

Table 1.3.a.2. San Francisco State University Accrediting Bodies

College	Program	Department	Accrediting Agency	Accreditation	
				Last	Next
CHSS	Physical Therapy DPT	Physical Therapy	Commission for Accreditation in Physical Therapy Education	2013	2021
CHSS	Public Administration MPA	Public Administration	NASPAA - National Association of Schools of Public Affairs and Administration	2013	2021
CHSS	Public Health MPH	Health Education	Council on Education for Public Health, MPH	2009	2017
CHSS	Recreation BS	Recreation, Parks, and Tourism	Council on Accreditation, National Recreation and Park Association/American Association for Leisure & Recreation	2017	2022
CHSS	Rehabilitation Counseling MS	Rehabilitation Counseling	Council on Rehabilitation Education (CORE)	2010	2020
CHSS	Social Work BA	School of Social Work	Commission on Accreditation, Council on Social Work Education	2010	2018
CHSS	Social Work MSW	School of Social Work	Commission on Accreditation, Council on Social Work Education	2010	2018
GCOE	Special Education - Communicative Disorders	Special Education	Council of Academic Accreditation in Audiology and Speech Language Pathology, American Speech Language Hearing Association	2009	2017
GCOE	Teacher Education Credential Programs	Education	California Commission on Teacher Credentialing	2017	2020
CLCA	Theatre Arts MFA	Theatre Arts	National Association of Schools of Theatre	1998	2021

1.3.b. University organizational charts

San Francisco State University Provost and Vice President for Academic Affairs: The provost of the university also holds the title of, and functions as, the Vice President for Academic Affairs. (For ease of reading, the title “provost” will be used henceforth in this self-study document.) The Office of the Provost carries the responsibility for the academic mission of the university, providing direct supervision of all academic units, support services and operations, and coordinating all academic programs. Reporting to the provost are the deans of the academic schools and Graduate Division, Division of Undergraduate Education and Academic Planning, Academic Resources, Faculty Affairs and Professional Development, and the Health Equity Initiative. The provost acts on behalf of the university president in the absence of the president. Dr. Jennifer Summit is the current Interim Provost of San Francisco State University. The San Francisco State University Organizational Chart is presented in Table 1.3.b.1.

Dean of the College of Health and Social Sciences: The college dean provides overall budget, personnel, and curricular management of the college. As a member of the Academic Affairs Council, the dean participates in the decision-making and resource allocation process for the entire division of Academic Affairs. The dean works closely with the chairs of the nine departments and the directors of the two schools that comprise the College Council. The council is the leadership of the college, actively participating in curricular and strategic decision-making. Dr. Alvin Alvarez is the current Dean of the College of Health and Social Sciences. The College of Health and Social Sciences Organizational Chart is presented in Table 1.3.b.2.

Academic Senate: The “voice of the faculty,” the Academic Senate at San Francisco State University serves in an advisory capacity to the University President and may offer advice in all matters affecting its quality and mission. On a regular basis, the President and the Provost engender on-going communication with faculty and their concerns by meeting regularly with the Academic Senate Chair and also the Senate Executive Committee. Moreover, faculty, staff, and administration act as equal partners in the San Francisco State University Academic Senate where all three have voting members. Dr. Troi Carlton is currently the Chair of the Academic Senate.

San Francisco State University California Faculty Association (SFSU-CFA): The San Francisco State University CFA is the elected bargaining unit that retains the exclusive right to negotiate and reach agreement on terms and conditions of employment for the faculty. The current president of the San Francisco State University CFA is Dr. Sheila Tully, a lecturer in department of Anthropology and Political Science.

Department of Health Education Chair: Administration leadership of academic departments at San Francisco State University is the role of the department chair. The chair also serves as the

representative and advocate for the department within the college, university, community and profession. The chair is elected every three years by the faculty of the department to carry out the assigned duties and responsibilities of this position. The chair is appointed by the university president for a three-year term upon the recommendation of the department faculty and college dean. An informal mid-appointment performance review is held in the second year to provide the chair with recommendations for her/his professional development in department management (see Electronic Resource File for the Department Chair Midterm Review Survey and the Chair Mid-Appointment Review Report of Dr. Mary Beth Love). Department chairs may be reappointed to subsequent three-year terms through a nomination and a majority faculty vote. The department chair is the person most fully responsible for leading, administering, and representing the department. The department chair's duties and responsibilities include but are not limited to the following four categories: academic programs, students, faculty, and administrative responsibilities. The full description and expectations in each of these four areas are found in the San Francisco State University Faculty Manual in the Electronic Resource File. Dr. Mary Beth Love is the current chair of the Department of Health Education.

Associate Chair: The Associate Chair of the department of Health Education is responsible for a variety of administrative duties. Among his or her chief responsibilities are managing all students administrative needs (e.g., advising students on academic probation, signing various forms and petitions such as change of major/minor forms, grade change forms, withdrawal petitions, waiver of university regulations petitions, and graduation applications). The Associate Chair serves on the department of Health Education Leadership Committee to problem solve and set manage departmental issues with other members of the Leadership team. Also, the Associate Chair advises/consults with the chair on a regular basis regarding department-related issues. The Associate Chair serves as the acting department chair when the chair is away. The Associate Chair is appointed by the chair for a three-year term (see Electronic Resource File for Departmental Position Descriptions). Associate Professor, Dr. José Ramón Fernández-Peña, is the current Associate Chair.

MPH Coordinator: The MPH Coordinator oversees the MPH program and chairs the MPH workgroup, which is the policy-making body of the MPH. Also, s/he serves on the department leadership committee. The responsibilities of the MPH Coordinator can be referenced in Departmental Position Descriptions folder in the Electronic Resource File. Sally Geisse, lecturer, is the current MPH Coordinator.

BS Coordinator: The Undergraduate Coordinator oversees the BS degree program and chairs the undergraduate workgroup, which is the policy-making body for the BS degree program. S/he serves on the Department Leadership Committee. The responsibilities of the BS Coordinator can be referenced in Departmental Position Descriptions folder in the Electronic Resource File. Atina

Delfino, lecturer, was the Undergraduate Coordinator for the last three academic years. However, she left that post in October 2016. Her replacement will begin in January 2017.

Holistic Health Studies Director: The Holistic Health Studies Director coordinates the minor and certificate in Holistic Health Studies and its General Education course offerings. S/he chairs the Holistic Health Studies workgroup which is the policy making body for the HH academic programs and Institute for Holistic Health Studies. Also, s/he serves on the Department Administrative Committee (see Electronic Resource File for Departmental Position Descriptions). Dr. Adam Burke is the current Director of the Holistic Health Studies Program and the Institute.

Name changes must be submitted for approval by the college dean, Academic Senate, and the university provost. A department's internal organization must have a department chair, a graduate coordinator, and a Promotion, Hiring, Retention, and Tenure Committee. All other internal structures reflect the needs of the particular department.

Table 1.3.b.1. San Francisco State University Organizational Chart

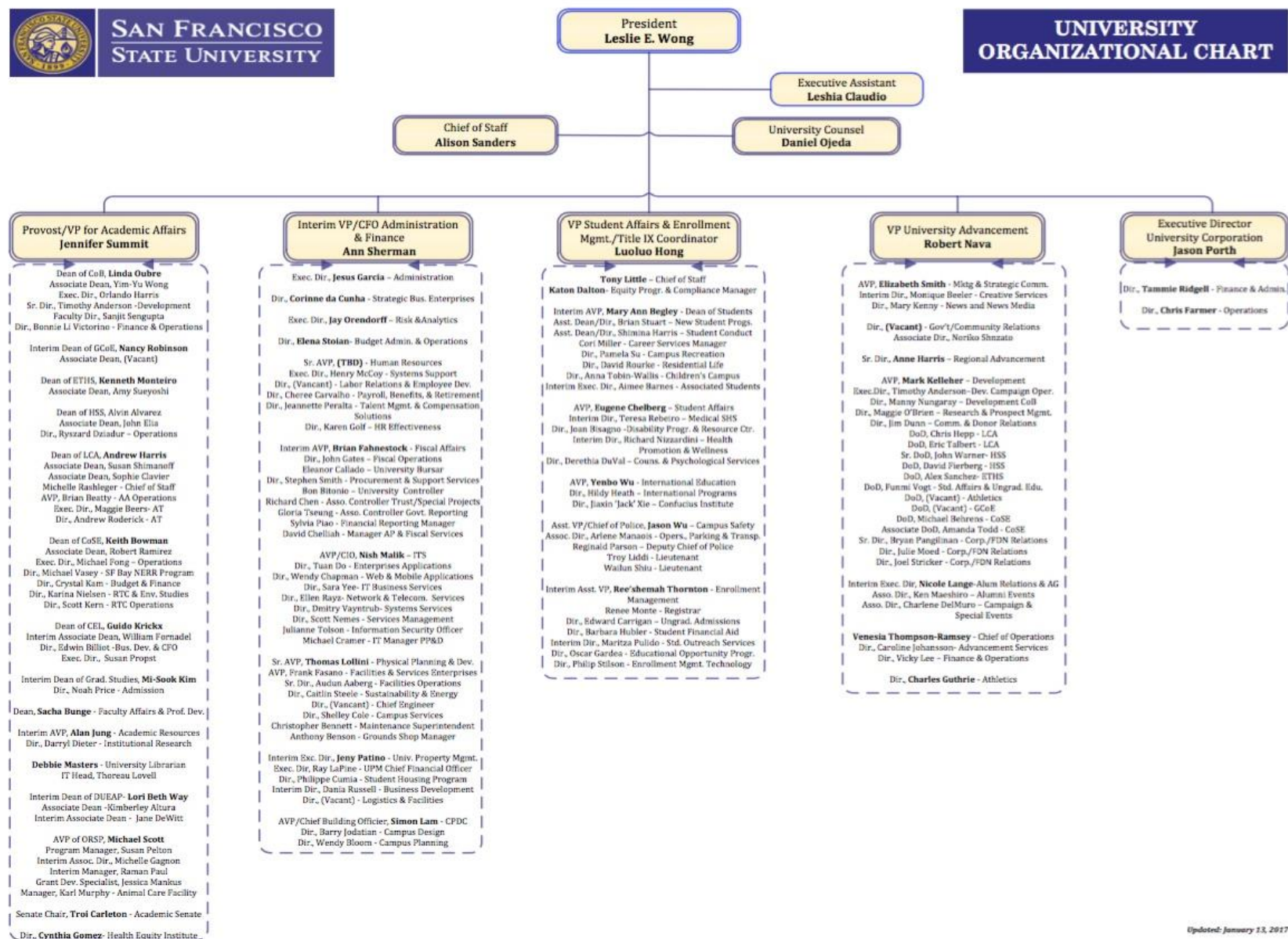
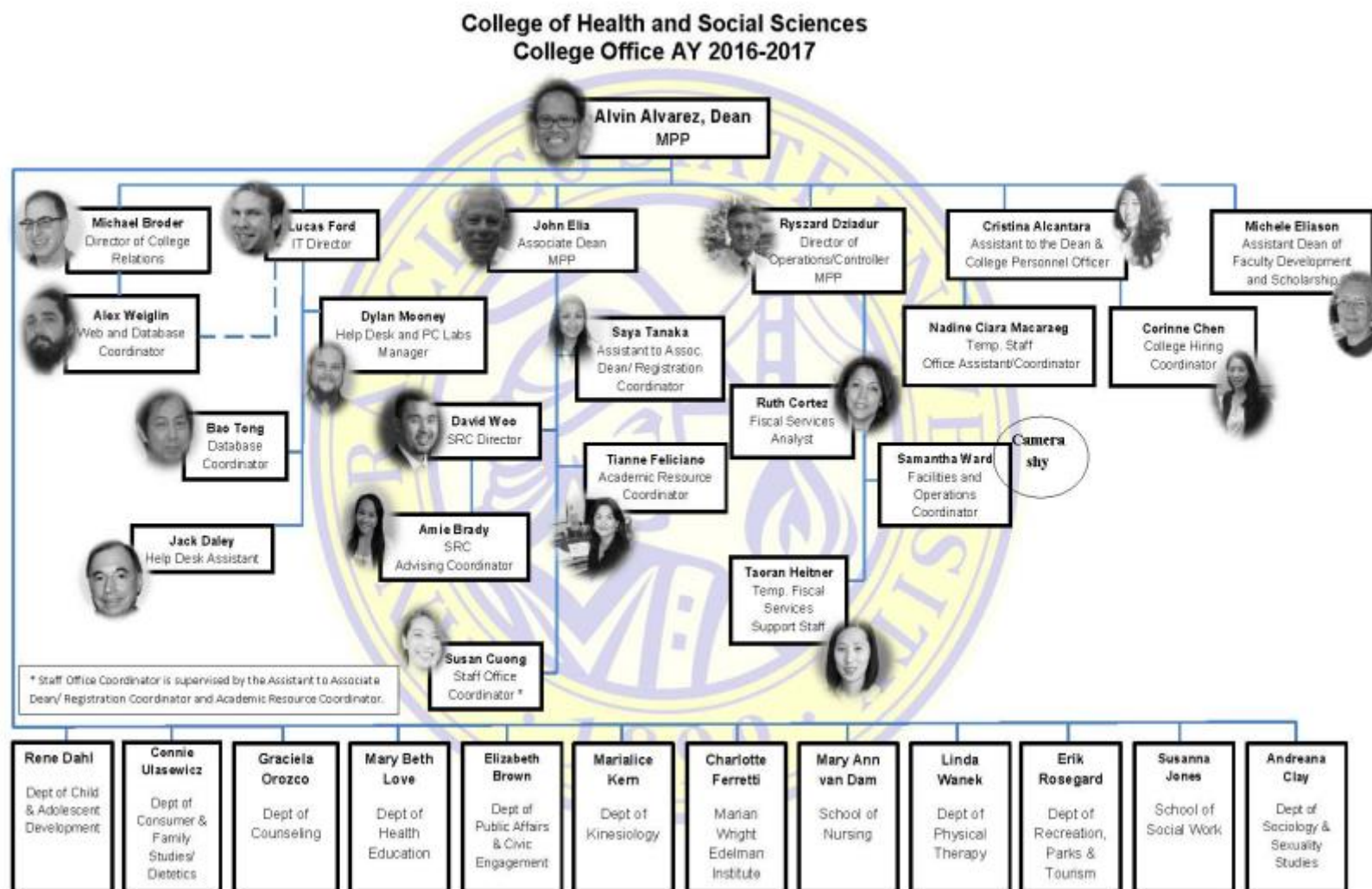


Table 1.3.b.2. College of Health and Social Sciences Organizational Chart



1.3.c. Description of the program's role in budgeting and resource allocation

Budgeting and Resource Allocation

The Chancellor's Office allocates all funds and resources to each of the California State Universities based on budget requests submitted by each of the university presidents. The dean of each college and the department's chair within the college are then given budgets for the academic year. Request for replacement or new tenure hires is solicited each spring from the departments. After a collaborative and strategic discussion with all faculty, a decision is reached as to the academic expertise needed to mount and enhance our degree programs. From here, the department chair crafts a memo to the dean of our college requesting a new or replacement tenure-track position. The dean who receives many more requests that resources can support, reviews and prioritizes them in collaboration with the department chair. This memo with its rationale is forwarded to the provost who allocates new positions based on available resources.

The department chair and administrative staff lead in budgeting and resource allocation. The vast majority of the department's budget is fixed costs, which include faculty, staff, and student assistant salaries. Additionally, the available flexible money varies from year to year depending on the grant productivity and summer session enrollments and location (e.g., summer session offered in CEL as opposed to general fund affects the percentage of dollars returned to the department). The department chair allocates the available flexible monies in consultation with program coordinators, administrative assistants, and full-time faculty. Typically, the exact amount of these funds is not clear until well into the academic year and the ability to roll funds from year to year also varies campus-wide. On average, the amount of "wiggle room" in the budget controlled by the department is in the mid-thirty thousand (mostly a result of summer school earning, e.g., the College allocates 10% of earnings back to the department). This money is historically used to support faculty travel, computer replacements, hospitality needs for students and faculty gatherings, assigned time to cover special needs such as preparing the accreditation report or website redesigns. Other more significant investments are made in consultation with full faculty. These include such recent decisions such as to hire external consultants to lead curricular redesign efforts, faculty development, and strategic planning.

Personnel Recruitment, Selection, and Advancement

Personnel recruitment for staff relies on positions allocated by the provost, using salary criteria established by the Human Resources office of the university. For tenure/tenure-track (T/TT) faculty, departments elect faculty hiring committees by secret ballot of all T/TT faculty. Only tenured or tenure-track faculty are eligible to serve on the hiring committee. The committee must include at least three members who submit a hiring recommendation to the dean via the chair. The department chair provides a separate recommendation to the dean.

Each department hiring committee may develop its internal working procedures. It is important that the department reaches a formal agreement on the process that is utilized in searching for and hiring a tenure-track faculty member. Such decisions are reached before the hiring cycle begins. The procedures for hiring of tenure-track faculty are derived from Academic Senate Policy S03-158 and Academic Senate Policy #S94-120. The Faculty Recruitment and Hiring Handbook describes detailed procedures and guidelines for the recruitment and hiring of tenure-track faculty. Please see the Electronic Resource File for Faculty Recruitment and Hiring Handbook.

Selection of Faculty

Once a search is approved by the administration, as noted above, the selection process for new faculty is initiated by the department chair. A faculty hiring committee is formed in consultation with the faculty of the department and approved by the department chair before recommendations are made sequentially to the dean of the college, the provost, and, finally, the university's president. All procedures are conducted within CSU and San Francisco State University guidelines.

Faculty Advancement

Faculty advance through a retention, tenure, and promotion process. A retention, tenure, and promotion (RTP) committee, comprised of tenure and tenure-track faculty, are responsible for conducting annual reviews of the faculty in collaboration with the department chair and college dean. The purpose of retention review is to assess the faculty member's performance against the departmental RTP criteria to make personnel recommendations and to provide helpful information to the faculty member about performance expectations. The RTP committee makes recommendations regarding retention or termination to the provost and vice president for academic affairs. Faculty eligible for tenure or promotion must compile a Working Personnel Action File (WPAF) to the department's RTP committee. The WPAF contains the faculty member's materials and index, student evaluations of teaching effectiveness, and all other information provided by faculty, students, academic administrators, and others who must be identified by name. Reviews and recommendations for the purpose of decisions relating to retention are based on material contained in the WPAF. Reviews and recommendations for the purpose of decisions relating to tenure are based solely on material contained in the WPAF. Please see the Electronic Resource File for Promotion and Tenure Guidelines.

Academic Standards, Policies, and Oversight of Curricula

In each university of the CSU, a designated Academic Senate Committee--Academic Curricular Review and Approval Committee (CRAC)--is responsible for establishing academic standards

and policies. The Senate's constitution, bylaws, and resolutions take effect upon presidential approval and govern both substantive and procedural standards and policies within the university. Thus, every college and department within the university is governed by the decisions of the Academic Senate.

Curricular oversight is a shared responsibility among the department's MPH and BS workgroups and the CHSS Council. Proposals for new programs, courses, and academic standards begin within the department and are forwarded to the appropriate college and university committees for approval.

1.3.d. Collaborative program descriptions

We are not a collaborative program.

1.3.e. Formal agreement of collaborative program

We are not a collaborative program.

1.3.f. Criterion assessment

This criterion is met.

Strengths: San Francisco State University is an accredited institution within the CSU system that has created the necessary institutional infrastructure to support the program in public health.

Areas for improvement: none identified

Criterion 1.4 Organization and Administration

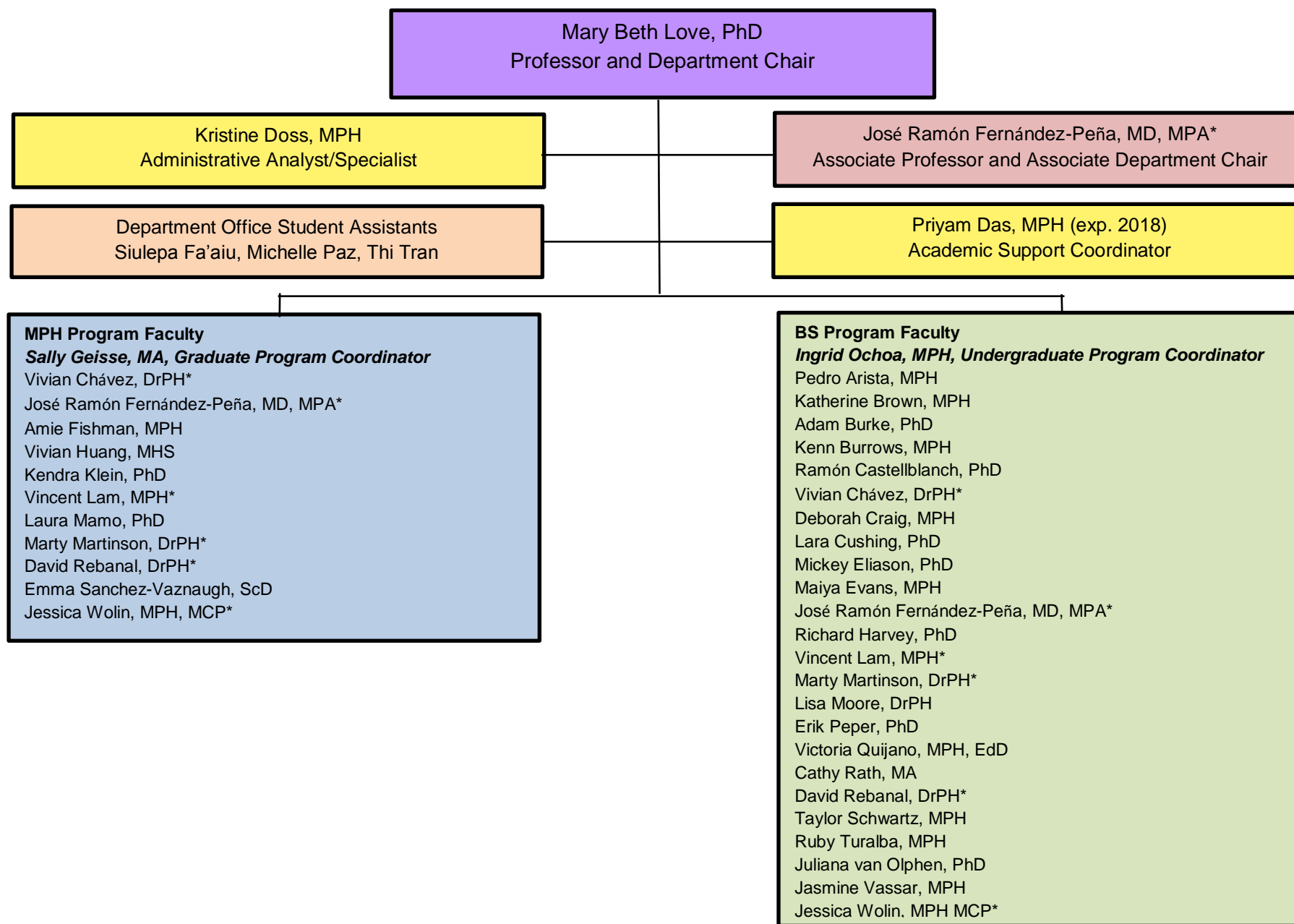
1.4.a. Organizational charts of administrative organization

Table 1.4.a illustrates the organization of the program at San Francisco State University. The department's relationship with other departments within the College of Health and Social Sciences (CHSS) can be found under Criterion 1.3.c. The Department of Health Education Organizational Chart (Table 1.4.a) shows that the lead for the Department of Health Education is the department chair. The current department chair is Mary Beth Love, PhD. The program's leadership team oversees both degree levels. One associate chair for the department, currently José Ramón Fernández-Peña, MD is responsible for student services. Dr. Fernández-Peña manages all student issues, signs relevant student paperwork, and maintains a policy manual for management of these matters for both the MPH and the BS programs. Additionally, each degree program is staffed by a coordinator. The MPH Coordinator is currently Sally Geisse, MA. Sally is responsible for the MPH course schedule, student recruitment, and admissions, PHOGS (MPH student group) and MPH alumni relations. The BS Coordinator is responsible for BS course scheduling, managing program impact including admission into and through the BS degree program. She manages student enrollment in courses, advising, and graduation applications. Atina also manages HESA, the undergraduate student organization. The Department of Health Education Organizational Chart is presented in Table 1.4.a.

The department faculty leadership--chair, associate chair, and program coordinators--meet weekly with department staff to discuss important and relevant issues for their programs. This meeting is a problem-solving meeting as well as an opportunity for all administrators to inform the department office staff and each other of events and deadlines for that week.

The full Department of Health Education faculty meet once per month to discuss matters that cut across all three programs, to learn from the draft decisions proposed by each subcommittee for full faculty consideration, and to learn of relevant updates from the larger university or the public health profession. All full-time lectures, as well as the T/TT faculty, attend those meetings. Each of our programs is staffed by faculty who serve on that degree program's subcommittee. That subcommittee's membership is comprised of our full-time faculty who teach in that particular program. For those faculty who teach in more than one program, they choose their subcommittee location in consultation with the department chair in an attempt to balance workload. These degree program coordinators each manage their subcommittee meetings in a slightly different manner, but for the most part, they meet once per month in addition to a monthly full faculty meeting where the recommendations and work of the three subcommittees are discussed for discussion, approval, and modification.

Table 1.4.a. Department of Health Education Organizational Chart for the MPH and BS Programs 2016-2017 AY



1.4.b. Description of interdisciplinary coordination, cooperation, and collaboration

The chair of the Department of Health Education along with other leaders of the schools and departments within the college, meet weekly with the leadership of the college to discuss operational and strategic matters of importance to our departments. Also, the college dean facilitates and plans an annual all-day retreat of the chairs and directors.

The Dean of Faculty Affairs, Sacha Bunge, Ph.D., hosts a meeting once per month of all department chairs on campus to discuss matters relevant to faculty within our departments. These sessions cover hiring, termination, entitlement, and other such issues for both tenure-track and adjunct faculty. Dr. Bunge also advises department leadership on research, tenure, and promotion (RTP) policy and other relevant changes to university and CSU policies.

The Health Equity Institute (HEI) at San Francisco State University is an interdisciplinary institute on campus focused on facilitating cross-disciplinary collaboration to address health equity. HEI has deep ties to the Department of Health Education and was originally founded ten years ago with the leadership of a small group of faculty lead by Mary Beth Love, Chair of the Department of Health Education. Laura Mamo, now a professor in the Department of Health Education is one of the three original health equity scholars and serves as HEI's Associate Director. Jessica Wolin is a full-time faculty in the Department of Health Education is the Associate Director of Community Practice while Emma Sanchez-Vaznaugh and David Rebanal, both tenure/tenure track faculty in the Department of Health Education are affiliate HEI faculty. HEI's documentary film program in social justice is a collaboration with the department and the Documentary Film program at San Francisco State University. Also, HEI's community practice work is a collaboration with the MPH program as part of the MPH students' practice requirement. Many alumni of the MPH program are hired as staff in HEI. The program in public health is enriched by the interdisciplinary coordination, cooperation, and collaboration that occurs as a result of the department's deep affiliation with the Health Equity Institute. Several MPH students have been employed on grants through HEI, deepening their experience in research in health disparities and several BS students have completed their internships at HEI.

College of Health and Social Sciences (CHSS) provides many opportunities for interdisciplinary collaboration. Two current HED faculty, Eliason and van Olphen, are part of an interdisciplinary research team to study how to transform introduction to research and statistics courses at the undergraduate level using an umbrella framework of social justice pedagogy infused with the literature on stereotype threat and critical mathematics. This team includes faculty and graduate students from four different departments in the College (HED, Kinesiology, Social Work, and Family Studies), and the health education research/statistics course has served as a pilot test for the model. A second research team on contemplative practices in the classroom is planned, and Jennifer Daubenmier in HED led this effort by submitting a proposal to fund a think-tank. This

think tank will focus on the ways that contemplative practices such as mindfulness and compassion foster the mission of social justice teaching within public health and other health disciplines with the premise that unlearning oppression and learning to engage in difficult work around potentially threatening topics such as racism, sexism, classism and other oppressions cannot be accomplished via intellectual work alone. Other health education faculty (Burke, Chavez, Love, Moore, Eliason) and faculty from other departments and other universities are part of this think tank. Marty Martinson chaired the College Teaching Task Force in 2015/16, an interdisciplinary effort that seeks to build a faculty learning community in support of teaching across the 11 units of the CHSS. In fall 2016, the CHSS has also partnered with faculty from the department of Health Education (Love, Malik, Martinson) and the Metro College Success Program to implement and evaluate a pilot training program for new tenure-track faculty in the College that supports their teaching practices through a faculty learning community (FLC).

The College conducts an annual showcase event in the spring, and for the first time in May 2016, included posters that highlight collaborations between faculty and students in the college. Six faculty members from health education, Burke, Chavez, Harvey, Peper, Sanchez-Vaznaugh, and Wongking, and their students represented HED at this event—no other department had as many posters in the showcase as HED. The College also sponsors a new LGBTQ Institute with the goal of improving the climate for LGBTQ staff, faculty, and students and foster interdisciplinary research efforts in this area. The Advisory Committee for the Institute is chaired by HED faculty, Mickey Eliason, and a current MPH student has served as a graduate research assistant this semester.

Mickey Eliason chairs the University Research Council (URC), which helps ORSP with its research agenda, and in the past year the URC has focused on ways to increase undergraduate student involvement in research (a high priority in CHSS as well). Juliana van Olphen coordinates the university-wide Committee on Written English Proficiency (CWEP) that supports writing-across-the curriculum, writing in the discipline (WAC/WID) programs, as well as Graduation Writing Assessment Requirement (GWAR) instruction.

1.4.c. Criterion assessment

This criterion is met.

Strengths: The Department of Health Education has a functioning organization and administrative structure that promotes interdisciplinary collaboration and highly functioning faculty teams.

Areas for improvement: None identified.

Criterion 1.5 Governance

1.5.a. Ad hoc committees

The program is governed by one full faculty committee, which is comprised of all tenured/tenure-track and full time adjunct faculty in the Department of Health Education. This full faculty committee is further organized into the following groups: workgroup committees for each program degree level, a leadership team, an accreditation coordination committee, and an ad hoc hiring committee. Faculty membership in these groups is designated by the larger policies of the university and by which program the faculty predominantly teaches. Some faculty teach in both the MPH and BS degree programs. In these cases, they serve on the workgroup for which they have most affinity and in consultation with the department chair who oversees workload issues. Table 1.5.a outlines the committees, their composition as well as their charge. For a complete record, please see the Meeting Minutes folder in the Electronic Resource File.

Table 1.5.a. Governance Structure and Standing Committees and Subcommittees		
Committees	Composition	Charge
<u>Full Faculty Committee</u> All full-time tenured/tenured track faculty and adjuncts	All members of the T/TT faculty and full-time adjuncts	Policy-making body for the Department of Health Education. The statement of charge for this committee is to: approve any curricular changes in the degree/certificate programs; review and approve new courses; review and approve program policies; and, identify the need for additional faculty expertise and then request, search, and hire new tenure track faculty.
<u>MPH Committee</u> Geisse, Sally (Coordinator) Chávez, Vivian Fernández-Peña, José Ramón Lam, Vincent Love, Mary Beth Mamo, Laura Martinson, Marty PHOGS representatives Sanchez-Vaznaugh, Emma Wolin, Jessica	Nine-appointed members, including graduate coordinator as workgroup chair; student cohort representatives. Graduate coordinator receives 3 units of assigned time each academic semester.	Policy-proposing body for the graduate program. Responsibilities include: review of program proposals and revisions; review of course proposals and revisions; review and revise course and competency sequencing periodic review of graduate program, including development and analysis of current student feedback sessions; graduate exit, alumni, and pre/post competency surveys; set academic standards for and review academic performance of graduate students' culminating experience; set and review graduate advisement procedures; select graduating MPH students for distinguished achievement; set and review recruitment policies and activities; develop publicity materials; set and review admissions policies; conduct admissions process; conduct appropriate public relations.
<u>BS Committee</u> BS Coordinator TBA Burke, T. Adam Cushing, Lara Fernández-Peña, José Ramón Love, Mary Beth Moore, Lisa Quijano, Victoria Rebanal, David van Olphen, Juliana	Nine-appointed members, BS program coordinator as chair. BS committee chair receives 3 units of assigned time each academic semester.	Policy-proposing body for the BS program; responsibilities include: review of program proposals and revisions; coordinate undergraduate catalog revisions; systematic review of undergraduate program assessment processes and outcomes; set minimum undergraduate course objectives, review course syllabi, review and revise course and competency sequencing; set and review undergraduate advisement procedures; select outstanding major for Honors Convocation and department recognition; oversee Peer Mentor Advisors (PMAs) and HESA, conduct appropriate public relations; conduct other appropriate functions concerning the undergraduate program.

Table 1.5.a. Governance Structure and Standing Committees and Subcommittees cont.		
<u>Accreditation Coordination Committee</u> Love, Mary Beth (Chair) Das, Priyam Delfino, Atina Doss, Kristine Geisse, Sally Victoria Quijano	Faculty members and department staff appointed by chairperson	Coordinates input from all constituents for the drafting of the self-study documents for internal and external accreditations.
<u>Leadership Team</u> Love, Mary Beth (Chair) Burke, T. Adam Das, Priyam Doss, Kristine Fernández-Peña, José Ramón Geisse, Sally Lam, Vincent	Composed of department chair, associate department chair, program coordinators and office staff	Provides department leadership, discusses and proposes strategic directions.
<u>Hiring, Retention, Tenure, and Promotion Committee (H RTP)</u> Changes based on need and expertise required.	Tenure and tenure track faculty serve on a rotating basis.	Conducts faculty searches and RTP reviews.

1.5.b. Identification of program functions within the program's committees and organizational structure

General Program Policy Development

At San Francisco State University, an established tradition of shared leadership is practiced by and between faculty and the president and his cabinet. The university's policies for program development and guidance are governed by the Academic Senate, which develops policies and procedures regarding faculty and administrative appointments, curriculum, business and fiscal matters, campus development, academic standards, university goals, and much more. The Academic Senate is an elected body of full-time faculty that has developed specific guidelines on governance and responsibilities, many of which are executed at the departmental level. Approved by the president, the guidelines implement in detail the substance, procedures, and spirit of shared governance.

Department faculty participates in governance through representation on other university-wide committees, school, and department committees. The department has consistently been represented on the major university- and school-wide committees through appointment or elected representatives. The department faculty has also consistently served on department, college, and major university committees, as members and in leadership roles. Table 1.5.c represents a list of all department standing and ad hoc committees and each member's charge.

Program faculty elect the department chair who serves for a three-year term. All faculty, full and part-time, have a prorated vote in this election. The department chair is the person most fully responsible for leading, administering, and representing program. Her responsibilities include, but are not limited to, the following four categories: academic programs, students, faculty, and administrative responsibilities. The program is governed by the Full-time Faculty Committee, the MPH Workgroup, the BS Workgroup and two ad hoc committees: the Hiring Committee and the Accreditation Coordinating Committee. Hiring committees are established when we are approved to conduct a tenure track faculty search.

Prior to the beginning of each academic year, the department chair sets a schedule for monthly faculty meetings, which all full-time faculty are required to attend, and to which part-time and adjunct faculty are invited. The monthly meeting provides faculty with a formal opportunity to contribute to program policy and development through participation in the development of the agenda and in open discussions about program-related matters.

At the program level, the primary responsibility for MPH and BS program governance is granted to the MPH and BS workgroups under the leadership of their respective coordinators. The workgroups are composed of full-time faculty appointed by the department chair. The MPH

workgroup invites regular participation of graduate students (Public Health Organization of Graduate Students PHOGS) who represent cohort members. Health Education Student Organization (HESA) representatives can also participate in BS workgroup meetings as relevant. The coordinators conduct monthly meetings of the workgroups and report on the work of the workgroup at the monthly meeting of the full faculty as well as at bimonthly meetings with the chair. The program's administrative leadership meets weekly for one hour. This group is comprised of the chair, associate chair, MPH and BS coordinators, the Holistic Health certificate coordinator, and the office staff. This meeting is to discuss administrative issues and new policies that affect each of the programs and the administration of the department as a whole.

Planning and Evaluation

The most visible recent documentation of shared governance at San Francisco State University is the university strategic planning processes. In June of 2013, President Wong appointed the Strategic Planning Coordinating Committee (SPCC) of faculty, administrators, and staff and charged them to conduct a collaborative strategic planning effort to establish the university's institutional priorities for the years ahead. Seven themes were identified. These include:

- Building the San Francisco State Identity
- Maximizing Student Success
- Academic Master Plan
- Physical Master Plan
- Advancing Campus and Community Climate
- Elevating Institutional Support
- Emerging Issues.

These themes were the organizing pole for seven subcommittees engaging the campus and community through a variety of ways including special events, meetings with key stakeholders and campus groups, social media, and a customized platform. In June 2014, the subcommittees detailed their findings and insights in a report that were shared with the campus community. From this work five core university values and a set of initiatives in support of those values were identified and establishes institutional priorities for the campus. The five values were:

- Courage
- Life of the Mind
- Equity
- Community
- Resilience

Regarding the Department of Health Education planning process, departmental governance is granted to the academic department under the leadership of the department chair. At the department level the full faculty committee serves as the policy making arm of the department. The MPH workgroup, BS workgroup, and the HH workgroup work as policy-proposing bodies

for their respective programs. Each workgroup is responsible for program development, implementation, management, and assessment. Please see the Departmental Position Descriptions folder in the Electronic Resource File for the MPH coordinator and the BS coordinator job descriptions. The MPH Workgroup and the BS Workgroup meet on a monthly basis to discuss issues and business related to their respective programs. Proposed policies are brought to the once a month full faculty meeting for discussion and approval by all the faculty in the department.

Budget and Resource Allocation

The university provost, in consultation with the college dean, establishes the budget for the academic departments based upon total available funding determined by the CSU Chancellor's Office. For the Department of Health Education (and all others) the budget for full-time faculty is housed in the general fund and is set by the provost on the basis of student enrollment and contractual obligations. Additional general fund support is allocated for staff support and for departmental operating expenses.

The department has access to additional funding sources for large or out-of-the-ordinary expenditures. The university provides, through the equipment request program, the opportunity to receive funding for equipment needs. In the event of an urgent or unusual need, the department chair can petition the dean and provost for additional funds. To support supplementary clerical and office assistance, the department can request student workers from the federal and university work-study programs.

Beyond its annual general fund allocation, the department has independent control of external funding revenues generated from grants and the College of Extended Learning. These funds are used to support faculty travel, student events, graduate student assistants, faculty development offerings, hospitality for student meetings, and writing and biostatistics tutoring.

Student Recruitment, Admission, and Award of Degrees

At the undergraduate level, the San Francisco State University student outreach program assumes the major responsibility for general program advertising and student recruitment for the program. Because the BS program has experienced an increased demand for the past decade, active recruitment was not necessary. Under an increased demand situation, we were not able to accommodate every student who wished to enroll in our program, which resulted in students spending more time and money working toward a four-year degree. As a result, the BS degree program was added to the list of impacted programs at San Francisco State University in 2014, at which time, the BS Workgroup under the leadership of the undergraduate coordinator and

department chair, created a list of criteria for admissions decisions which were approved by the university.

The MPH Workgroup under the leadership of the graduate coordinator governs the majority of student recruitment, admissions, and award of degrees. Please see Criteria 4.3 for further details about the policies and procedures for recruitment and admissions.

Faculty Recruitment, Retention, Promotion and Tenure

Because of the nature of hiring, retention and tenure of tenure track faculty, this governance responsibility is not handled by a workgroup as are the other governance issues in the department. Instead, and in accordance with university policy, three distinct committees for each responsibility (hiring, retention, tenure/promotion [H RTP]) are required. Only tenure-track or tenured faculty are eligible for these committees. Committees are formed by faculty election and serve for one academic year. Committee members elect a chair to lead the respective committees. The H RTP Committees make recommendations to the department chair, who has a separate level of review. The joint departmental recommendations are forwarded to the college and university administrators for subsequent review. The specific university regulated process for H RTP can be found in the San Francisco State University Faculty Manual and is overseen by the Dean of Faculty Affairs. If department faculty are dissatisfied with RTP decisions, then, under their union contract, they can appeal the decision through a process that can end in binding arbitration by an outside arbitrator. Assignment of lecturers is also covered by the union contract in that lecturers who have taught courses before can have priority for teaching them again. State law protects the right of faculty to engage in union activity. The department faculty is represented the California Faculty Association (CFA). Faculty work with a collective bargaining agreement negotiated between the CSU and the CFA. The agreement provides that faculty may grieve decisions made in the RTP process up to and including binding arbitration.

For non-tenure track faculty, the responsibility for hiring falls to the Department Chair. When a part-time course offering requires a new hire, the Chair consults the tenure track faculty member(s) whose area of expertise represents the content of that course to solicit recommendations on local talent in this academic area. The Chair interviews, reviews qualifications as well as teaching evaluations, if available, and makes the hiring decision.

Rehiring of non-tenure track faculty is made upon the recommendation of an elected faculty committee who annually reviews the course materials, student evaluations, and, if applicable or indicated, course peer observations. This committee then makes rehiring recommendations to the chair. The chair is a separate level of review and her decision is forwarded to the dean for rehire (or not) each August for the next year.

Academic Standards and Policies, Including Curriculum Development

As discussed under Criterion 1.3.c, academic standards and policies are the responsibility of the Academic Senate, as approved by the university president. Development and application of academic standards and policies for individual courses within the program are a shared responsibility among the Curricular Approval and Review Senate Committee, the Graduate Council (for graduate programs and courses only), the College of Health and Social Sciences Council (which serves as the curricular review for the college), the department subcommittee relevant for the course (MPH, BS, or HH), and the course instructor. The general structure and content of the course outlines are stipulated by the Academic Senate. Course objectives and competencies required for all core MPH and BS courses are reviewed by the MPH and BS workgroups in accordance with the department mission, goals and objectives, in consultation with the course instructor. Course grading procedures are the prerogative and responsibility of the instructor.

The department chair assigns course instructors according to interest, qualifications, demonstrated competencies, and departmental need.

Research and Service Expectations and Policies

Research and service expectations are determined by the departmental Retention Tenure and Promotion (RTP) guidelines developed in a collaborative process by the tenured/tenure-track faculty in the Department. These guidelines, updated in the spring of 2016, are currently under review by the College Dean and University Provost. For guidelines, please refer to Electronic Resource File for Promotion and Tenure Guidelines.

1.5.c. Governance of the program

For the San Francisco State University Faculty Manual, visit website http://www.sfsu.edu/~acaffrs/faculty_manual/. (pp. 31-45). A copy of the San Francisco State University Faculty Manual can be referenced in the Electronic Resource File.

In order to facilitate departmental governance, a draft of the Department of Health Education's Policies and Procedures Manual has been vetted and ratified by the faculty in health education. This document covers the following policies and procedures regarding: teaching assignments (e.g., teaching load, student-faculty ratio in courses, buyouts/released time, and summer and winter teaching), faculty office hours and syllabi, departmental service activities, communication, advising, special study courses, selection and use of undergraduate teaching assistants, grade inflation, student academic dishonesty, use of services in front office, special events policies, sponsoring and co-sponsoring events on and off campus, teaching evaluation procedures, green policies (e.g., saving paper and being eco-friendly), and the health education department's expectation of faculty regarding RTP.

Creating the Department of Health Education's Policies and Procedures Manual has been a collective project of the faculty with the primary aims of codifying and strengthening departmental policies to create commonly-shared expectations and professional standards among the faculty. A copy of the department's Policies and Procedures Manual can be referenced in the Electronic Resource File.

1.5.d. Program faculty and committee membership

The program contributes to the governance of the college primarily through the department chair's participation on the College of Health and Social Sciences Dean's Council. The council meets weekly for three hours with the dean, associate deans, and the chief financial officer for the college. The council provides strategic direction for the college. At the beginning of the fall semester, the dean conducts a college-wide meeting that focuses on the topics of faculty development and provides an opportunity for inter-departmental communication among the faculty.

In addition, for the 2013-2016 academic years the department faculty served on 19 college and university committees. In addition, the department chair was appointed or elected to serve on three senior administrative searches representing faculty. Table 1.5.d lists major college and university committees and other positions through which program faculty participate in university governance and affairs.

Table 1.5.d. Program Faculty Participation on College and University Governance Committees

Committee	Faculty	Charge
Health and Social Sciences College Council	Love, Mary Beth	Provide leadership and strategic direction for the college and review curricular and course proposals for all departments in the college.
Student Success and Graduation Task Force	Love, Mary Beth	Policy making committee for the allocation of resources to improve graduation rates at SF State.
Search Committee Member for Senior Leadership positions at San Francisco State University	Love, Mary Beth	Committee member Search Committee (2016-17) University Vice President for Academic Affairs (Provost)
		Search Committee for Associate Vice President, Marketing and Strategic Communications (2016)
		Search Committee for Vice President of Finance (2016)
Internal Advisory Committee (IAC) for the SF BUILD project	Love, Mary Beth	SF BUILD is a partnership between SF State and UCSF to improve the institutional climates at both universities to enhance diversity of the biomedical research workforce.
Council of University Department Chairs	Love, Mary Beth	Policy and management group on all matters related to Department Chair administration.
HEI Senior Leadership Team	Mamo, Laura	Health Equity Initiative (2010 to present) provide strategic input for future directions for the Institute
CHSS Leave with Pay Committee	Mamo, Laura	Evaluate applications for leave with pay at college level. 2012-2014

Table 1.5.d. Department Faculty Participation on College and University Governance Committees cont.

CHSS Committee for Research and Professional Development	Sanchez-Vaznaugh, Emma	Identify needs and action plans to meet faculty needs in the area of research and professional development
University Research Council, 2014-present, chair in 2015/16	Eliason, Mickey	Set policies and recommendation for how research is supported at SFSU
Baccalaureate Requirements Upper Division Certification Committee (UDCC)	Eliason, Mickey	Review courses for certification in GE (2014 to 2017)
CHSS Scholarship Taskforce	Eliason, Mickey	This committee reviews the research agenda of the college, reviews proposals for mini-grants, and participates in planning of the annual College Showcase.
CHSS Teaching Taskforce	Martinson, Marty	This committee assesses CHSS faculty teaching experiences and needs, plans and implements faculty development trainings to support teaching. (2014-16; chair 2015-16)
CHSS Elections Committee	van Olphen, Juliana	CHSS Committee Chair (2005-present) Run the College Elections
Baccalaureate Requirements Lower Division Certification Committee (LDCC)	van Olphen, Juliana	Review courses for certification in GE (2014 to 2017)
Professional Development Committee	van Olphen, Juliana	University Committee Member (2007-present)
University Committee on Written English Proficiency (CWEP)	van Olphen, Juliana	Coordinate writing support events and training for new and current Graduation Writing Assessment Requirement (GWAR) instructors across all majors.

Table 1.5.d. Department Faculty Participation on College and University Governance Committees cont.

Faculty Grievance Committee	Vaznaugh-Sanchez, Emma	University Committee Member (2006-present)
The Center for Teaching and Faculty Development (CTFD) Advisory Board	Chávez, Vivian	Serve as advisory to the University Faculty Development of faculty needs for support in teaching (2012-2015)
Graduate Coordinators Council	Geisse, Sally Love, Mary Beth	Serves as member of the graduate coordinators Council
Student Health Services Search Committee	Fernández-Peña, José Ramón	University Committee Chair for the Director of the Student Health Services (Spring 2016)
Causeways Initiative Advisory Committee	Fernández-Peña, José Ramón	Advisory Committee Member University Committee Member. (2006)
CHSS LGBTQ Institue	Eliason, Mickey	Oversees issues related to climate and curricular inclusion of LGBTQ issues across all programs in our college and administers an annual lectureship in LGBTQ issues for the entire campus.

1.5.e. Student roles in governance

Role of Students in Governance

MPH students assume a central role in governance through:

- Leading and participating in the Public Health Organization of Graduate Students (PHOGS). See below for a more detailed description of PHOGS structure, mission, and activities
- Sharing their opinion and providing recommendations regarding issues such as curriculum, program administration, academic quality, faculty advising through an exit survey upon graduation and periodic alumni surveys
- Sharing their feedback and providing recommendations regarding issues such as curriculum, program administration, academic quality, faculty advising through ongoing informal email, phone, and in-person communications with the graduate coordinator, and formal face-to-face cohort feedback sessions at the end of their first semester in the program, end of their first year, and end of their final semester in the program. These feedback sessions are facilitated by the graduate coordinator, with participation by the department chair. The graduate coordinator then regularly brings this student input to the MPH faculty workgroup for further discussion and action, as required including:
 - Participating annually on the MPH admissions committee;
 - Participate in new faculty hiring by attending candidate presentations and giving feedback to search committee members;
 - Providing input for faculty promotion and tenure;
 - Assisting in the planning and execution of the annual departmental recognition ceremony;
 - Evaluating faculty teaching through systematic course evaluations.

BS students assume a role in program governance through:

- The Health Education Student Association (HESA) provides a platform for individual students to voice their suggestions and concerns, as well as for students to have a unified voice; HESA brings student input to the program faculty and administration;
- Regular consultation between HESA and the HESA Faculty Advisor to voice student programmatic/curricular suggestions and concerns and to receive information and feedback from the HESA Faculty Advisor;
- HESA Faculty Advisor attends HESA meetings as needed to communicate programmatic/curricular issues to students and to receive student input;
- HESA's role in the planning and execution of the department's annual recognition ceremony.

MPH Student Organization (PHOGS) Structure

The MPH student organization, the Public Health Organization of Graduate Students (PHOGS), was organized by students in the class of 2002 and participates in many levels of MPH program functioning. All current MPH students are members of PHOGS. PHOGS has five officer

positions, which our MPH students often choose to share in the spirit of collaborative leadership. These include co-presidents, co-vice presidents, co-treasurers, faculty liaisons, and archivist. PHOGS is comprised of six committees with 4-8 members, depending on the year. These committees include the

- Fundraising Committee
- Cross-Cohort Connections Committee (C4)
- Recognition Ceremony Committee
- Professional Development Committee
- Community Engagement Committee
- Outreach and Publicity/Social Media Committee.

The general PHOGS membership meets once per month for two hours, and the committees meet as needed, usually once or twice a month, to execute their charges.

The mission of the Public Health Organization of Graduate Students (PHOGS) at SFSU is to support individual academic and professional development, promote student governance of the Master of Public Health in Community Health Education (MPH) program, and coordinate the collective activities of MPH students to advance the MPH program's mission of health equity and social justice.

PHOGs engage in the following activities:

- PHOGS provides a forum for student leadership, activism, networking, socializing, student-faculty-administration communications and collaborations, and overall engagement on a programmatic level with the department and the governance of the MPH program
- PHOGS participates in program governance through involvement in admissions, faculty meetings (when relevant and able) and established avenues of communication among PHOGS, faculty, and the administrators of the MPH program
- PHOGS plays a critical in our prospective student recruitment, cross-cohort student professional development and community-building, and service engagement with the larger SFSU and Bay Area communities
- PHOGS fundraises for, plans, and executes multiple community-building and professional development events annually and also participates in the fundraising and planning for the annual departmental recognition ceremony in honor of the department's graduating students.

Qualitative evaluations of student participation in PHOGS are immensely positive. A few student statements of the impact of PHOGS on their graduate experience are presented below.

“What I admired most about PHOGS was the opportunity to work in a professional public health collaborative on campus, and build community outside of the classroom. All of our projects were labors of love. Our meetings will filled with much laughter and vigor. And I will never forget how our sharing responsibility made big things happen! The numerous valuable lessons yielded

from my service within this amazing group will definitely be integrated in my journey post-program.”

“Being part of PHOGS helped me feel involved in the graduate program. I appreciated the opportunity to share and build on ideas. Also, my involvement with PHOGS helped me fine-tune some necessary administrative skills you need in the workforce. Pushed me out of my bubble and comfort zone to experience something I would not usually do.”

BS Health Education Student Association (HESA) Organizational Structure

The BS student organization, the Health Education Student Association (HESA), is an organization created to meet the changing needs of health education majors and all students at San Francisco State University. The department supports the efforts and concerns of HESA and encourages active participation of all students and faculty. HESA provides HED student majors the opportunity to participate in a communication network between health education students and health education faculty, network with fellow students regarding classes, jobs, field work and graduate programs, and discuss community activities and outreach programs in the Bay Area.

The goals of HESA are to:

- Promote health education and awareness of available resources on-campus and off-campus;
- Increase peer support by serving as a social network for HED students;
- Increase visibility of HED on-campus and to encourage the support and interaction between HESA and other campus based organizations;
- Increase student/faculty interaction by way of social functions that enhance our knowledge of the HED department and field.

All current BS students are members of HESA. HESA is comprised of five officer positions, which are nominated and voted upon by the general HED student majors. Nominations and elections take place in late spring semester, and the officers serve their term the following academic year. Officer positions include: president, vice president, treasurer, communications coordinator, and events coordinator.

Activities are as follows:

- In the beginning of the academic year, HESA officers and the faculty advisor meet to plan the activities calendar for the academic year. These are guided by public health awareness themes or collaboration with other student organizations or campus activities. HESA either tables at the student union or holds a department function for the current students. These activities include, but are not limited to:
- Student-faculty mixer held in September with PHOGS;
- Food drive to support local food banks;

- Clothing drive to support local charities;
- Public Health Career Fair with alumni and current professional from the public health field;
- Breast Cancer Awareness;
- Annual Public Health Week
- HESA fundraises for the department recognition ceremony held off-campus every May to honor the undergraduate and graduate students who are graduating. In addition to university commencement, students enjoy this ceremony as they find it more personal and meaningful for their families and friends who attend. These fundraisers include, but are not limited to:
 - Local restaurant events with a percentage being donated to HESA;
 - Raffle ticket sales for winning donated items from local vendors and local professional sports teams;
 - HESA t-shirts and sweatshirt sales.

1.5.f. Criterion assessment

This criterion is met.

Strengths: The department features a highly participatory process for its decision-making processes. Faculty are involved in the form of workgroups and meeting schedules that assure stakeholders stay informed of the issues and involved in setting departmental policy. Students voices are heard through the active student groups on both the graduate and undergraduate level. Also assessment processes are in place to allow systematic feedback on student satisfaction and suggestions for improvement. Both faculty and students are well-represented in the processes that affect them. The university is governed by policies proposed by the Academic Senate and set into policy by the President.

Areas for improvement: None identified.

Criterion 1.6 Fiscal Resources

1.6.a. Budgetary allocation processes

General fund (GF) dollars are the tax-levy dollars approved by the California State Legislature and Governor and assigned to San Francisco State University by the California State University Chancellor and Board of Trustees. These dollars are then allocated to the department by the president of San Francisco State University, the provost, and dean of the College of Health and Social Sciences. The allocation of dollars from the Chancellor's office to the university is based on Full-Time Equivalent Students (FTES – based on 15 units/semester for undergraduates and 12 units per semester for graduate students) enrolled at the university each fall. This formula is also used within the university where department budgets are based on the number of students served each year. The FTES and thus the budget for the Department of Health Education stays stable from year to year. An increase in departmental FTES, and thus an increase in GF dollars, is awarded based on student demand and curricular need.

Each spring semester, department chairs are given the opportunity to submit a request to the college dean for new faculty lines. If a new line is granted, it comes with the new faculty salary, as well as a computer and office space allocation. There has been no opportunity to increase non-tenure track lecturer dollars since the last CEPH accreditation.

Tuition dollars go into the San Francisco State University general account and are not distributed to colleges or departments with one exception. A percentage of the College of Extended Learning (CEL) tuition dollars are returned to the college and department and generate a small amount of funds each year.

The California Faculty Association (CFA), the union that represents CSU faculty, actively lobbies the state legislature for state funding of the CSU, the basis of most of the funding of CSU.

1.6.b. Program budget statement

The Department of Health Education receives financial support from several sources:

General Fund (GF): As mentioned above, the general fund dollars are allocated to pay tenured faculty, tenure-track faculty, and department staff salaries in full, including benefits. The department also receives GF support to cover a portion of expenses for supplies and services, land-line office telephones, instructional support, reprographics, and work-study student assistants, graduate student assistants and faculty summer support. The department is also given

\$110,000 annually to support two Clinical Faculty lines, which are 12-month lecturers to support the practice requirements in the curriculum.

Grants and Contracts: Internal and external funding for community-engaged research is crucial to the success of the department. The faculty has been successful at competing both on and off campus to secure such funding. These dollars are used to support faculty research, scholarship and policy advocacy. Over the last six years, on average, department faculty has secured \$2.3 million dollars in grants. To elucidate the contours of the department's success in the area of grants and contracts, this area has been split into four different lines (see Table 1.6.b): Office of Research and Sponsored Programs (ORSP), Reimbursed Release Time (RRT), University Corporation (UCORP) and Other. Each of these is explained below and further detail on the content of the faculty's research is given in Criterion 3.1.

Office of Research and Sponsored Programs (ORSP): ORSP administers grants and contracts on behalf of the university for Principal Investigators (PIs) acting independently, collaboratively (working with colleagues at SFSU or at other universities), or as part of a Center or Institute Initiative (Research and Service Organization, RSO). The funds identified on this line in Table 1.6.b are typically grants secured from federal or state grants.

University Corporation (UCorp): UCorp oversees commercial operations, administers educational grants and contracts for the university, and oversees the fiscal administration for numerous university programs. UCorp also provides accounting services to the other auxiliaries on campus. UCorp receives grants made from foundations that require that a not-for-profit entity act as the fiscal agent.

Internal Grant category: Internal grants awarded to department faculty by university administration.

Reimbursed Release Time (RRT): RRT dollars come to the department from both external and internal grant awards, and they provide support to the department in several ways. Due to the 3-course teaching load at San Francisco State University, a portion of the dollars awarded for research are typically used to buy-out the faculty researcher out of one course (20%) or two courses (40%). This money comes to the department's RRT account (from ORSP/UCorp/SFSU internal grants) to provide the department chair the resources needed to hire the replacement teaching faculty. Often, but not always, the instructor hired to replace the grant funded, full-time faculty member is paid less, especially if the replacement is for a tenured, full professor. The college dean's office takes a 25% cut of these research funds and the remainder goes to the department. If there are salary savings, they are used to support a wide variety of departmental needs-- student and faculty travel, graduate assistants, computer support, and to meet one-time expenses and emergencies (technology needs, furnishings, etc.). Because this budget line

fluctuates from year to year based on grant dollars, few fixed costs can be accommodated with these resources. It is also university practice that the academic year (AY) the faculty person received the course buyout, the RRT funding is received the following AY. For example, if a faculty member receives the research funding in fall 2014, the department receives the RRT dollars in fall 2015.

Indirect Cost Recovery (ICR): ICR dollars provide the department with a small fraction of the gross indirect dollars the university and the foundation annually receive as a result of the department's grant and contract activities. The department receives 10% of the indirect budget line from the grant or contract. These funds fluctuate from year to year depending both on the faculty's productivity in grant generation and on the indirect rate on the grants secured. Many of the external grants awarded to Health Education are training grants which often come with no, or low, indirect costs. The ICR dollars do roll over year-to-year and are restricted to supporting research efforts by faculty. ORSP has a facilities and cost rate agreement that indicates the following rates that guide faculty grant and research:

- On-campus research: 54.5% (effective 7/1/2016 until 6/30/2018)
- On-campus research: 55.0% (effective 7/1/2018 until 6/30/2020)
- On-campus instruction: 50.0%
- Other on-campus sponsored activities: 42.5%
- Off-campus research, instruction, or other sponsored activities: 26.0%

College of Extended Learning (CEL): CEL provides revenue for the department based on the number of students who participate in Health Education and Holistic Health courses as Open University students and as CEL HH certificate students. After each academic semester, a small amount of money based on per student, per course enrollment formula is allocated to the department to use in a variety of ways. Currently, this money is allocated to provide student assistant support staff for the department office.

Augments to departmental resources are made indirectly by both the university provost and the college dean. The college dean covers the cost of computer replacement and maintenance for tenured/tenure-track (T/TT) faculty. Additionally, the dean allocates registration fees for T/TT faculty making presentations at professional conferences, and has also on occasion augmented the department budget for innovative projects requiring faculty buyouts. The provost provides faculty travel awards which when qualifying T/TT faculty apply, can cover up to \$1000 of the travel cost of hotel accommodations and air and/or ground travel to professional conferences the faculty member is presenting. Course augments are also made by both the Provost office and the Dean's office to fund offers to meet students' needs in general education courses as well as bottleneck courses in the major. Table 1.6.b illustrates the revenues from each of these sources since the last CEPH accreditation.

Table 1.6.b. Sources of Funds and Expenditures by Major Category, 2010-2016 FY

	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
Sources of Funds						
Tuition & Fees	--	--	--	--	--	--
State Appropriation	--	--	--	--	--	--
University GF	\$1,335,567	\$1,182,677	\$1,258,856	\$1,259,615	\$1,576,072	\$1,601,267
Augments	\$340,906	\$481,197	\$459,857	\$486,244	\$76,431	\$214,543
CEL* (includes Open University & Special Sessions/Trust	\$64,307	\$147,554	\$178,742	\$125,430	\$138,112	\$105,272
Indirect Cost Recover*	\$67,073	\$79,216	\$65,936	\$128,365	\$88,483	\$91,176
RRT* – “old”	\$97,318	\$49,575	\$18,968	\$6,493	\$2,711	\$11,987
RRT* – “new”	\$29,218	\$44,650	\$53,920	\$113,381	\$32,111	\$280,190
Total Funds	\$1,934,389	\$1,984,869	\$2,036,279	\$2,119,528	\$1,913,920	\$2,304,435
Grants and Contracts						
External Grant - ORSP	\$831,500	\$918,027	\$1,713,400	\$1,423,400	\$1,568,400	\$1,440,400
External Grant - UCorp	\$20,000	--	\$60,000	\$70,000	\$85,000	\$99,211
Internal Grant - ORSP	\$50,000	\$60,000	\$31,518	\$60,700	\$27,464	\$45,000
Internal Grant – OSRP Chancellor’s Office	\$50,000	\$60,000	\$31,518	\$674,962	\$674,962	\$674,962
Gifts/Award (JBW, APLU, Governor)	\$35,000	\$55,000	--	\$20,000	--	\$3,000,000
Total Grants & Contracts Funds	\$986,500	\$1,093,027	\$1,836,436	\$2,249,062	\$2,355,826	\$5,259,573
* Includes carryover/rollover from previous fiscal year.						

Table 1.6.b. Sources of Funds and Expenditures by Major Category, 2010-2016 (cont'd...)

	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
Expenditures						
University Transactions	\$84,785	\$34,463	\$97,744	\$62,776	\$13,320	\$84,518
T/TT Faculty Salaries	\$980,974	\$969,307	\$1,026,017	\$1,097,461	\$922,930	\$964,578
Faculty Lecturer Salaries	\$517,731	\$550,270	\$567,570	\$633,121	\$620,331	\$803,038
Summer Session Faculty Salaries	\$5,100	\$51,863	\$32,943	\$24,524	\$11,618	\$154,767
Staff Salaries	\$69,516	\$69,516	\$75,059	\$77,682	\$63,198	\$73,320
Benefits for PT Faculty & Staff	\$129	\$518	\$651	\$232	\$268	\$480
Graduate Assistants & Teaching Associates	\$31,415	\$60,764	\$29,001	\$12,675	\$58,966	\$48,108
Operations (office telephones, office alarm fees, guest parking passes)	\$7,981	\$3,405	\$2,538	\$2,647	\$2,674	\$6,508
Supplies & Services (includes hospitality, office supplies)	\$77,387	\$68,266	\$67,838	\$49,093	\$68,689	\$29,369
Travel	\$9,274	\$5,089	\$3,004	\$5,323	\$7,057	\$8,505
Student Support	\$20,564	\$24,016	\$27,413	\$44,019	\$19,241	\$35,626
Printing & Reprographics	\$5,031	\$6,741	\$7,763	\$4,719	\$3,520	\$4,360
Computers & Software	\$15,276	\$9,240	\$4,566	\$8,608	\$9,977	\$6,241
Honoraria	\$8,130	\$11,375	\$6,700	\$11,428	\$15,155	\$5,875
Total Expenditures	\$1,833,293	\$1,864,833	\$1,948,807	\$2,034,308	\$1,816,944	\$2,225,293
BALANCE**	\$101,096	\$120,036	\$87,472	\$85,220	\$96,976	\$79,142
Total Grants & Contracts Expenditures	\$995,092	\$2,113,984	\$1,820,702	\$2,347,896	\$2,417,860	\$5,259,573
** Carries over to next fiscal year.						

1.6.c. Budget statement for collaborative programs

The program is not a collaborative program.

1.6.d. Measurable objectives for fiscal resources

Table 1.6.d presents a summary of measurable objectives by which the Department of Health Education assess adequacy of fiscal resources.

Table 1.6.d. Summary of Fiscal Resources Measurable Objectives					
Category	Resource Objectives	Outcome Measures (Targets)	AY 14/15	AY 15/16	AY 16/17
General Fund (GF)	Sufficient GF dollars are allocated to support front office staff	The Department Front office will have 1.5 staff and 2-3 students workers to support administrative, faculty and student needs.	100%	100%	100%
	GF dollars are available to support operating expenses for the department	The department will be funded adequately to support reprographics, telephones, supplies and services.	100%	100%	100%
	GF will offer adequate resources to mount BS and MPH required courses as well as a broad array of GE courses as electives for majors	The department GF dollars provide adequate resources to mount the core and elective course for the major as well as GE courses for non majors.	100%	100%	100%
Grants and Contracts	Grant dollars will provide adequate money to fund faculty research and scholarship	Grant dollars will average over \$2 million dollars per year.	100%	100%	100%
ORSP internal grants	Faculty will be actively involved in seeking internal grant applications	Faculty in the department will secure more than \$30,000 per year in internal grant dollars	100%	91%	100%
Indirect Cost Recovery	External grants will provide enough resources to fund faculty development opportunities and support travel	External dollars will provide the resources needed to fund faculty development and supplement faculty travel	100%	100%	100%

1.6.e. Criterion assessment

This criterion is met.

Strengths: The Department is adequately funded through a combination of stable general fund allocation, internal and external grant success and CEL/summer school revenues to allow the program to meet its basic needs as well as invest in student and faculty development.

Areas for Improvement: None identified.

Criterion 1.7 Faculty and Other Resources

1.7.a. Primary and secondary faculty in MPH and BS programs

The Department of Health Education has a total of sixty-six full and adjunct faculty teaching approximately ninety courses for students both in our BS/MPH programs and also serving students across campus in general education courses. For the purpose of this self-study of our BS and MPH professional preparation public health degree programs, we define our primary faculty as those full-time tenure-track or lecturing faculty who teach required classes in one or both of these degree programs. Secondary faculty are part time lecturers who teach required courses in one of our two public health degree programs. Using this criteria, we have twenty full time primary faculty and 14 adjuncts teaching in the BS and MPH program. Of those, seven primary faculty teach in both the BS and MPH programs. Nine teach in the MPH program with two--the MPH practice coordinator and biostatistics faculty--teaching solely in the MPH. Of the 20 full time primary faculty, 16 currently teach at least one course in the BS program. Of those 16, nine teach only undergraduates. All primary faculty provide mentorship advising of undergraduates. On the graduate level, all tenure/tenure track primary faculty with the exception two holistic health focused faculty (n=2) advise MPH students and supervise their culminating experience projects.

Table 1.7.a provides primary faculty headcount, organized by program.

Table 1.7.a. Headcount of Primary Faculty by Program Specialty Area			
	AY 2014-2015	AY 2015-2016	AY 2016-2017
MPH only	3	3	3
BS only	9	9	10
BS & MPH	5	5	7
Total Faculty	17	17	20

1.7.b. Number of faculty, students, and SFRs

Table 1.7.b on the following page shows faculty and SFR organized by program.

Table 1.7.b. Faculty, Students, and Student/Faculty Ratios by Program Specialty Area AY 2014-2016

	HC Primary Faculty	FTE Primary Faculty*	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
MPH 2014- 2015	8	4.60	6	0.60	14	5.20	44	37.09	8.1	7.1
MPH 2015- 2016	8	4.70	6	.60	14	5.30	47	32.7	7.0	6.2
MPH 2016- 2017 (expected)	10	5.30	3	0.30	13	5.60	39	26.6	5.0	4.8
BS 2014- 2015	14	9.20	14	3.40	28	12.60	400	308.8	33.6	24.5
BS 2015- 2016	14	8.40	14	3.20	28	11.60	331	287.8	34.3	24.8
BS 2016- 2017 (expected)	17	10.50	11	2.30	28	12.80	320	279.4	26.6	21.8

1.7.c. FTE of non-faculty, non-student personnel

In addition to the faculty, the Department of Health Education is supported by one 1.0 FTE Academic Office Coordinator (AOC), one 0.50 FTE Administrative Support Coordinator (ASC), and three Student Assistants (SAs) providing a total additional 30 hours per week. The duties of the AOC, who is assisted by the ASC and the SAs, include two major areas: 1) overseeing admissions reports, office operations, budgets, and support personnel; and 2) providing assistance on student recruitment, admissions, curriculum and course support, faculty hiring, and communications with current faculty and students as needed.

The Department is allocated 40% of the Chair's time to administer the department by Academic Resources.

1.7.d. Space for program

The Department of Health Education is located on the third floor of the Health and Social Sciences (HSS) Building. The department has 16 rooms for a total of 4,735 square feet of space utilized in a variety of ways including the following: a Student Resource Room, a Health Education/Holistic Health Classroom/Laboratory; a Practice Office; a Lecturer Room; a workroom for all faculty and staff, the Holistic Health Resource Center, and 15 shared offices housing 66 faculty and staff including the Department Chair, the Academic Office Coordinator and support staff. Twenty four of these 66 faculty teach required courses in the BS or MPH program.

The MPH and BS programs have access to all university classrooms and meeting spaces.

1.7.e. Laboratory space and equipment

The Department of Health Education MPH and BS and program faculty do not require laboratory space. Students and faculty are working in partnership with community members, community agencies, and organizations each serving as a learning “laboratory” for the program.

1.7.f. Computer resources

Each full-time member of the faculty has their own computer and printer. The university’s Division of Information Technology provides a variety of computing services to faculty and students including internet/e-mail accounts, computing labs, help desk support, campus-wide software licenses, and online services via the web. Additionally, the college office provides our programs with three technical support personnel who support faculty technology needs. Through San Francisco State University’s network, faculty and students have access to online registration, grades, financial statements, class schedules, address changes, transcripts and internet/e-mail account requests. Internet/e-mail accounts can be used for access from off-campus personal computers, publishing a personal web page, programming coursework, and online research.

Computer access, support, and networking are available to students on-campus via various computer labs. The university’s library provides over 200 computers computer workstations and can seat 1,896 students. They also have a lending program where students can borrow laptops for a limited amount of time. In addition three labs are available specifically to students in the College of Health and Social Sciences (CHSS): Burk Hall 217 with 25 PC stations, Burk Hall 348 lab with 19 PC stations and HSS 219 with approximately 30 computer workstations for college students.

All faculty computers are equipped with software for word processing, data analysis, and internet research including such programs as Microsoft Office (Word, Excel, PowerPoint, Access, FrontPage), SPSS 16/17 for PC and Mac, Minitab 9.5, Dreamweaver 4 for PC, Flash 5 for PC, and Acrobat Pro 5. In addition to providing technical support to students, staff, and faculty, the Division of Information Technology offers free short courses and workshops throughout the year on basic, intermediate and advanced skills in computers, ranging from word processing and spreadsheets, to graphics, databases and web pages.

1.7.g. Library and information resources

The J. Paul Leonard Library (JPLL) of San Francisco State University continually strives to meet the needs of its users, focusing primarily on collecting materials that support the varied curricula. The mission of the J. Paul Leonard Library is to empower its university constituency with lifelong learning skills to identify, find, evaluate, use and communicate information in promotion of excellence in scholarship, knowledge, and understanding

Renovation was completed in 2014 and students, faculty, and other users have nearly 1.17 million books, government documents, and e-books available to them as well as 460 print periodical titles and over 54,697 electronic periodicals. In addition to numerous print indexes and abstracts, JPLL offers its users over 200 electronic databases. These provide access to bibliographic citations, abstracts, reviews, directories, images, statistics, and, increasingly, the full text of journal articles via online databases. Any materials that the library does not own may be borrowed from other libraries via interlibrary loan.

The library is open 81 hours per week and has 24-hour study/computer area. The library is staffed by over 27 full-time librarians with 62 staff available to serve the needs of the faculty and students. The majority of periodicals that support the Department of Health Education are found in the subscription databases. The major library database subscriptions that support the department study areas include: *Academic Search Premier*, *PubMed*, *Web of Science*, *Alt-Health Watch and Series A*, *Human and experimental nutrition*. *Academic Search Premier* alone has almost 700 journals that support health inquiries.

The collection of journals, in print and electronic format, provides generous support in the Department of Health Education's foci. The document delivery service, ILLiad, provides access to electronic copies of articles that are not in our collection within a few days, with no limits and no charges to students and faculty.

Students and faculty are able to quickly contact a librarian during staffed hours. Including:

- Instant Messaging Library Help is available by clicking on the IM Help Online icon in the upper right corner of any page when that icon is green.

- Text for Library Help is available during the Research Assistance desk hours.
- Drop in hours are available at the Library's Research Assistance Desk on the 1st Floor for face-to-face help.
- Research Consultation is available to students and faculty by contacting the Subject Librarian who specializes in the subject area closest to what the student is working on to schedule an in-depth research consultation session.
- Questions may also be answered via email at libref @ sfsu.edu, and students will get an answer within 48 hours. Students can also call with quick questions, during Research Assistance desk hours.

The Holistic Health Learning Center (HHLIC), housed in HSS 329, has a collection of over 5,000 books available for student loan. In addition, the center houses a collection of over 500 CDs, DVDs and videotapes, a variety of health journals, catalogued research articles, and information on complementary and alternative health careers. A comfortable reading area offers a convenient location for students to peruse titles. The center is staffed by student interns and is open several days a week.

1.7.h. Other resources

Students also have access to a handful of resources on campus that support their academic, writing, mental health, and physical health needs. The Learning Assistance Center and the Campus Academic Resource Program work closely with program faculty to provide students with targeted writing and academic support on specific assignments. They provide both one-on-one, group, and in-class support for our students. The student health fee funded units including Counseling and Psychological Services, Student Health services, and Health Promotion and Wellness provide students with health services and health education with the aim of achieving health equity for all students. The Disability Programs and Resource Center provides support and advocacy for our students who experience disabilities. These resources play an invaluable role in supporting our students' academic, personal, and professional success.

1.7.i. Measurable objectives of resources

Table 1.7.i. presents outcome measures by which the program judges the adequacy of its resources, along with data regarding the program's performance against those measures for AY 2013-14, 2014-15, 2015-16.

Table 1.7.i. Summary of Target and Outcome Measures for Program Resources					
Category	Resource Objectives	Outcome Measures (Targets)	AY 14/15	AY 15/16	AY 16/17
Faculty/ Staff	Sufficient full-time faculty will be available to teach required core courses.	At least 75% of required graduate courses will be taught by a full-time faculty.	Yes	Yes	Yes
		At least 75% of required undergraduate required courses will be taught by a full-time faculty (sometime multiple sections are taught by long term adjuncts not full time).	Yes	Yes	Yes
	Required core courses will be taught by a sufficiently broad range of faculty.	No more than 2 required graduate courses will be taught by the same faculty member (not including conjoined courses or CE prep).	Yes	Yes	Yes
		No more than 2 required undergraduate courses will be taught by the same faculty member.	Yes	Yes	Yes
	All MPH graduate student classes will be between 15 and 25 students and most BS core courses will be between 25 and 45 students.	All MPH classes will be between 15 and 25 students.	Yes	Yes	Yes
		BS Core Courses will be taught at between 25 and 45 students (Intro to PH course has 75).	Yes	Yes	Yes
	Faculty shall receive departmental and university support for professional travel.	All TT Faculty will receive support for professional travel for conferences in which they are presenting.	Yes	Yes	Yes
	All TT Faculty will have competitive access to funds to support the development of pilot projects to build research portfolio.	The university, college, and other professional development programs on campus (HEI, ORSP, CHSS) will provide TT faculty opportunities to secure modest funding for pilot research development.	Yes	Yes	Yes
	Adequate administrative support will be provided to the program.	1.5 time of administrative office personnel will support the department each academic year.	Yes	Yes	Yes
		Student assistants at 30 hrs per week will support the academic office coordinator.	Yes	Yes	Yes

Table 1.7.i. Summary of Target and Outcome Measures for Program Resources cont.					
Category	Resource Objectives	Outcome Measures (Targets)	AY 14/15	AY 15/16	AY 16/17
Courses	All BS required courses will be offered to facilitate time to graduation.	All BS major core courses will be offered every semester.	Yes	Yes	Yes
Classes	Faculty will have access to computer classrooms.	Faculty teaching graduate biostatistics will have access to computer classrooms.	Yes	Yes	Yes
Space	Adequate non-classroom space will be available for student use.	Students will be provided with study and community building space.	Yes	Yes	Yes
Faculty office space	Adequate office space will be provided for faculty.	The majority of faculty offices will be shared by two FT people except for the larger practice office.	40%	40%	50%
Faculty access to technology and technology support	Personal computers and software will be provided to all TT faculty.	Full-time faculty will be provided by the university a computer every three years that is loaded with all appropriate software.	Yes	Yes	Yes
	Access to appropriate computer support will be provided to faculty.	Faculty will have access to computer technical support.	Yes	Yes	Yes
	Internet access will be provided to faculty.	Faculty will have access to the internet on their university computer.	Yes	Yes	Yes
	Email accounts and access will be provided to faculty.	Faculty will have access to a university email account.	Yes	Yes	Yes
Library Materials	A sufficient journal collection will be available in the library.	Faculty will have access to a journal collection adequate for instructional purposes.	Yes	Yes	Yes
	Sufficient book collection will be available in the library.	Faculty will have access to a book collection adequate for instructional purposes.	Yes	Yes	Yes
	Sufficient online references will be available in the library.	Faculty will have access to online references adequate for instructional and research purposes.	Yes	Yes	Yes

Table 1.7.i. Summary of Target and Outcome Measures for Program Resources cont.					
Category	Resource Objectives	Outcome Measures (Targets)	AY 14/15	AY 15/16	AY 16/17
Students	Students admitted to the MPH program will express motivation for a career in public health.	100% of students admitted to the MPH program will have expressed in a written statement interest in a career in public health.	Yes	Yes	Yes
	Students admitted to the MPH program will have worked in a health related occupation for a minimum of two years.	Students admitted to the MPH program will have a minimum of a two years full-time equivalent health-related work experience.	Yes	Yes	Yes
	Students in the BS Degree will have passed the entry class with a C or better.	100% of students admitted to the BS Program will receive a C or better in core classes to progress in the major.	Yes	Yes	Yes
Student Resources	Computers will be accessible to students on campus.	Students will have access to computers on campus.	Yes	Yes	Yes
	Email accounts and access will be provided to students.	Students will be provided with a university email account.	Yes	Yes	Yes
	Means to provide input into program will be provided to students.	Ample opportunities for program input, both anonymous and not, will be available to all graduate students.	Yes	Yes	Yes
		An anonymous computerized means of providing feedback on the program will be available to all undergraduate students.	Yes	Yes	Yes
	Core iLearn Sites will be available for courses in both the MPH and BS.	iLearn sites are constructed for both MPH and BS Courses.	Yes	Yes	Yes
	Adequate practice sites will be available for both the MPH and BS.	Community agency sites will be available for each BS and MPH student to practice public health education skills.	Yes	Yes	Yes

1.7.j. Criterion assessment

This criterion is met.

Strengths: The department has adequate resources to mount the MPH and BS degrees.

The department is one of the top recipients of external funding within College of Health and Social Sciences. The addition of financial support from grants and contracts has helped the department offer innovative programming and play an important role in advancing initiatives important to the community and the profession. The ability of our faculty to balance teaching, scholarship, and service makes San Francisco State University and CSU unique among many grant seeking institutions, where teaching and service often play secondary roles. This successful integration provides a rich environment for public health students preparing for active careers primarily outside of university settings.

Areas for improvement: Only 40% of department faculty office space is assigned to only two full-time faculty. Most offices house two full-time faculty and multiple part-time faculty as well. The availability of adequate faculty office space is a serious weakness for the MPH and BS programs. However, negotiations with the college dean have resulted in assurances that additional space will be forthcoming in the fall of 2017.

Also, the department's goal for having 75% of core courses taught by full-time faculty has been short for the MPH for two of the three years under consideration. However, with the exciting addition of three new tenure track faculty in the department this fall, that objective is met this year.

Criterion 1.8 Diversity

1.8.a. Diversity plan and policies

In general, when considering faculty diversity using the lens of all primary (full time) and secondary (part-time) faculty for the BS and MPH degrees, the Department faculty is considerably diverse. The diversity of the full and part-time faculty teaching in the program include: 12% African Americans; 18% Asian Americans; 18% Latino/a, 50% white and 3% two or more races. However, when considering only the full-time primary faculty, the department's faculty are under-represented in several areas. Using the goal of having faculty reflect the student populations we serve; we need to nearly double our current Latino primary faculty (from 20% to 40%) and the Asian American primary faculty from (15% to 30%). Additionally, even though our current African American faculty percentage reflects the number of students of this race at SF State (both are at 5%), the Department has set the goal to increase both the number of AA students in our programs and the numbers of African American primary faculty who teach them.

Males are underrepresented among both our faculty and students. Male faculty represent only 38% of all faculty (full and part-time for AY 16-17 combined as shown in Table 1.8a.1) while 35% of the primary faculty are male (as shown in Table 1.8a.2). Among students, San Francisco State University enrollment is comprised of 43% males overall compared to the MPH program at 15% males and the BS program at 17% male. While we do not track students who identify as transgender, we have had a few students in the BS and MPH program over the last five years who publicly identified as transgender. We do not currently have any faculty members who identify as transgender.

The program is fully committed to providing a learning environment and curricular experience that prepares students to work effectively with communities that are diverse. Towards that end, diversity is a primary objective at all levels of our program--faculty, staff, students, curriculum, research, and service. Table 1.8.a.1 Summary Data for Diversity Outcomes presented below, enumerates diversity in gender and race/ethnicity among faculty, staff, and students in the department. Using the most recent year, both of the front office staff are female, and one is Asian/Pacific Islander. All three of the student staff are women, and all three are nonwhite. Considering the entire sixty-six full and part-time faculty in the department we are predominantly women (74%) and people of color (66% are non-white). Table 1.8.a.2 presents the diversity for the primary full-time faculty and the secondary part-time faculty for the last three years. Undergraduate students in the BS program are also very diverse with 85% of BS students coming from communities of color. At the graduate level, 54% of the MPH students are ethnically diverse. Gender diversity is lacking, however, with only 15% of MPH students being male.

San Francisco State University is committed to diversity as a community. The University's strategic plan identifies equity as one of the five core values guiding the Strategic Plan. San Francisco State University has a progressive history and is home to the first and only College of Ethnic Studies. Gender and race diversity are high among our students, faculty, and staff. In response to campus unrest last year, the University has committed to the development of a Human Relations office on campus. The campus is launching a search for a Director of Human Relations in Fall 2016, with expected hire date by January 1, 2017. That inaugural incumbent will begin campus climate assessment efforts and initiate program planning to increase opportunities for meaningful engagement around issues of diversity and dialogue across difference, as well as strive to support civil discourse, reduce stereotype threat, and promote intercultural learning.

The faculty in the department fully embrace the importance of creating a learning environment where skills in diversity and cultural humility are taught and modeled. Given the diversity of our student body, the content of our curriculum, and pressing social challenges around race and class, the faculty feels compelled to be able to "walk our talk" on matters of justice and equity. Towards this end, the faculty elected to continue previous work to deeply integrate our value of social justice into our programs by engaging in a series of professional development experiences in equity and social justice education over the last several years. In the 15-16 academic year, the department committed to more faculty development work around the issues of power, diversity, and culture. The department contracted with a leader from the Metro faculty development team who is also an alumnus of the MPH with over fifteen years of experience developing and facilitating social justice curriculum and processes, including anti-racism and anti-oppression training. Her charge was to work with the faculty to deepen our shared understanding of social justice/cultural humility so faculty would be better able to communicate consistently with each other and students on these matters. The process consisted of an assessment consisting of one-on-one interviews (fall, 2015) and four in-person sessions (two 3-hour sessions and two 7-hour sessions) over a four-month period in the spring of 2016. Faculty participation ranged from 13-16 people for each of the sessions. Please see the Electronic Resource File for the HED Health Equity Work Report.

Diversity is a high priority for all new faculty hires in the program. The Office of Faculty Affairs at San Francisco State University works with search committees at every level to recognize and honor the University's commitment to diversity. A higher education resource directory (HERC Diversity Resources) is employed as well as a search firm for recruitment to bring in diverse candidates for each search.

Please see Criteria 4.3 for discussion on efforts to admit diverse students. San Francisco State University serves a student population that is 50% low income, 80% nonwhite, and 33% first generation. With this composition, it is imperative to invest in the necessary level of quality,

responsive programs/services that promote and sustain both academic and social integration for students in a structured, systemic manner. We know that targeted support works. At the lower division level, the Metro College Success Program, conceived in the Department of Health Education, enrolls first-generation, low-income, and underrepresented students in learning communities with integrated tutoring and academic support. Expanded to ten academies across all colleges on campus, it achieves five-year graduation rates of nearly twice that of a carefully matched comparison. The University is addressing the opportunity gaps in graduation by expanding Metro to include more than 2,000 students, while also expanding the targeted support services to reach more students outside Metro. This will increase the diversity of both SFSU overall and, in turn, the diversity of our programs.

We monitor the diversity of our student recruits annually and the Chair monitors faculty hiring offers each semester to strengthen faculty diversity. The commitment to cultural humility, diversity, and equity is part of the fabric of the Department and is a regular point of discussion among the faculty.

Table 1.8.a.1. Summary Data for Diversity Outcomes of Faculty, Students and Staff AY 2014-2016

Category/Definition	Method of Collection	Data Source	2014-2015		2015-2016		2016-2017	
			#	%	#	%	#	%
All Staff								
Total Headcount			2		2		2	
Female	Self-Report	Human Resources	2	100%	2	100%	2	100%
Male	Self-Report	Human Resources	0	0%	0	0%	0	0%
African American/Black	Self-Report	Human Resources	0	0%	0	0%	0	0%
American Indian/Alaskan	Self-Report	Human Resources	0	0%	0	0%	0	0%
Asian/ Pacific Islander	Self-Report	Human Resources	0	0%	1	50%	1	50%
Latino/a	Self-Report	Human Resources	0	0%	0	0%	0	0%
White/Caucasian	Self-Report	Human Resources	2	100%	1	50%	1	50%
2 or more races	Self-Report	Human Resources	0	0%	0	0%	0	0%
Primary Faculty								
Total Headcount			17		17		20	
Female	Self-Report	Department Data	12	71%	12	71%	13	65%
Male	Self-Report	Department Data	5	29%	5	29%	7	35%
African American/Black	Self-Report	Department Data	1	6%	1	6%	1	5%
American Indian/Alaskan	Self-Report	Department Data	0	0%	0	0%	0	0%
Asian/ Pacific Islander	Self-Report	Department Data	1	6%	1	6%	3	15%
Latino/a	Self-Report	Department Data	3	18%	3	18%	4	20%
White/Caucasian	Self-Report	Department Data	11	65%	11	65%	11	55%
2 or more races	Self-Report	Department Data	1	6%	1	6%	1	5%

Table 1.8.a.1. Summary Data for Diversity Outcomes of Faculty, Students and Staff AY 2014-2016

Table A-10: Summary Data for Diversity Outcomes of Faculty, Students and Staff FY 2014-2018								
Category/Definition	Method of Collection	Data Source	2014-2015		2015-2016		2016-2017	
			#	%	#	%	#	%
Secondary Faculty								
Total Headcount			19		20		14	
Female	Self-Report	Department Data	15	79%	13	65%	10	71%
Male	Self-Report	Department Data	4	21%	7	35%	4	29%
African American/Black	Self-Report	Department Data	0	0%	1	5%	3	21%
American Indian/Alaskan	Self-Report	Department Data	0	0%	0	0%	0	0%
Asian/ Pacific Islander	Self-Report	Department Data	7	37%	6	30%	3	21%
Latino/a	Self-Report	Department Data	2	11%	1	5%	2	14%
White/Caucasian	Self-Report	Department Data	10	53%	11	55%	6	43%
2 or more races	Self-Report	Department Data	0	0%	1	5%	0	0%
MPH Students								
Total Headcount			44		47		39	
Female	Self-Report	MPH Admissions	35	80%	40	85%	33	85%
Male	Self-Report	MPH Admissions	9	20%	7	15%	6	15%
African American/Black	Self-Report	MPH Admissions	4	9%	4	9%	3	8%
American Indian/Alaskan	Self-Report	MPH Admissions	1	2%	0	0%	0	0%
Asian/ Pacific Islander	Self-Report	MPH Admissions	10	23%	9	19%	8	21%
Latino/a	Self-Report	MPH Admissions	8	18%	10	21%	10	26%
White/Caucasian	Self-Report	MPH Admissions	16	36%	21	45%	16	41%
2 or more races	Self-Report	MPH Admissions	6	14%	3	6%	2	5%
BS Students*								

¹ Data source: Diversity Outcome.PDF

Table 1.8.a.1. Summary Data for Diversity Outcomes of Faculty, Students and Staff AY 2014-2016

Category/Definition	Method of Collection	Data Source	2014-2015		2015-2016		2016-2017	
			#	%	#	%	#	%
Total Headcount			480		363		257	
Female	Self-Report	Registrar's Office	406	85%	299	82%	214	83%
Male	Self-Report	Registrar's Office	74	15%	64	18%	43	17%
African American/Black	Self-Report	Registrar's Office	40	8%	30	8%	20	8%
American Indian/Alaskan	Self-Report	Registrar's Office	0	0%	0	0%	0	0%
Asian Pacific Islander	Self-Report	Registrar's Office	157	33%	133	37%	99	39%
Latino/a	Self-Report	Registrar's Office	114	24%	100	28%	86	33%
White/Caucasian	Self-Report	Registrar's Office	72	15%	52	14%	23	9%
2 or more races	Self-Report	Registrar's Office	22	5%	13	4%	12	5%
Native Hawaiian/Other Pac. Islander	Self-Report	Registrar's Office	9	2%	5	1%	2	1%
Unknown	Self-Report	Registrar's Office	66	14%	30	8%	15	6%

* Data not available for Spring 2017.

Table 1.8.a.2. Summary Data for Diversity Outcomes of Core Faculty AY 2016-2017

Category/Definition	Method of Collection	Data Source	#	%
Total Core Faculty			20	
Female	Self-Report	Department Data	13	62%
Male	Self-Report	Department Data	7	33%
African American/Black	Self-Report	Department Data	1	5%
American Indian/ Alaskan	Self-Report	Department Data	0	0%
Asian/ Pacific Islander	Self-Report	Department Data	3	15%
Latino/a	Self-Report	Department Data	3	15%
White/Caucasian	Self-Report	Department Data	12	60%
2 or more races	Self-Report	Department Data	1	5%
Unknown	Self-Report	Department Data	0	0%

1.8.b. Evidence of diversity plan or policy implementation

The Department's mission statement and the goals in all these areas of responsibility--teaching, research, and service—reflect the integration of diversity and cultural humility as core to the program in public health at San Francisco State University.

The program offers multiple courses that focus on matters of cultural competence, diversity, and social justice. At the undergraduate level, all BS students are required to take HED 520: Race, Class, Gender and Health Promotion as well as HED 455: Public Health Community Organizing. Both classes challenge students to examine their own culture, beliefs, values, and biases in the context of their personal and professional development as it relates to public health.

In addition, a new experimental course entitled HED 677: Neoliberalism and Public Health was piloted in spring 2016 and will be offered in spring 2017. Two additional very popular courses that are offered as an elective and as part of the minor is HED 221: Health and Social Justice: Burning Issues, Taking Action. The other is an upper division GE course entitled HED 640: Structural Inequity and Public Health. A new course recently added to the BS program elective offering is entitled HED 241: History of Social Movements in Health. The evidence is also available in the work the MPH and BS student do as part of their practice and culminating experiences.

Also, much of the research and scholarship by faculty in the program focuses on inequity and their health impacts. For example, Emma Sanchez-Vaznaugh is investigating the food environment around schools in California to ascertain the impact of access to convenience stores access near a school on childhood obesity among high-risk ethnic subgroups and children in urban and rural areas. Mary Beth Love is testing if peer support has an impact on persistence and graduation for low-income, first-generation and underrepresented students in community college and San Francisco State University. Laura Mamo is examining gender and sexuality in cancer disparities and prevention practices, while Marty Martinson examines issues of ageism and explores the needs of senior communities. Lara Cushing is researching environmental justice, and David Rebanal is investigating the relationship between political engagement and community health. Vivian Chávez is a nationally recognized speaker and teacher on cultural humility, and Mickey Eliason is director of the new LBGTQ center on the university's campus and works on LBGTQ health disparities.

1.8.c. Development of diversity plan or policies

San Francisco State University is among the top universities for diversity in U.S. News & World Report's 2016 college rankings. As a result of its geographic location, the university's student population is enriched by one of the most ethnically diverse regions in the United States. In recognition of this diversity, the university has had a long and strong commitment to raising social justice as one of its core themes. Its most recent strategic plan equity was identified as one

of only five core values. It states:

San Francisco State University's distinctive identity is founded on our commitment to equity. The principles of fairness and inclusion guide the educational mission, institutional practices and relations with the community around us. San Francisco State University's commitment to equity fosters an environment of respect, diversity, support, and dignity for all of our members--faculty, staff, and students. A commitment to equity includes:

- Sees educational access and academic quality as reciprocal goals;
- Affirms that resources are distributed according to need;
- Empowers students who make the world a better place; and eliminates barriers to success.

San Francisco State University has policies against harassment and discrimination based on race, color, religion, national origin, sex, sexual orientation, gender status, marital status, pregnancy, age, disability, or covered veteran status.

1.8.d. Monitoring of diversity plan or policies

Although the Department is actively engaged in issues of diversity, in 2016-17, the Department faculty have committed themselves to developing a plan for implementing next steps in our formal commitment to the integration of equity in all matters within the Department--governance, faculty, staff, students, and curriculum.

1.8.e. Measurable objectives related to diversity plan or policies

Table 1.8.e provides our measurable diversity objectives against which the department can measure our progress in this important area of competence.

Table 1.8.e. Measurable Objectives for Diversity Outcomes					
Category	Diversity Objectives	Outcome Measures (Targets)	AY 14/15	AY 15/16	AY 16/17
Race	A diverse group of T/TT faculty will teach in the MPH and BS degree programs.	The majority of the T/TT BS and MPH core faculty will be a person of color.	50%	50%	55%
	A diverse group of students will comprise the MPH student body.	The majority of all MPH students will come from communities of color.	68%	82%	78%
	The % of African Americans in the MPH program will exceed the % of AA at the university.	More than 5% of the MPH students will be African Americans.	12%	8%	8%
Gender	The MPH program will increase the number of male students.	More than 30% of our students in the MPH are male.	24%	24%	17%
	A significant number of T/TT MPH and BS faculty will be male.	More than 30% of our T/TT MPH and BS core faculty are male.	20%	20%	27%
Faculty Development	The faculty in the department will continue to discuss and engage in a FLC together around issues of social justice.	At least once per year, the faculty will have the opportunity to work together to strengthen our shared understanding of the challenges of diversity and cultural humility among ourselves, our students, and in public health practice.	Met	Met	In progress

1.8.f. Criterion assessment

This criterion is met.

Strengths: The program in public health at San Francisco State University has a deep commitment to diversity and cultural humility. The Department of Health Education faculty, staff and students are multicultural, multilingual and diverse in both gender and sexual orientation. The faculty have made a serious commitment to design the curriculum to engage our diverse student body and to embrace a governance structure that reflects our equity agenda.

Areas for improvement: the Department is committed to increasing the diversity of its primary full time faculty and to continue to recruit diverse students into the BS and MPH program, including more students who identify as male. The faculty in the 2016-17 AY have committed themselves to developing a plan for implementing next steps in our formal commitment to the integration of equity in all matters within the Department--governance, faculty, staff, students, and curriculum.

CRITERION 2.0: Instructional Programs

Criterion 2.1 Degree Offerings

2.1.a. Instructional matrix of degree programs

Table 2.1.a presents the instructional matrix for the MPH and BS programs in the Department of Health Education. We offer one concentration in Community Health Education at two degree levels: a bachelor's degree and master's degree. In addition to the core public health knowledge areas, graduate students are allowed to select a three units of electives (usually one course), and undergrad students are able to choose three to nine units of electives which are clustered into three possible topic areas: community health education, holistic health, and school health (These topical areas are defined as *emphases* on program information materials). A student's emphasis does not appear on her/his diploma.

Table 2.1.a. Program Concentration and Degree Levels	
Bachelor's degree	
Community Health Education	BS in Health Education
Master's Degrees	
Community Health Education	MPH in Community Health Education

Although not technically part of the BS and MPH accreditation unit, we believe it is worth noting that the Department of Health Education houses both the Holistic Health program and the Metro College Success program, which we consider an invaluable strength of and complement to our MPH and BS program. The Holistic Health faculty are an integral part of the department with four tenure/tenure track faculty, one full time lecturer, and 10-12 part-time lecturers. The department offers both a minor and a certificate in Holistic Health, and over the last three years approximately 12% of our BS majors have chosen to cluster their electives in Holistic Health. Our Metro College Success Program and general education course offerings expose 515 students to ninety public health courses every year which broadens our reach in educating students about health equity and social justice.

2.1.b. Publications regarding program degrees

Descriptions of all the Department of Health Education degree programs at San Francisco State University listed in the instructional matrix, including lists of required courses and their course descriptions can be found at this link to this particular section of our 2016-17 San Francisco State University Bulletin: <http://bulletin.sfsu.edu/colleges/health-social-sciences/health-education/>.

The following additional publications regarding program degrees can be found in the Electronic Resource File: BS HED Brochure; BS Bulletin Excerpt; BS HED Roadmap; SF State MPH Curriculum 5 Semester Plan; SF State MPH Curriculum 7 Semester Plan; and the SFSU Online Bulletin Excerpt for HED MPH in the Electronic Resource File.

2.1.c. Criterion assessment

This criterion is met.

Strengths: The Department of Health Education provides a strong set of specialized BS degree choices and an equally strong MPH degree program in the specialization area of Community Health Education. The MPH and BS curricula are tightly sequenced with coordinated, scaffolded cross-curricular introduction, reinforcement, integration, synthesis, and practice of core and specialization competencies. Both the MPH and BS degree preparation programs are consistent with our departmental mission, goals, and objectives. These fit squarely with the university's commitment to social justice and academic excellence.

Areas for improvement: None identified.

Criterion 2.2 Program Length

2.2.a. Credit definition

All courses in the Department of Health Education that are offered for credit use the same formula: 1-credit (unit) equals 15 classroom/contact hours per semester. Most of the courses in the department are offered for 3-credits (units), and thus scheduled for 45 classroom/contact hours per semester. Two hours of outside classroom work (readings, assignments, study) are expected for each in-class hour. For the San Francisco State University Bulletin reference to the definition of a credit, please refer to: <http://bulletin.sfsu.edu/policies-procedures/grading/> or see SFSU Definition of a Semester Unit in the Electronic Resource File.

2.2.b. Graduate minimum degree requirements

Delivered through a cohort learning community structure, the MPH program is comprised of 44-units distributed among 16 courses. The tightly sequenced curriculum scaffolds the introduction, reinforcement, integration, application, and practice of competencies throughout the semesters of coursework and field practice. Students can complete the 44-unit degree in two academic years, with a required summer semester between the two academic years. Of the 44 units in the degree program, 41 are prescribed and three are elective units.

2.2.c. Number of professional public health master's degrees awarded

The program does not offer a professional public health master's degree.

2.2.d. Criterion assessment

This criterion is met.

Strengths: The San Francisco State University MPH program was conceived as an innovative approach to training the public health workforce of the 21st century by building a participatory curriculum that applies an ecological approach to public health and integrates theory, research and practice. The program and curriculum continue to evolve in response to changing public health field workforce needs. The 44-credit requirement for the MPH degree is consistent with CEPH requirements.

Areas of improvement: None identified.

Criterion 2.3 Public Health Core Knowledge

2.3.a. Graduate public health core knowledge description

MPH Program

All MPH students complete the same 41 units, with 3 additional units chosen as an elective course upon consent of the faculty advisor. The five core areas of public health knowledge are integrated throughout our MPH curriculum. Our tightly sequenced curriculum integrates and synthesizes concepts and competencies through scaffolded learning practices. Core knowledge concepts and competencies introduced in one course are often reinforced and practiced in that same course, as well as in multiple concurrent and subsequent courses.

In addition, each of these five core areas is the principal focus in at least one course. Three of the five public health core areas of knowledge--biostatistics, epidemiology, and environmental health--have a course dedicated specifically to that public health core area. The health services administration competencies are taught across three courses: HED 830 Health Education Planning, Management and Administration for Community Change, HED 835 Public Health Policy, and HED 840 Program Evaluation Design and Research.

The fifth public health core knowledge area, social and behavioral sciences, is the realm specific to community health education, which is the concentration of our MPH degree, and thus is the primary core area covered in the majority of our courses, as depicted in Table 2.3.a.1 below. In addition, the MPH program trains graduates whose community-engaged health equity work is underpinned by ecological/systems thinking, professional communication, collaboration, leadership, and cultural humility. Consequently, social and behavioral sciences core knowledge, fundamental to social justice practice, is threaded throughout *all* of our MPH coursework. Three courses (HED 820/821/822), 9 units over two semesters, are dedicated to the application of the social science and behavioral area, which will be further discussed in Section 2.4.

The MPH in Community Health Education offers strong master level public health and community health education specialization professional preparation with an emphasis on the following features:

- A cohorted, learning community of students in a sequenced curriculum designed to increase course integration and foster student social support, peer leadership, retention and completion;
- Hands-on faculty committed to social justice, community-based research, and advocacy work;
- An applied curriculum that utilizes systems thinking and an ecological approach to analyze determinants of health and disease, and takes MPH students into the community to address complex contemporary public health issues;

- A professional communication-focused curriculum that develops the practice scholarship skills of effective oral and written dissemination of professional work;
- A two-semester, faculty-supervised team practice experience that embodies community based participatory principles, emphasizes a long term relationship with community partners, and results in meaningful learning for students and usable products for the community;
- A student-driven culminating experience project that provides the opportunity for students to integrate, synthesize, and apply the MPH competencies with faculty guidance and feedback;
- A coursework schedule concentrated on only two weekdays, to accommodate working professionals.

For matters of simplification, Table 2.3.a.1 has been completed to demonstrate the principal core knowledge area of a course, with the caveat that in the sequenced, integrated curriculum, multiple courses address, integrate, and synthesize multiple core knowledge areas.

Table 2.3.a.1. MPH Required Courses Arranged by Principal Public Health Core Knowledge Area

Core Knowledge Area	Course Number and Title	Credits
Biostatistics	HED 828 Biostatistics Laboratory, 1 unit HED 829 Biostatistics & Public Health, 3 units	4 units
Epidemiology	HED 825 Epidemiology	3 units
Environmental Health Sciences	HED 855 Environmental Health	1 unit
Health Services Administration	HED 830 Health Education Planning, Management & Administration for Community Change, 3 units HED 835 Public Health Policy, 3 units HED 840 Program Evaluation Design & Research, 3 units	9 units
Social & Behavioral Sciences	HED 810 Public Health & Principles of Community Organizing, 3 units HED 811 CHE Professional Formation, 1 unit HED 815 Theories of Social & Behavioral Change in Community Health Education, 3 units HED 820 Community Health Assessment, 3 units HED 821 Public Health Profession Practice, 3 units HED 822 Advanced Public Health Profession Practice, 3 units HED 845 Educational Processes, Training & Curricula in Public Health, 3 units HED 884 Seminar in Applied Community Health Education Research (Public Health Inquiry), 2 units HED 890 Master of Public Health Culminating Experience Seminar, 3 units Duplicated courses in Health Services Administration: HED 830 Health Education Planning, Management & Administration for Community Change, 3 units HED 835 Public Health Policy, 3 units HED 840 Program Evaluation Design & Research, 3 units	24 units

2.3.b. Criterion assessment

This criterion is met.

Strengths: MPH degree students acquire both a depth and breadth of knowledge in the core areas of public health in a very rigorous, tightly sequenced, scaffolded curriculum which provides ample opportunities to introduce, reinforce, and practice competence in the core public health knowledge areas.

Areas for improvement: None identified.

Criterion 2.4 Practical Skills

2.4.a. Description of policies and procedures regarding graduate practice placements

Integrating content from coursework with practice is one of the central tenets for students learning in the program. Students in the MPH program have extensive opportunities to apply what they are learning in both the classroom and in community.

MPH Team Practice Experience

One of the major distinctive features of the San Francisco State University MPH program is what the department calls the “practice conjoined courses.” In this set of 3 courses (9 units) over two semesters, spring and summer, MPH students receive an intensive supervised community-based practice experience in skills that are the foundation of community health education professional practice. Since 2012, the MPH practice experience has adopted an innovative approach to practice that embodies community based participatory principles and has emphasized a long term relationship with community partners that results in meaningful learning for students, an investment in advancing the work of community partners, and usable products for the community.

The two-semester MPH team practice experience, completed through the three conjoined courses HED 820/821/822, aims to provide students with: 1) experience in how to plan, conduct, and present community health assessments, and 2) training in professional public health practice skills. Together, the team practice courses partner with a community-based organization to develop and conduct a community health assessment. The entire MPH class of students, the course instructors, and the community partners together develop all aspects of the assessment and implement the selected assessment methods (e.g. literature review, interviews, focus groups, surveys). As a final step, the class collectively manages and analyzes the data and develops findings and recommendations. These classes culminate in the development of an assessment report, a user-friendly community brief, and a presentation of assessment findings and recommendations to key stakeholders. These courses provide students with an opportunity to put into practice the concepts and theory of an ecological approach to health.

Spring Semester: Plan and Begin to Conduct Community Assessment

The team practice experience begins at the end of January when the students begin the second semester of their first year in the program. During the spring semester in HED 820: Community Health Assessment, students learn the technical skills of community assessment, and simultaneously, in HED 821: Public Health Profession Practice, work with a community partner to plan and begin conducting a community assessment. Students are able to:

- Explain the purpose, scope, and methods for conducting community assessment;

- Describe appropriate uses, strengths, and limitations of assessment methods;
- Demonstrate how to develop an assessment and its various components, including protocols and consent documents;
- Conduct an extensive review of the professional literature to inform the assessment;
- Describe core public health functions and the bridge between theory and practice;
- Demonstrate public health practice skills including teamwork, critical thinking, facilitating community partnerships, stakeholder engagement, and professional presentation skills;
- Demonstrate communication skills, including writing and oral communication;
- Explain human subjects concerns and complete human subjects certification;
- Recruit and conduct interviews (and in some years, also focus groups, surveys).

Students work in teams of 6-8 students to conduct specific aspects of the community assessment.

Summer Semester: Conduct Community Assessment

Over the summer, between early June and early August, the students enroll in HED 822: Advanced Public Health Profession Practice. In this course, students complete implementation of the community assessment, collecting and conducting a preliminary analysis of their data. In this course students learn to:

- Explain and practice steps of analysis of qualitative assessment data;
- Code qualitative assessment data;
- Describe process of findings development informed by learnings from literature and data collection and designed to support “real world” change process;
- Describe elements of development of actionable recommendations aimed at various levels of ecological model and designed to support “real world” change process;
- Conduct PowerPoint presentations;
- Utilize online tools to develop infographics for various audiences and purposes;
- Describe challenges and strengths of group process for assessment development and implementation.

The culmination of the summer semester and the entire practice experience is a professional presentation of the assessment by the students. Community partners and key stakeholders are present at the presentation and they all receive electronic and hard copies of the final community assessment report, brief, and any additional resource materials.

Timeframe

December – February

January – Mid March

March – Early April

Mid April – Early June

End of June

End of July

Process

Assessment planning

Students begin course and conduct literature review

Methods development

Data collection

Data analysis

Final report/presentation

MPH Practice Community Site Selection

The clinical faculty member who leads the team practice selects the community partner to work with students.

Key criteria for site selection are:

- An organizational mission that is compatible with the mission and goals of the MPH professional training program;
- The existence of a potential student project which will contribute to the organization's own objectives;
- Student interest;
- Community partner availability and commitment.

The clinical faculty team practice director identifies a partnership that meets both the practice criteria and reflects a wide range of public health issues and approaches.

Means of Evaluating Community Practice Sites

Community practice sites are evaluated formally and informally throughout the practice experience. Formally, students are asked to reflect on their practice experience in reflection papers. In these assignments, students discuss the strengths and weaknesses of their practice experience. Informally, at meetings with the clinical faculty practice director at regular points in all stages of the practice experience, teams are asked to give their feedback. In addition, the practice director assesses the effectiveness of the community partnership and practice sites in terms of the results-driven productivity of the collaborations. The extent and significance of outcomes related to these community partnerships have truly been extraordinary, as depicted in Table 2.4.b in section 2.4.b below.

Means of Evaluating Student Performance

The methods for evaluating student performance in the team practice are presented in detail in Criterion 2.7 Assessment. As stated in Criterion 2.7, in addition to assessment of their work in the course (HED 820) conjoined with the practice courses, student performance in both practice courses (HED 821, HED 822) is assessed. In these practice courses, the performance of each individual within the team is assessed, and the performance of the team as a whole is also assessed. The real world community impacts related to the community assessments completed by our MPH students, in collaboration with team practice course faculty and community partners, are an additional means to assess the value and relevance of the students' work. Refer to Table 2.4.b below.

Role of the Clinical Faculty Practice Director

- Teach the academic courses that provide students with the skills and knowledge to develop and implement a community assessment
- Recruit and select community sites

- Assure clear communication and an understanding of the roles and responsibilities of all of the major players
- Clarify the work plan and the requirements of the syllabi
- Facilitate and problem-solve group dynamics
- Uphold standards and expectations of student work related to the MPH competencies as identified in syllabi
- Intervene and establish a process for change if teams cannot be productive

For samples of recent year team practice community assessment final reports, community briefs and PowerPoint presentations please refer to the MPH Team Practice folder in the Electronic Resource File.

2.4.b. MPH practice agencies and preceptors

Since 2007, Jessica Wolin, MPH, MCRP, HEI Associate Director of Community Practice, Director of the HOPE SF Learning Center and SFSU HED Clinical Faculty/Director of MPH Practice, has served as the team practice preceptor for our MPH students.

Under Jessica Wolin's supervision, our MPH team practice students have participated in a multiyear partnership with HOPE SF, the Campaign for HOPE, SF Department of Public Health, the SFSU Health Equity Institute, and the SFSU Department of Health Education. The background, team practice community assessments, and related outcomes resulting from that partnership are detailed below.

HOPE SF Team Practice Community Assessments, 2012-16

Background: In November 2011 HOPE SF and the Campaign for HOPE, San Francisco Department of Public Health, and San Francisco State University's Department of Health Education and Health Equity Institute came together in a collaboration to further the development of strategies to address health issues facing HOPE SF communities. From its inception, this partnership has been guided by recommendations developed by the HOPE SF Health Taskforce and seeks to illuminate how HOPE SF and its stakeholders can best support the development and implementation of health strategies at all of the HOPE SF sites. Residents and community representatives of HOPE SF sites play a critical role in assessment activities. Resident leaders and site based HOPE SF staff and community organizations provide guidance for assessment activities (including development of data collection tools, data analysis and recommendations).

A key aspect of assessment activities is that they are designed to result in meaningful products for HOPE SF and its stakeholders as well as serve as a practice-based learning opportunity for SFSU MPH Students. As mentioned previously, students and faculty conduct the assessment

activities as part of the Community Health Assessment and Public Health Profession practice courses in the SFSU MPH program, which take place over a six-month period. To date, five assessments have been conducted with the HOPE SF partnership.

Table 2.4.b below shows the related outcomes for the 2012-2016 MPH team practice assessments conducted with HOPE SF community partners.

Table 2.4.b. 2012-2016 MPH Team Practice Assessment Outcomes	
Assessment and Methods	Related Outcomes
<p>Peer Health Leadership Assessment (2012)</p> <p>Methods:</p> <ul style="list-style-type: none"> • Advisory groups • Literature review • Interviews with key informants • Interviews with peer leadership program staff • Interviews with resident leaders 	<ul style="list-style-type: none"> • Peer Health Leadership Program established – to date 25 residents have worked as peer leaders • DPH assigns 2 full time staff for program • Phase 1, Phase 2 and Phase 3 evaluation of program conducted • Program funded by Kaiser for three years – \$3 million • DPH/Mayor’s Office commit funds to support integrated Peer Leader Program and Onsite Wellness Center at each HOPE SF site • SFSU conducted workshops at all HOPE SF sites about METRO program for 1st generation college students – several residents enroll • Several peer leaders currently enrolled in City College CHW certificate program • 20 SFSU MPH students/alumni champions for HOPE SF • Numerous presentations at national conferences and conventions
<p>Mental Health Assessment (2013)</p> <p>Methods:</p> <ul style="list-style-type: none"> • Advisory groups • Literature review • Interviews with key informants • Interviews with mental health program staff • Interviews with residents 	<ul style="list-style-type: none"> • Brought to the center issues of trauma for residents • Drew attention to the substantial strain and even trauma experienced by staff • Along with other factors, mobilized HOPE SF to prioritize addressing trauma • Center for Youth Wellness trains sites and develops toolkit • Onsite mental health services become a priority and Sunnysdale Wellness Center pilot put in place • Trauma Informed System becomes an overall focus • Trauma Informed Community Building (TICB) Model is developed – white paper is published and numerous presentations given across the US

Table 2.4.b. 2012-2016 MPH Team Practice Assessment Outcomes

Assessment and Methods	Related Outcomes
	<ul style="list-style-type: none"> • Annie E. Casey Foundation funds evaluation of Trauma Informed Community Building Model at Potrero and hosts discussion at Foundation in Baltimore • TICB implementation at other public housing sites across the country • 20 SFSU MPH students/alumni champions for HOPE SF • Numerous presentations at national conferences and convenings
<p>Youth Wellness Assessment (2014)</p> <p>Methods:</p> <ul style="list-style-type: none"> • Advisory groups • Literature review • Interviews with key informants • Interviews with youth program staff • Four SFSU students create documentary film about youth leadership in HOPE SF • Partnership with Youth Leadership Institute • Interviews with Youth Leaders • Youth Leaders trained and conduct interviews with youth residents 	<ul style="list-style-type: none"> • 10 HOPE SF youth paid and trained in leadership, research methods, social determinants of health, public housing – demonstrate the capacity for youth from HOPE SF communities to be instrumental in transformation efforts • HOPE SF Youth Leadership Program funded for 2 years by SF Foundation and SF Dept. of Children, Youth and their Families (DCYF) • DCYF committed to prioritize HOPE SF youth in funding allocation • Documentary film – “Step Up, Step Down” made and shown in numerous settings • 20 SFSU MPH students/alumni champions for HOPE SF • Numerous presentations at national conferences and convenings
<p>Art & Healing Assessment (2015)</p> <p>Methods:</p> <ul style="list-style-type: none"> • Advisory groups • Literature review • Interviews with key informants • Interviews with arts program staff • Interviews with resident artists • Partnership with Brett Cook who led community engaged art process 	<ul style="list-style-type: none"> • Community engaged art process exposed resident leaders and HOPE SF staff to role of art in HOPE SF community transformation • 20 SFSU MPH students champions for HOPE SF • HOPE SF Art objects displayed at DeYoung Museum • HUD Funding to HOPE SF for public art at Alice Griffith. SF Foundation matches funds to create “Generations” project to be implemented in ’16-’17 • Numerous presentations at national conferences and convenings
<p>Onsite Health and Wellness Services Assessment (2016)</p> <p>Methods:</p>	<ul style="list-style-type: none"> • 22 SFSU MPH students champions for HOPE SF • Final assessment report informs program development by SF DPH and HOPE SF and recommendations incorporated into onsite health

Table 2.4.b. 2012-2016 MPH Team Practice Assessment Outcomes

Assessment and Methods	Related Outcomes
<ul style="list-style-type: none">• Literature review• Interviews with program staff and experts from model programs around the country• Focus groups with Hunters View residents• Survey of Peer Health Leadership program participants• Focus groups and photo story with all peer health leaders• Crosswalk of all research protocols used to collect data from HOPE SF residents	and wellness services at HOPE SF sites

2.4.c. MPH practice experience waivers

All MPH students complete the team practice experience; no waivers are granted.

2.4.d. Number of preventive medicine, occupational medicine, aerospace medicine and general preventive medicine and public health residents completing the academic program

No students or residents outside of the MPH program are allowed to enroll in the program.

2.4.e. Criterion assessment

This criterion is met.

Strengths: The practical skills components of the MPH program are academically and professionally rigorous. It allows for hands-on application of core knowledge and skills acquired in all prior and concurrent courses, in real world settings, in partnership with communities, and with impactful community outcomes. In numerous evaluations by students and alumni, the practice experience is highlighted as an exceptional professional development opportunity and a key strength of the MPH and BS programs.

Areas for improvement: None identified.

Criterion 2.5 Culminating Experience

2.5.a. Identification of the culminating experience for MPH

The MPH culminating experience consists of a seminar course that facilitates students' completion of an applied research project. The CE research project integrates and synthesizes the MPH concepts and competencies which are acquired across the curriculum and includes three professional products to communicate the student's research: an analytical paper (professional brief), conference poster, and formal oral presentation.

MPH Culminating Experience (CE) Seminar and Research Project

The development of the CE research project is supported through the semester length HED 890 MPH Culminating Experience Seminar course. The MPH seminar course facilitates student integration and synthesis of concepts and competencies they have gained through the MPH program. As stated above, this integration is demonstrated through three final products: a professional research paper, a research poster, and a formal oral research presentation. Through their own research, and integrated with course readings, critical discussions about public health issues and paradigms, written research memos and reflective assignments, and peer and instructor critiques, students develop these three CE project products that showcase their mastery of MPH core, community health education specialist, and health equity practice concepts and competencies, as well as their unique interests within the field of public health. The seminar includes guest speakers from the field and in-depth critical discussions about contemporary public health practice and strategies as they relate to students' own topics of interest and professional aspirations. The culminating experience seminar is a pedagogical space that supports students' further growth as MPH professionals.

MPH Student Learning Outcomes:

- Using an ecological framework, apply and integrate MPH knowledge and competencies (in biostatistics and epidemiology, theory, policy analysis, community assessment, planning, evaluation) into three final products (professional brief, conference research poster and oral presentation) appropriate for use in the field.
- Analyze critical issues in the field of public health through a social justice/health equity lens, and apply to professional work in the field.
- Demonstrate MPH field-specific professional writing skills.
- Demonstrate MPH field-specific professional oral communication skills.

The Culminating Experience Faculty Committee

Students receive guidance in project development from both the HED 890 MPH Culminating Experience Seminar instructor who chairs the culminating experience committee for all graduating students and the student's faculty advisor who also serves on the culminating

experience committee for that advisor's assigned students. In addition to supporting project development, these two faculty members also provide extensive feedback on multiple drafts of the student's research paper and evaluate the final submitted research paper to determine if the student has met the MPH competency standards. For a detailed description, including the framing foundation and structure of the CE research paper, refer to the HED 890 MPH CE Seminar syllabus located in the MPH Syllabi folder in the Electronic Resource File. Refer to the Electronic Resource File for the HED 890 CE Paper Rubric and Feedback Sheet.

In addition, the instructor of the HED 811 Community Health Education Professional Formation course along with the HED 890 instructor provide guidance to students on the development of the professional conference poster displaying the student's research. All graduating MPH students formally present their CE conference posters at a well-attended, university-wide, annual SFSU Graduate Research and Creative Works Showcase.

Both the HED 811 and 890 instructors also guide the development of the formal oral presentation of the student's research delivered to SFSU students, faculty, and community members. Please refer to the Electronic Resource File for the HED 890 CE Presentation Rubric.

For sample CE research papers, conference posters, and PowerPoint slides for the oral presentation, refer to the Electronic Resource File for the MPH CE Research Papers, Conference Posters, and PowerPoints.

Dissemination of the CE Project Research

Our program encourages and facilitates methods for students to disseminate their CE project research. As mentioned previously, all graduating students present their culminating experience research in two formal settings: through a research poster at the annual SFSU Graduate Research and Creative Works Showcase and through a formal oral presentation, typically accompanied by PowerPoint slides, to a diverse audience of SFSU and wider Bay Area community members. Our program encourages students to pursue additional avenues to disseminate their CE research after graduating from the MPH program. Some alumni submit their research posters to present at regional or national professional conferences, including the annual APHA conference. Others, often through faculty and community contacts made at the CE presentation events, deliver their research as guest speakers in classroom and community settings. Some students seek out faculty mentors to guide them through the further work required to shape the CE research into a manuscript for publication in a peer reviewed journal, either as sole author or co-author with the faculty mentor. Others pursue practice-oriented methods to disseminate their research, through op-ed pieces for news media, policy memos, or organization white papers. Still others use the CE research as the foundation for their doctoral studies dissertation research. And still others leverage the CE research as one of their pivotal qualifications in securing an attractive career opportunity in line with their professional expertise, skills, and passions.

2.5.b. Criterion assessment

This criterion is met.

Strengths: All MPH are required to complete a culminating experience. MPH students complete a semester length CE seminar course that facilitates the development of an original CE research project through which students demonstrate the ability to integrate and synthesis concepts and competencies essential to public health research and practice.

Areas for improvement: None identified.

Criterion 2.6 Required Competencies for MPH and BS

2.6.a. MPH and BS competencies

MPH Core Competencies

The MPH program draws upon the Association of Schools and Programs of Public Health (ASPPH) Framing the Future Initiative and MPH Core Competency Model to guide the development of our set of MPH core competencies. We require courses in biostatistics, epidemiology, environmental health, and health policy that are primarily responsible for addressing those four core competency areas. Competencies associated with a fifth core area, social and behavioral sciences, which are integral to the work of community health education specialists engaged in health equity practice, are threaded throughout all of our MPH coursework.

Our integrated, sequenced, and scaffolded curriculum is designed so that content and competencies are introduced, reinforced, and practiced across the four semesters. Similarly, the student learning outcomes of those four core area courses expand beyond the principal core area of that course to also address, along with additional courses in our curriculum, a selection of our specialization competencies.

Biostatistics

Required Course: HED 828/829 Biostatistics & Public Health (lecture and lab)

1. Apply descriptive techniques commonly used to summarize public health data.
2. Interpret results of quantitative analyses found in public health studies.
3. Acquire and analyze data, including real public health data, to apply a variety of statistical procedures and practice interpretation of findings derived from statistical tests.
4. Interpret, synthesize and report results derived from statistical tests, using narrative and graphical formats.
5. Apply biostatistical methods to the analysis of social inequities in health.

Epidemiology

Required Course: HED 825 Epidemiology

6. Explain determinants that shape distributions of disease among diverse human populations.
7. Apply Geoffrey Rose's concepts of the high risk and population strategies of prevention to the analysis of major public health problems.
8. Acquire and analyze data using standard epidemiological methods and calculations.
9. Apply epidemiologic concepts to draw appropriate inferences from epidemiologic data, and to evaluate the strengths and limitations of epidemiologic research designs, methodologies, and findings from the scientific literature.

10. Communicate epidemiologic information derived from epidemiological analyses to lay and professional audiences, including the key implications for public health promotion, disease prevention, and advancement of health equity.

Environmental Health

Required Course: HED 855 Environmental Health

11. Explain the roles of epidemiology, toxicology, exposure assessment, and risk assessment as tools in the field of environmental health.
12. Interpret risk estimates, and the data needs and calculations for exposure estimates.
13. Acquire familiarity with a wide range of environmental issues, and laws and policies that regulate environmental health risks.
14. Articulate the strengths and limitations of environmental health decision-making models: cost-benefit analysis, precautionary principle, citizen science.
15. Apply the principles of environmental justice to promote health and health equity.

Health Services Administration

Required Course: HED 835 Public Health Policy

Management and Administration competencies covered in community health education specialist competencies--listed below under Criterion 2.6.b.

16. Demonstrate policy analysis skills, including explaining the role of evidence-based policy, unintended consequences of public health policy, and political will of policy makers.
17. Examine the use of public policy for addressing contentious issues.
18. Explain the role of the policy process in improving the health status of populations.
19. Analyze the elements of effective policy advocacy campaigns and advocacy organizations.

Required course: HED 830: Health Education Planning, Management, and Administration for Community Change

20. Identify key strategies for program implementation.
21. Anticipate and analyze ethical issues related to program development, management, administration, and accountability in diverse community settings.
22. Actively participate in engaged group discussions that explore selected critical public health issues in planning, management, and administration.
23. Develop a community health program plan proposal and its specific components including: letter of intent, abstract, problem statement, goals and SMART objectives, program description with a theory of change, logic model, work plan, budget, budget justification, and agency description.

Required course: HED 840: Program Evaluation Design and Research

24. Develop a comprehensive evaluation plan for a community health education program or policy.

25. Analyze the social, political, legal, ethical, organizational, and interpersonal issues that often undermine technically sound evaluation studies and gain skill in anticipating and coping with such pressure and constraints.
26. Disseminate research and evaluation findings using a variety of methods for a variety of professional and lay audiences.

Social and Behavioral Sciences-- covered in community health education specialist and health equity practice competencies--listed below under Criterion 2.6.b.

BS Program

The undergraduate program faculty who teach the required public health courses use the competencies outlined below to achieve core public health knowledge and skills for undergraduate students in the BS program. Guided by the National Commission for Health Education Credentialing (NCHEC) and the Association for Schools of Public Health (ASPH), the undergraduate program competencies reflect both the Seven Areas of Responsibilities at the entry level (versus advanced level) and ASPH discipline specific competency domains. Similar to the MPH design, the BS curriculum is designed so that students are exposed to competencies at numerous and strategic areas in the curriculum. Competencies are introduced, reinforced, and practiced at several points for several different purposes to increase the student's mastery of the content and competencies.

BS Core Competencies

Biostatistics

Required Course: HED 425 Introduction to Research Methods and Statistics in Public Health

1. Identify and apply descriptive techniques commonly used to summarize public health data.
2. Analyze and interpret results of quantitative analyses found in public health studies.
3. Identify and apply descriptive and inferential methodologies according to the type of study design for answering a particular research question.
4. Apply basic informatics techniques with vital statistics and public health records in the description of public health characteristics and in public health research and evaluation.
5. Develop written and oral presentations based on statistical analyses.

Epidemiology

Required Course: HED 420 Epidemiology

6. Identify key sources of data for epidemiologic purposes.
7. Identify the principles and limitations of public health screening programs.
8. Describe a public health problem in terms of magnitude, person, time, and place.
9. Explain the importance of epidemiology for informing scientific, ethical, economic and political discussion of health issues.

10. Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic data.
11. Define and apply basic epidemiology terminology.

Environmental Health

Required Course: HED 655 Environmental Health

12. Discuss various risk management and risk communication approaches in relation to issues of environmental justice and equity.
13. Describe federal and state regulatory programs, guidelines and authorities that control environmental health issues.
14. Specify current environmental risk assessment methods.
15. Specify approaches for assessing, preventing and controlling environmental hazards that pose risks to human health and safety.
16. Explain the general mechanisms of toxicity in eliciting a toxic response to various environmental exposures.
17. Describe genetic, physiologic and psychosocial factors that affect susceptibility to adverse health outcomes following exposure to environmental hazards.

Health Services Administration

Required Course: HED 410: Organization and Function of Health Services *or*
HED 450: Policy Issues in Health Education

18. Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.
19. Describe the legal and ethical bases for public health and health services.
20. Explain methods of ensuring community health safety and preparedness.
21. Discuss the policy process for improving the health status of populations.
22. Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.
23. Apply principles of strategic planning and marketing to public health.
24. Apply quality and performance improvement concepts to address organizational performance issues.
25. Apply “systems thinking” for resolving organizational problems.
26. Communicate health policy and management issues using appropriate channels and technologies.

Required Course: HED 431: Program Planning, Implementation, and Evaluation

27. Describe the process, purpose, and context of program planning in the public health profession.
28. Identify the components of program plan methods and apply to a specific public health intervention.
29. Create measurable goals and objectives.
30. Estimate and describe human resources to implement a plan.
31. Estimate financial resources for a public health program or project.

Social and Behavioral Sciences-- covered in community health education specialist and health equity practice competencies--listed below under Criterion 2.6.b.

2.6.b. Specialization competencies

MPH and BS programs

The specialization (concentration) for both the MPH and BS program is Community Health Education. The Community Health Education competencies are accompanied by four cross-curricular themes: 1) ecological and systems thinking; 2) communication; 3) professionalism, collaboration, and leadership; and 4) diversity and culture and practice of cultural humility.

Primary resources we utilize in developing our sets of community health education and health equity practice competencies are the ASPPH Framing the Future Initiative, National Commission for Health Education Credentialing (NCHEC) Responsibilities and Competencies for Health Education Specialists, and the ASPPH interdisciplinary/cross-cutting competency areas.

In our tightly sequenced curriculum, as with our MPH and BS core competencies, the introduction, reinforcement, and practice of our specialization competencies occur across multiple courses in a coordinated, scaffolded manner. Although the MPH and BS programs are similar in terms of the competencies and cross-curricular themes covered as listed below the major difference between each degree level is the standard and level of mastery; i.e. BS students are expected perform at an entry level, whereas MPH students are expected to perform at a professional level. Standards of proficiency have been determined in accordance with employment qualifications in the field. A more evident distinction between the two degree levels is the setting in which competencies are applied and practiced. With the exception of the internship, BS students apply the great majority of competencies in mock settings and situations, while MPH students apply and practice in real situations and settings, in real communities, in real time.

MPH and BS Community Health Education Competencies and Cross-Curricular Themes

I. Community Health Education (CHE) Competencies

A. CHE Competency 1: Health Education Assessment

1. Partner with community members and additional stakeholders to plan, conduct and present community health assessments for community change. (MPH)
2. Collect and analyze assessment data to develop findings and actionable recommendations aimed at various levels of the ecological model and designed to support “real world” change process. (MPH)

3. Conduct an assessment to design educational programs for a specific audience in a variety of settings. (MPH, BS)
4. Describe the purpose and relevance of community health assessments as it relates to the core functions of public health. (BS)
5. Identify predominant public health issues in a community and analyze the issue in terms of social determinants of health and social justice. (BS)

B. CHE Competency 2: Health Education Planning

6. Develop a community health program plan proposal and its specific components including: letter of intent, abstract, problem statement, goals and SMART objectives, program description with a theory of change, logic model, work plan, budget, budget justification, and agency description. (MPH, BS)
7. Create a comprehensive public health program that embraces an ecological perspective, cultural humility, and meaningful community participation to address issues of social justice and root causes of health inequities. (MPH, BS)

C. CHE Competency 3: Implement Health Education

8. Identify and utilize a variety of key strategies for health education implementation. (MPH, BS)
9. Identify and analyze factors that foster or hinder health education implementation. (MPH, BS)
10. Develop a conducive, culturally appropriate learning environment. (MPH, BS)
11. Train individuals involved in implementation of health education. (MPH, BS)

D. CHE Competency 4: Conduct Evaluation and Research

12. Identify and critically assess research perspectives and methods selection, as well as evidence and arguments presented in research publications. (MPH, BS)
13. Effectively formulate research questions, review literature, select methods for data collection and participant recruitment and/or secondary data sources, complete data analysis, develop findings and recommendations. (MPH, BS)
14. Articulate the unique problems to public health/social science research, such as the ethical issues of human subjects research and questions regarding values, interests, and relevance of social science research. (MPH)
15. Develop a comprehensive evaluation plan for a community health education program or policy. (MPH)
16. Analyze the social, political, legal, ethical, organizational, and interpersonal issues that often undermine technically sound evaluation studies and gain skill in anticipating and coping with such pressure and constraints. (MPH)
17. Disseminate research and evaluation findings using a variety of methods for a variety of professional and lay audiences. (MPH)

E. CHE Competency 5: Health Education Administration and Management

18. Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US. (MPH, BS)

19. Anticipate and analyze critical public health issues, and ethical issues, related to program development, implementation, management, administration, and accountability in diverse community settings. (MPH, BS)
20. Apply public health practice skills in team building, negotiation, conflict management, critical thinking, collaborative project management, facilitating community partnerships, stakeholder engagement and professional presentations. (MPH)
21. Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives to promote health and health equity. (MPH, BS)
22. Apply systems thinking for resolving organizational problems. (MPH)

F. CHE Competency 6: Serve as a Health Education Resource Professional

23. Obtain and disseminate health-related information through a variety of methods to a variety of professional and lay audiences. (MPH, BS)
24. Design, implement, and evaluate the effectiveness of trainings, curricula, and other educational programming in the public health field. (MPH, BS)
25. Identify contextual factors that complicate and complement the planning and delivery of educational programming, and employ strategies to optimize the learning environment. (MPH, BS)
26. Critically analyze various technologies and be able to select appropriate media for public health trainings, classroom instruction, and other educational programming. (MPH, BS)

G. CHE Competency 7: Communicate, Promote and Advocate for Health, Health Education, and Health Equity

27. Engage in advocacy for health, health education, and health equity. (MPH)
28. Access and synthesize data and information in the literature about the impact on health of upstream factors in the ecological model. (MPH, BS)
29. Identify, develop, and deliver health-related messages and information using a variety of oral and written communication strategies, methods, and techniques. (MPH, BS)
30. Influence policy and systems change to promote health, health education, and health equity. (MPH, BS)

II. Cross-Curricular Themes Integral to the Advancement of Health Equity in Public Health Practice (All apply to both MPH and BS.)

A. Ecological/Systems Thinking

1. Apply systems thinking and an ecological approach to analyze determinants of health and disease.
 - Explain how social, economic and political systems structure the possibilities for healthy or unhealthy lives for individuals and communities.
 - Explain the roles of history, power, privilege and structural inequality in producing health inequities.
2. Identify the strengths and weaknesses of selected theories and conceptual frameworks as guides to health education practice and research, and apply theoretical perspectives in

analyzing the multiple dimensions of health problems and in designing and justifying approaches to these problems.

3. Using an ecological perspective, design, implement, and evaluate public health interventions, policies, research and training that recognize and target the root causes of health inequities.

B. Communication

4. Choose appropriate strategies and methods for communicating public health issues and recommendations to various audiences, including stakeholders at all levels and sectors.
5. Write technical/professional papers on public health issues.
6. Deliver oral presentations on public health issues.

C. Professionalism; Collaboration, and Leadership

7. Promote high standards of personal and organizational integrity, compassion, honesty and respect for all people.
8. Create a culture of ethical standards within organizations and communities.
9. Identify the main elements of collaborative leadership skills for building partnerships to advance public health policies, initiatives, and programming.
10. Apply embodied leadership skills that create vision, build community identity, expand collaboration, communication and creativity, and empower others.

D. Diversity and Culture and Practice of Cultural Humility

11. To work collaboratively with diverse populations to promote community health, apply the concepts and skills involved in culturally appropriate community engagement and empowerment, including identifying and applying the principles and practices of cultural humility.
12. Apply principles of community-based participatory research and community organizing in building upon indigenous social, political, and economic power to enhance a community's health.
13. Partner with communities to develop public health research, interventions, policies and training responsive to the diverse cultural values and traditions of the communities being served.

2.6.c. Matrix of learning experiences

MPH Program

For the matrices that identify the learning experiences by which the MPH core areas are met, please refer to Table 2.6.c.1: MPH Community Health Education (CHE) Competencies and Table 2.6.c.2: MPH Cross-Curricular Themes below.

BS Program

For the matrix that identifies the learning experiences across the undergraduate program please refer to Table 2.6.c.3 BS Community Health Education (CHE) Competencies and Table 2.6.c.4 BS Cross-Curricular Themes below.

Key for MPH Table 2.6.c.1 and MPH Table 2.6.c.2:

I = Introduced, R = Reinforced, P = Practiced

***TP = Team Practice Experience; **CE = Culminating Experience**

Table 2.6.c.1. MPH Community Health Education Competencies	HED 810	HED 815	HED 828/9	HED 884	HED 820/1/2 TP*	HED 825	HED 830	HED 835	HED 840	HED 845	HED 855	HED 811/890 CE**
CHE Competency 1: Health Education Assessment												
Partner with community members and additional stakeholders to plan, conduct and present community health assessments for community change.	I				I, R, P		R					R
Collect and analyze assessment data to develop findings and actionable recommendations aimed at various levels of the ecological model and designed to support “real world” change process.					I, R, P		R		R			R
Conduct an assessment to design educational programs for a specific audience in a variety of settings	I									I, R, P		
CHE Competency 2: Health Education Planning												
Develop a community health program plan proposal and its specific components including: letter of intent, abstract, problem statement, goals and SMART objectives, program description with a theory of change, logic model, work plan, budget, budget justification, and agency description.							I, R, P		R			R
Create a comprehensive public health program that embraces an ecological perspective, cultural humility, and meaningful community participation to address issues of social justice and root causes of health inequities.					I		I, R, P		R	R		R
CHE Competency 3: Implement Health Education												
Identify and utilize a variety of key strategies for health education implementation.							I		R	R, P		R
Identify and analyze factors that foster or hinder health education implementation.	I	I			R		R	R	R	R, P		R
Develop a conducive, culturally appropriate learning environment.	I	I	I	I	R	R	R	R	R	R, P	R	R
Train individuals involved in implementation of health education.	I				R		R			R, P		R

Table 2.6.c.1. MPH Community Health Education Competencies	HED 810	HED 815	HED 828/9	HED 884	HED 820/1/2 TP*	HED 825	HED 830	HED 835	HED 840	HED 845	HED 855	HED 811/890 CE**
CHE Competency 4: Conduct Evaluation and Research												
Identify and critically assess research perspectives and methods selection, as well as evidence and arguments presented in research publications.		I		I	R	R	R		R			R, P
Effectively formulate research questions, review literature, select methods for data collection and participant recruitment and/or secondary data sources, complete data analysis, develop findings and recommendations.		I		I	R, P				R			R
Articulate the unique problems to public health/social science research, such as the ethical issues of human subjects research and questions regarding values, interests, and relevance of social science research.		I		I	R							R, P
Develop a comprehensive evaluation plan for a community health education program or policy.									I, R, P			
Analyze the social, political, legal, ethical, organizational, and interpersonal issues that often undermine technically sound evaluation studies and gain skill in anticipating and coping with such pressure and constraints.									I, R, P			
Disseminate research and evaluation findings using a variety of methods for a variety of professional and lay audiences.		I		I	R, P		R	R	R	R		R, P
CHE Competency 5: Health Education Administration & Management												
Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.	I							I, R				
Anticipate and analyze critical public health issues, and ethical issues, related to program development, implementation, management, administration, and accountability in diverse community settings.	I	I			R, P		R	R	R	R		R, P
Apply public health practice skills in team building, negotiation, conflict management, critical thinking, collaborative project management, facilitating community partnerships, stakeholder engagement and professional	I	I		I	R, P		R	R	R	R		R

Table 2.6.c.1. MPH Community Health Education Competencies	HED 810	HED 815	HED 828/9	HED 884	HED 820/1/2 TP*	HED 825	HED 830	HED 835	HED 840	HED 845	HED 855	HED 811/890 CE**
presentations.												
Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives to promote health and health equity.					I		I, R		R			R
Apply systems thinking for resolving organizational problems.	I				R, P		R		R, P			R
CHE Competency 6: Serve as a Health Education Resource Professional												
Obtain and disseminate health-related information through a variety of methods to a variety of professional and lay audiences.	I	I	I	I	R, P	R, P	R, P	R, P	R, P	R, P	R, P	R, P
Design, implement, and evaluate the effectiveness of trainings, curricula & other educational programming in the public health field.	I						R		R, P	R, P		R
Identify contextual factors that complicate & complement the planning and delivery of educational programming, and employ strategies to optimize the learning environment.	I	I			R		R		R, P	R, P		R
Critically analyze various technologies and be able to select appropriate media for public health trainings, classroom instruction & other educational programming.							I			I, R, P		R
CHE Competency 7: Communicate, Promote and Advocate for Health, Health Education, and Health Equity												
Engage in advocacy for health, health education, and health equity.	I	I			R		R	R, P		R		R, P
Access and synthesize data and information in the literature about the impact on health of upstream factors in the ecological model.	I	I		I	R, P		R, P	R		R	R	R, P
Identify, develop, and deliver health-related messages and information using a variety of oral and written communication strategies, methods, and techniques.	I	I	I	I	R, P	R	R	R, P	R	R, P	R	R, P
Influence policy and systems change to promote health, health education, and health equity.	I	I			R		R	R, P		R	R	R

Table 2.6.c.2. MPH Cross-Curricular Themes	HED 810	HED 815	HED 828/9	HED 884	HED 820/1/2 TP*	HED 825	HED 830	HED 835	HED 840	HED 845	HED 855	HED 811/890 CE**
Cross-Curricular Themes Integral to the Advancement of Health Equity in Public Health Practice												
Cross-Curricular Theme: Ecological/Systems Thinking; Critical Approach to Public Health												
Apply systems thinking and an ecological approach to analyze determinants of health and disease. <ul style="list-style-type: none"> Explain how social, economic and political systems structure the possibilities for healthy or unhealthy lives for individuals and communities. Explain the roles of history, power, privilege and structural inequality in producing health inequities. 	I	I	I	I	R, P	R	R, P	R, P	R	R, P	R	R, P
Identify the strengths and weaknesses of selected theories and conceptual frameworks as guides to health education practice and research, and apply theoretical perspectives in analyzing the multiple dimensions of health problems and in designing and justifying approaches to these problems.		I, R		R	R, P		R		R	R		R, P
Using an ecological perspective, design, implement, and evaluate public health interventions, policies, research and training that recognize and target the root causes of health inequities.	I	I	I	I	R	R	R, P	R, P	R, P	R, P	R	R, P
Cross-Curricular Theme: Communication												
Choose appropriate strategies and methods for communicating public health issues and recommendations to various audiences, including stakeholders at all levels and sectors.	I	I	I	I	R	R	R	R	R	R, P	R	R,P
Write technical/professional papers on public health issues.	I	I, P	I	I	R, P	R	R	R, P	R	R	R	R, P
Deliver oral presentations on public health issues.	I, P	I, P	I, P	I, P	R, P	R, P	R, P	R, P	R, P	R, P	R, P	R, P

Table 2.6.c.2. MPH Cross-Curricular Themes cont.	HED 810	HED 815	HED 828/9	HED 884	HED 820/1/2 TP*	HED 825	HED 830	HED 835	HED 840	HED 845	HED 855	HED 811/890 CE**
Cross-Curricular Theme: Professionalism, Collaboration, Leadership												
Promote high standards of personal and organizational integrity, compassion, honesty and respect for all people.	I, P	I, P	I, P	I, P	R, P	R, P	R, P	R, P	R, P	R, P	R, P	R, P
Create a culture of ethical standards within organizations and communities.	I	I	I	I	R	R	R, P	R	R	R	R	R
Identify the main elements of collaborative leadership skills for building partnerships to advance public health policies, initiatives, and programming.	I				R, P		R, P	I	R			R, P
Apply embodied leadership skills that create vision, build community identity, expand collaboration, communication and creativity, and empower others.	I	I	I	I	R	R	R	R	R	R, P	R	R, P
Cross-Curricular Theme: Diversity & Culture/Practice of Cultural Humility												
To work collaboratively with diverse populations to promote community health, apply the concepts and skills involved in culturally appropriate community engagement and empowerment, including identifying and applying the principles and practices of cultural humility.	I, P	I, P	I, P	I, P	R, P	R, P	R, P	R, P	R, P	R, P	R, P	R, P
Apply principles of community-based participatory research and community organizing in building upon indigenous social, political, and economic power to enhance a community's health.	I	I	I	I	R, P	R	R, P	R	R	R, P	R	R, P
Partner with communities to develop public health research, interventions, policies and training responsive to the diverse cultural values and traditions of the communities being served.	I	I	I	I	R, P	R	R	R	R	R, P	R	R

Key for BS Tables 2.6.c.3 and 2.6.c.4

I = Introduced (primarily gained), R=Reinforced, P= Practiced

Table 2.6.c.3. BS Community Health Education Competencies	HED 400	HED 405	HED 410/ 450	HED 420	HED 425	HED 430	HED 431	HED 455	HED 480	HED 520	HED 655
CHE Competencies 1: Health Education Assessment											
Describe the purpose and relevance of community health assessments as it relates to the core functions of public health.	I					I, R	R		R, P		
Identify predominant public health issues in a community and analyze the issue in terms of social determinants of health and social justice.	I, P	I		I, R	I, R	R	R	I, R	R, P	I, R	I, R
Conduct an assessment to design educational programs for a specific audience in a variety of settings	I, P			I, R	I, R	R	R, P		R, P		
CHE Competencies 2: Health Education Planning											
Develop a community health program plan proposal and its specific components including: letter of intent, abstract, problem statement, goals and SMART objectives, program description with a theory of change, logic model, work plan, budget, budget justification, and agency description.							I, R, P		R, P		
Create a comprehensive public health program that embraces an ecological perspective, cultural humility, and meaningful community participation to address issues of social justice and root causes of health inequities.							R,P		R, P		
CHE Competencies 3: Implement Health Education											
Identify and utilize a variety of key strategies for health education implementation.						I	R		R, P		
Identify and analyze factors that foster or hinder health education implementation.						I	R		R, P		
Develop a conducive, culturally appropriate learning environment.						I			R, P		
Train individuals involved in implementation of health education.						I	I, R		P		
CHE Competencies 4: Conduct Evaluation and Research											
Identify and critically assess research perspectives and methods selection, as well as evidence and arguments presented in research publications.				I,R	I, R	I,R					I
Effectively formulate research questions, review literature, select methods for data collection and participant recruitment and/or secondary data sources, complete data analysis, develop findings and recommendations.				I,R	I, R	I,R					
Identify the purpose and relevance of program evaluation in the context of							I		R, P		

the core functions of public health.											
Identify the types and forms of evaluation used in public health programs.							I		R, P		
CHE Competencies 5: Health Education Administration & Management											
Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.			I, R								
Anticipate and analyze critical public health issues, and ethical issues, related to program development, implementation, management, administration, and accountability in diverse community settings.			I, R			I					
Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives to promote health and health equity.			I, R				R, P		R, P		
CHE Competencies 6: Serve as a Health Education Resource Professional											
Obtain and disseminate health-related information through a variety of methods to a variety of professional and lay audiences.	I					I, R	R,P	I, R	R,P		
Design, implement, and evaluate the effectiveness of trainings, curricula & other educational programming in the public health field.							I		R, P		
Identify contextual factors that complicate & complement the planning and delivery of educational programming, and employ strategies to optimize the learning environment.							I, R		R, P		
Critically analyze various technologies and be able to select appropriate media for public health trainings, classroom instruction & other educational programming.	I					I, R	I, R		R, P		
CHE Competencies 7: Communicate, Promote and Advocate for Health, Health Education, and Health Equity											
Engage in advocacy for health, health education, and health equity.						I			R, P		I,P
Access and synthesize data and information in the literature about the impact on health of upstream factors in the ecological model.		I				I,R			R, P		I,P
Identify, develop, and deliver health-related messages and information using a variety of oral and written communication strategies, methods, and techniques.	I	I				I	I,R	I	R, P		I,P
Influence policy and systems change to promote health, health education, and health equity.		I				I,R			R, P		I,P

Table 2.6.c.4. BS Cross-Curricular Themes											
	HED 400	HED 405	HED 410/ 450	HED 420	HED 425	HED 430	HED 431	HED 455	HED 480	HED 520	HED 655
• Cross-Curricular Theme: Ecological/Systems Thinking; Critical Approach to Public Health											
Apply systems thinking and an ecological approach to analyze determinants of health and disease. <ul style="list-style-type: none"> Explain how social, economic and political systems structure the possibilities for healthy or unhealthy lives for individuals and communities. Explain the roles of history, power, privilege and structural inequality in producing health inequities. 	I	I	I	I	I	R, P	R	I	R, P	R	I
Identify the strengths and weaknesses of selected theories and conceptual frameworks as guides to health education practice and research, and apply theoretical perspectives in analyzing the multiple dimensions of health problems and in designing and justifying approaches to these problems.	I	I			I	I, R, P	R	I, R	R, P	R	I
Using an ecological perspective, design, implement, and evaluate public health interventions, policies, research and training that recognize and target the root causes of health inequities.	I	I	I	I	I	I, R, P	R, P	I, R	R, P	I, R	I
Cross-Curricular Theme: Communication											
Choose appropriate strategies and methods for communicating public health issues and recommendations to various audiences, including stakeholders at all levels and sectors.	I	I	I	I	I	I	R, P	I	R, P	I, R	I, R
Write technical/professional papers on public health issues.	I	I			I	I, R	R, P	I	R	I, R	
Deliver oral presentations on public health issues.	I, P	I			I	I	R, P	I	R, P	R	I, P
Cross-Curricular Theme: Professionalism; Collaboration, Leadership											
Promote high standards of personal and organizational integrity, compassion, honesty and respect for all people.	I	I	I	I	I	I	R	I, R	R, P	I, R	I, R
Create a culture of ethical standards within organizations and communities.	I	I			I, R	I, R	R	I, R	R, P	I, R	I, R
Identify the main elements of collaborative leadership skills for building partnerships to advance public health policies, initiatives, and	I	I			I	I, R	R	I	R, P	R	

programming.											
Apply embodied leadership skills that create vision, build community identity, expand collaboration, communication and creativity, and empower others.	I	I	I		I	I	R	I, R	R, P	I, R	I, R
Cross-Curricular Theme: Diversity & Culture/Practice of Cultural Humility											
To work collaboratively with diverse populations to promote community health, apply the concepts and skills involved in culturally appropriate community engagement and empowerment, including identifying and applying the principles and practices of cultural humility.	I	I	I	I	I	I	R	I, R	R, P	I, R	I, R
Apply principles of community-based participatory research and community organizing in building upon indigenous social, political, and economic power to enhance a community's health.	I	I			I, R	I	R	I, R	R	I, R	I, R
Partner with communities to develop public health research, interventions, policies and training responsive to the diverse cultural values and traditions of the communities being served.					I	I	R	I, R	R	I, R	I, R

2.6.d. Competency analysis

The matrices demonstrate the high level of coordinated competency introduction and reinforcement across the coursework in our sequenced, scaffolded curriculum for both degrees. Introduction and reinforcement of competencies occur within the same semester, across semesters, and within the same course over the duration of the semester. The matrices also highlight our program's commitment to the advancement of health equity through the successful threading throughout our coursework of four cross-curricular themes integral to health equity practice. Note in MPH Table 2.6.1.b all the courses in our curriculum either introduce or reinforce the majority of competencies listed under each of these four cross-curricular themes of ecological/systems thinking, communication, professionalism/collaboration/leadership, and diversity/practice of cultural humility. The competency set associated with these four themes is integral to community health education practice that strives to promote health equity.

Future faculty planning will include discussions for how to streamline the number of competencies in our curricular sets without losing key elements of the roadmap for our intensive curricular integration collaborations. For example, in the 6/27/16 draft of the proposed new CEPH criteria, the epidemiology competency "Apply epidemiological methods to the breadth of settings and situations in public health practice" subsumes the following three competencies from our program's set:

- Apply epidemiologic concepts to draw appropriate inferences from epidemiologic data, and to evaluate the strengths and limitations of epidemiologic research designs, methodologies, and findings from the scientific literature.
- Communicate epidemiologic information derived from epidemiological analyses to lay and professional audiences, including the key implications for public health promotion, disease prevention, and advancement of health equity.
- Explain determinants that shape distributions of disease among diverse human populations.

These three epidemiology competencies are threaded throughout multiple courses in our curriculum. Our ability to scaffold the introduction, reinforcement and practice of these three competencies across our curriculum is contingent on these three competencies being explicitly named in our program competency set. A possible solution is a competency set that lists sub-competencies under each broader competency statement.

Our program's well-defined, collaboratively developed sets of curricular competencies have proven extremely useful to our faculty's ongoing work in curricular scaffolding and integration. Our competency sets also serve us well as an accurate, detailed blueprint of the student learning outcomes of our current curriculum as a clear launching point for the periodic competency

adjustments required to keep our curriculum closely in step with the evolving field of public health and consequent changing public health professional practice and research training needs.

2.6.e. Competency development and availability

The MPH and BS faculty workgroups are charged with proposing, adopting, revising, and monitoring the public health core and community health education competencies for the MPH and BS degree programs. The workgroups are also charged with coordinating, monitoring, and revising as needed the intensive curricular integration required to successfully scaffold across our sequenced curricula the introduction, reinforcement, and practice of our curricular competencies.

To complete this work, faculty workgroups draw upon multiple degree models and competencies that are nationally recognized and approved. These include the previously mentioned sources upon which we have drawn significantly to develop the current sets of curricular competencies: ASPPH Framing the Future Initiative, ASPPH MPH Core Competency model including the interdisciplinary/cross-cutting competency areas and the NCHEC Responsibilities and Competencies for Health Education Specialists. To assure that the department stays up to date with the full range of public health competency and degree model developments, multiple additional sources are also accessed, including the Society for Public Health Education (SOPHE), Council on Education for Public Health (CEPH), American Public Health Association (APHA), The Association for Prevention Teaching and Research (APTR), Council of Accredited MPH Programs (CAMP), National Association of City and County Health Officials (NACCHO), and Council on Linkages Between Academia and Public Health Practice, as well as best practices reported in the literature.

To facilitate use and availability to students, the MPH and BS programs strive for consistency in core and specialization competencies listed on course syllabi. Moreover, the competencies are used as the foundation of our student assessment strategy, thus further familiarizing our students with explicit naming of the competencies they are acquiring in their program. For both programs, the students' signature assignments, including those associated with the culminating experience and practice activities, are evaluated based upon whether the student has successfully demonstrated the required curricular competencies. In addition, graduating students in both the MPH and BS programs complete a self-assessment of their perceived public health professional competencies in a survey completed at the end of their last semester in the program. Finally, alumni are surveyed to assess whether their MPH or BS degree program provided them strong preparation in the competencies required in their work as public health professionals.

Since fall 2012, the Health Education Department faculty have been working to align and integrate the BS curriculum as well as the MPH curriculum. The department commissioned an external expert, Dr. Amy Driscoll, who is a scholar with the Carnegie Foundation for the

Advancement of Teaching and co-author of the book *Developing Outcomes-based Assessment for Learner-centered Education*. Dr. Driscoll's charge was to facilitate the faculty in the BS Health Education degree to fine tune the alignment of the curriculum with our department's agreed upon set of BS degree competencies. The key components of Dr. Driscoll's work with the faculty on the BS curriculum were later applied to the MPH curriculum through meetings of the MPH Faculty Workgroup facilitated by the graduate coordinator.

Program faculty worked with Dr. Driscoll throughout the 2012-2013 academic year in a series of five day-long workshops. Toward the end of the spring 2013 semester and throughout the following academic year, faculty collaborated to redesign our BS curriculum into a four-semester, integrated learning experience for the BS students.

In Stage 1, Dr. Driscoll led us through a "backward design" of the department's curriculum. In this process faculty identified the following four things: 1) the student learning outcomes (SLOs) for each course and how they aligned with the required public health competencies for the degree; 2) the pedagogical method used to teach that content and/or skill; 3) evidence of student mastered that learning (e.g., assignments such as papers, tests, presentations); and 4) criteria faculty used to assess that evidence (rubrics or how the faculty knew our students reached mastery). This process enabled faculty to make explicit, to themselves and to each other, their teaching methods and learning expectations in each of the BS major's required classes. This process gave faculty the knowledge and insights into each course that was needed to sequence all of the major classes over a four semester BS degree program. The process also exposed any repetition of activities, readings, films, and assignments that could either be eliminated or redesigned to require more profound analysis or expectations of students' work as they moved along in their learning.

In Stage 2, which extended into the 2014-2015 academic year, faculty mapped out the public health competencies and scaffolded that learning over four semesters. Faculty gained confidence and conviction in the ability and responsibility to move beyond the introduction of concepts/skills to reinforcement and practice of these competencies expected of graduates of the BS degree and the MPH degree in Community Health Education. This work was conducted in a series of degree workgroup meetings of 2-3 hours each. The result of this work spearheaded by Dr. Driscoll was a set of clearly outlined student learning outcomes related to public health competencies for each course in the BS and MPH degrees. As a result, a new course for the first semester of the BS program was added, HED 405: Introduction to Public Health.

2.6.f. Competency revision process

As mentioned previously, assessment of relevance of competencies is conducted by the MPH and BS workgroups on the basis of reviews of the leading public health organizations, including

ASPPH, NCHEC, SOPHE, CEPH, APHA, APTR, CAMP, NACCHO, and Council on Linkages Between Academia and Public Health Practice, as well as best practices reported in the literature. In addition, all faculty members, as part of their continuous curricular updating, contribute recommendations for adjustments to course competencies. The faculty, as active public health practitioners, researchers, and participants/leaders in local and national public health organizations, stay informed about the changing landscape of public health practice and research. Employers (including BS internship preceptors and MPH team practice community partners), alumni, and current students, many of whom are concurrently graduate students and working public health professionals, also inform our curricular competency revisions. Refer to Criterion 2.7: Assessment for the descriptions of the multiple methods the MPH and BS programs employ to solicit consistent input from a range of program stakeholders to ensure dynamic, relevant curricula that effectively train highly skilled public health professionals with capacities and perspectives that match the current workforce needs of the field.

2.6.g. Criterion assessment

This criterion is met.

Strengths: Our applied, integrative, sequenced MPH and BS curricula are structured so that knowledge and skills introduced in one course are reinforced, and applied across multiple courses, and then deeply practiced fieldwork.

Areas for improvement and plans: Some of our MPH and BS syllabi list student learning outcomes that contain both competency and more incremental learning objective statements. Going forward, the MPH and BS workgroups will come to consensus on clear representation of and distinction between competencies and incremental learning objectives on syllabi and in direct communications with students. A consistent, communal representation of competencies to be acquired listed as course student learning outcomes, with their relationship to incremental learning objectives delineated, will facilitate our continued curricular integration discussions, serve to further clarify for students the public health field competencies they are acquiring, and identify how those competencies relate to the incremental learning objectives in an individual course.

Criterion 2.7 Assessment Procedures

2.7.a. Evaluation procedures of student progress and performance

MPH program

The MPH program uses the following variety of methods to monitor and evaluate student progress in achieving the expected competencies:

Cohort Feedback Sessions. Each cohort holds an extensive feedback session with the graduate coordinator and department chair after their first semester in the program, a second session at the end of their first year, and then a third session at the end of their final semester in the program. These feedback sessions are one of the multiple ways that our program elevates student voice and governance in our program. Both programmatic and curricular issues prioritized by the students themselves are addressed in these feedback sessions. A draft list of topics is distributed to the students for them to rank and add additional student-driven priority topics not already appearing on the draft topic list. Student programmatic and curricular feedback is then brought to the MPH Faculty Workgroup for discussion and action. Examples of feedback session student prioritized topic lists and session notes can be found in the Sample Priority Topics from Cohort Feedback Sessions folder in the Electronic Resource File.

Graduating MPH Student Exit Survey. Graduating MPH students complete comprehensive program exit surveys upon graduation. Graduates self-assess competency achievement through the curriculum in this exit survey, as well as provide detailed feedback on their experience with the curriculum and program. This feedback includes measurements of student satisfaction, as well as constructive student feedback about perceived curricular and programmatic strengths and areas to consider for curricular/programmatic adjustments. A copy of the current exit survey, as well as data summaries from the exit surveys for the past three academic years, can be found in the MPH Exit Survey folder in the Electronic Resource File.

Pre and Post Program MPH Competency Student Self-Assessment Surveys. Entering and graduating MPH students are asked to rate their skill level on a wide range of more than 60 MPH core and community health education specialization competencies and related learning objectives. Students' pre and post program MPH knowledge and competency levels are compared to assess the impact of the MPH curriculum and extracurricular professional development learning opportunities facilitated by the program on student achievement of expected MPH core and community health education specialist competencies. Even though a confounding factor in pre and post assessment is non-MPH program facilitated professional work and learning experiences that coincide with the students' time in the San Francisco State University MPH program, the program and curriculum is designed for working professionals to

immediately apply in their professional positions the knowledge and competencies acquired in the program and conversely bring for classroom discussion and analysis concurrent field professional experiences. The pre and post competency achievement self-assessment survey method is currently under review and revision. Firstly, the competencies and learning objectives assessed in the instrument are being updated to more closely reflect our current set of program competencies (refer to Criterion 2.6 Required Competencies). Secondly, the language in the five-point Likert scale assessing student competency attainment is being revised to better align with the department's value of cultural humility, a practice that emphasizes reflective lifelong learning and skill development. Language such as "fully mastered" will be replaced with language that highlights competency achievement through meaningful, skilled application of the competency in practice. With this language revised to align more closely with the shared program values, the department expects future pre/post program student competency achievement self-ratings to even more closely reflect the strong professional preparation of MPH students, as attested to by both our alumni and alumni employers (See Criterion 2.7e below). The MPH Competencies Survey Instruments for each year can be found in the Electronic Resource File.

Signature assignment assessment activities embedded within the MPH coursework. The integrative, sequenced, applied curriculum provides consistent opportunities through course signature assignments each semester for MPH students to demonstrate integration and synthesis of the MPH knowledge and competencies acquired up to that point in their MPH education. The course instructor applies appropriate project assessment criteria/rubrics to evaluate student expected competency achievement through the signature assignments. Some examples of these signature assignments are the HED 810 cultural humility community project, HED 815 applied theory research paper, Team Practice (HED 820/1/2) community assessment report, HED 830 community health program plan proposal, HED 835 policy memo, HED 845 teaching/training plan, and HED 890 culminating experience research project. Additional information about the Team Practice (HED 820/1/2) and HED 890 signature assignments can be found directly below in this Criterion 2.7a, in accordance with the instructions to describe the procedures for identifying competency attainment in practice and culminating experiences. The full set and detailed descriptions of curricular signature assignments can be found in the MPH Syllabi folder located in the Electronic Resource File.

Team Practice (HED 820/1/2) procedures for assessing competency attainment. For a detailed description of our unique two-semester faculty-supervised team practice experience, with 9 units of conjoined team practice coursework, refer to Criterion 2.4 Practical Skills. Criterion 2.4 also details the specific competency-based student learning outcomes of the two-semester team practice coursework/experience. In the HED 820/1/2 team practice experience, both individual student and small team competency achievement are assessed through competency-based, signature assignments that contribute to the completion of one final professional practice product

at the end of the two semesters: a formal, comprehensive community assessment report delivered to the community partners. The competency attainment of each individual student is assessed through the completion of a problem statement, assessment protocol and community assessment report methods section. Each individual student also completes six reflections on their learning and competency attainment throughout the two-semester practice experience. In addition, each small team of 6-8 students completes an assessment synthesis, literature review learnings, existing data analysis, group assessment protocol, recruitment script, consent documents, data management system, final assessment report, and final report community brief.

See Criterion 2.7.b below for three years of data reported for the Team Community Assessment Report Scoring Rubric outcome measure. The Final Team Assessment Report Scoring Rubric can be found in the Electronic Resource File. In addition, our graduating students are asked annually on the Exit Survey to assess the contribution of the team practice experience to their professional preparation; three years of this Exit Survey data are also reported below under Criterion 2.7.b. The positive community impacts of our students' real time public health practice work are displayed above in Criterion 2.4 Practical Skills in the comprehensive chart of the past several years of Community Assessment Outcomes.

HED 822: Advanced Public Health Profession Practice

- Code qualitative assessment data
- Analyze qualitative data using analysis software
- Write assessment report according to standard research structures
- Create materials and infographics to communicate results to a variety of stakeholder audiences

For a detailed description of individual vs. team assessment components and methods, as well as competencies measured refer to the HED 820, HED 821, and HED 822 course syllabi, see the MPH Syllabi folder in the Electronic Resource File. Also refer to Criterion 2.4 Practical Skills to view the comprehensive chart of the past several years of Community Assessment Outcomes. Finally, our graduating students are asked on the Exit Survey to assess the contribution of the team practice experience to their professional preparation.

Culminating Experience (HED 890) procedures for identifying student competency attainment.

For detailed information about the structure and goals of our culminating experience, refer to Criterion 2.5 Culminating Experience. Individual student core and concentration competency achievement and integration is assessed through a rigorous rubric applied to the culminating experience final research project paper. The rubric assesses content areas of purpose, conceptual frameworks, sources and evidence, idea development and organization, synthesis, critical thinking; key concepts of social justice, ecological and systemic public health perspectives, cultural contexts and histories, community capacity and collaboration; and writing mechanics.

The CE seminar course instructor/chair of the CE committee, and the student's faculty advisor/CE second reader individually assess the student's competency achievement utilizing the CE paper rubric. In addition, during the past two years, two faculty members have been assigned to also assess individual student competency achievement demonstrated through the student's oral presentation of the CE project. The CE presentation rubric assesses critical thinking through the content areas of purpose, evidence, argument, and social justice orientation, in addition to presentation design and delivery. The HED 890 Culminating Experience Scoring Rubric can be found in the Electronic Resource File. See Criterion 2.7.b for three years of data for the CE project rubric, and two years of data on the more recently added CE presentation rubric. Finally, our graduating students are asked in the Exit Survey to assess the contribution of the culminating experience to their MPH competency professional preparation.

MPH Alumni Survey. Administered every 3 years to alumni who have graduated in the past five years, this instrument asks alumni to assess their achievement of a wide range of competencies through the SFSU MPH program, and overall how well the program prepared them for their work as MPH professionals. A copy of the MPH Alumni Survey Summer 2014 can be found in the Electronic Resource File.

BS Program

The BS program employs the following methods to monitor and evaluate student progress and performance in achieving the expected competencies.

Pre and Post Program BS Competency Student Self-Assessment Surveys.

During the first and last semesters of the HED program, student majors are asked to rate their knowledge and skill level as a way for the department to assess the impact of their course of study in our undergraduate program on their professional performance and growth.

Upon starting the major, students in HED 400 are emailed and asked to fill out the pre-competency survey. This is the first required course in the first semester of the curriculum, and the faculty teaching those courses assist in the completion of the survey by allowing students to use the 30 minutes of class time to complete; however, it is not a course requirement. The survey instrument is comprised of 30 competencies with a five point Likert scale from "I do not remember learning this concept/skill" to "I am able to solve problems and think creatively with this concept/skill." The students are also asked to complete the following information:

- How did they first hear about the HED department?
- What is your best source of information about the department?
- Why are you interested in majoring in HED?
- Current age
- Race/ethnicity

- Gender

During the final semester of the student major's degree requirements, students are asked to take a post-competency survey. This survey tool has the same 30 competency questions they were asked in the pre-competency survey taken in their first semester. Again, faculty who teach the capstone course, HED 480, assist in the administration of the survey by reminding students via email and in class.

Preceptor Survey of Student Intern

At the end of HED 480: Fieldwork and Reflective Seminar, preceptors are required to complete an extensive survey evaluating each intern's performance. The Preceptor Evaluation instrument is comprised of two major sections that focus on performance in an employment setting:

- Professional and Personal Characteristics, including interpersonal skills such as attitude, demeanor, self-reliance, maturity, and self-awareness among them as well as professional skills such as attendance, ability to hear feedback, communication, and responsiveness; and
- Professional Competencies, including professional writing and speaking in the workplace, direct health education, research, technology, planning and implementation, outreach and recruitment, and knowledge of the profession.

For each question, preceptors are asked to rate the intern on five point Likert scale ranging from Excellent to Unacceptable. A sixth option, "Not Applicable," is also included for those professional competencies that were not applicable to the student's internship scope of work.

Preceptors also provide qualitative responses describing the student's professional strengths and challenges in an employment setting as well as specific details of the kind of work the student did to advance the work of the organization.

Refer to the Electronic Resource File for the BS Preceptor Survey of Student Intern.

Signature Assignment Assessment Activities Embedded within the BS Coursework.

The integrated, sequenced, applied curriculum provides consistent opportunities through course signature assignments each semester for BS students to demonstrate proficiency of BS content and competencies acquired. Signature assignments are assessed against student learning objectives, course competencies, and entry level standards. Some examples of these signature assignments are the HED 400 community profile project, HED 430 literature review and applied theory research paper, and HED 431 program plan and grant proposal.

Assessment of the classroom component of the HED 480 Fieldwork and Reflective Seminar culminating experience course is measured through several signature assignments. A rubric to

measure each competency area associated with the assessment, design, development, implementation, facilitation, and evaluation of a 2-hour professional development workshop is used. Integrated into this assignment is a four-page literature review that examines the use of liberation education as a pedagogical approach in engaging and training communities, which is assessed using an informal, holistic approach that includes in-class structured peer review, individual consultation with the instructor, and extensive holistic feedback on first and final drafts. The last writing assignment is a 2-3 page Program Reflection Paper that requires students to reflect on their time in our program, from the first sequenced course, HED 400, to the last sequenced course, HED 480. Students reflect on who they were coming into the program, what they learned throughout the program, how they changed as a result of the program, and how they perceive themselves as professionals as they graduate from the program. An overview of grading criteria for this component of the culminating experience assignment can be found in the BS HED 480 CE Syllabus (F16-Quijano) in the Electronic Resource File.

BS Alumni Survey. Every three years, the undergraduate coordinator administers the alumni survey to students who graduated in the past 8 terms (6 or more months after graduation). This survey instrument requests that alumni assess their knowledge and skills against the public health competencies and also acquires job placement and continuing education data from the alumni. For reference, the BS Alumni Surveys and the BS Alumni Survey Results can be found in the Electronic Resource File.

2.7.b. Evaluation of student achievement

MPH Program

MPH degree completion rates.

Outcome measure: At least 80% of MPH students who initially enroll in the program will graduate within the maximum timeframe allowed by the university to complete a graduate program degree.

Assessment results: As depicted in MPH Table 2.7.b.1 below, MPH Graduation Rates by Year of Program Entry, the cumulative cohort graduation rates are high with no continuing students requiring the seven years maximum time to graduation allowed by the university.

Table 2.7.b.1. MPH Graduation Rates by Year of Program Entry	
Year of program entry	Cumulative graduation rate
Fall 2009	96% (n=23)
Fall 2010	100% (n=27)
Fall 2011	90.4% (n=19)
Fall 2012	84.2% (n=16)
Fall 2013	90.9% (n=20)

As depicted in MPH Table 2.7.b.2, Students in MPH Degree, By Cohorts Entering Between 2009-10 and 2016-17, the majority of our MPH students who enroll in our MPH program continue in the program and graduate within the shortest timeframe possible (two academic years).

In the case of an MPH student who returned to finish the MPH degree after a leave of more than one fall or spring semester, our department considers this student admitted, enrolled, and continuing from the first fall semester program enrollment. This accounting of admission, enrollment, continuing status, and graduation date of a student is different from the accounting method of the university. This is because students lose their continuing student status and must reapply to the university and our MPH program after a non-enrollment grace period of one spring or fall semester. To accurately track the maximum years to graduation for an individual MPH student, our department reports the total number of years that have elapsed between the very first fall semester of enrollment for this student and the semester the student completes all degree requirements and graduates from our MPH program. This departmental accounting of students returning after an absence will result in a slight discrepancy in the data reported in this CEPH report, compared to the data for applications, admissions, enrollment, and graduation numbers reported by the SFSU Division of Graduate Studies

Table 2.7.b.2. Students in MPH Degree, By Cohorts Entering Between 2009-10 and 2016-17									
Cohort of Students		2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
2009-10	# Students entered	25							
	# Students withdrew, dropped, etc.	0							
	# Students graduated	0							
	Cumulative graduation rate	0.0%							
2010-11	# Students continuing at beginning of this school year	25	27						
	# Students withdrew, dropped, etc.	0	0						
	# Students graduated	22	0						
	Cumulative graduation rate	88%	0.0%						
2011-12	# Students continuing at beginning of this school year	3	27	21					
	# Students withdrew, dropped, etc.	1	0	2					
	# Students graduated	2	17	0					
	Cumulative graduation rate	96%	62.9%	0.0%					
2012-13	# Students continuing at beginning of this school year	0	10	19	19				
	# Students withdrew, dropped, etc.	0	0	0	1				
	# Students graduated	0	8	16	0				
	Cumulative graduation rate	96%	92.5%	76.1%	0.0%				
2013-14	# Students continuing at beginning of this school year	0	2	3	18	22			
	# Students withdrew, dropped, etc.	0	0	0	1	1			
	# Students graduated	0	1	3	14	0			
	Cumulative graduation rate	96%	96.2%	90.4%	73.6%	0.0%			
2014-15	# Students continuing at beginning of this school year	0	1	0	3	21	22		
	# Students withdrew, dropped, etc.	0	0	0	1	1	1		
	# Students graduated	0	1	0	2	20	0		
	Cumulative graduation rate	96%	100.0%	90.4%	84.2%	90.9%	0.0%		
2015-16	# Students continuing at beginning of this school year	0	0	0	0	0	21	24	
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	1	
	# Students graduated	0	0	0	0	0	18	0	
	Cumulative graduation rate	96%	100.0%	90.4%	84.2%	90.9%	81.8%	0.0%	
2016-17	# Students continuing at beginning of this school year	0	0	0	0	0	3	23	15
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	0	0
	# Students graduated	0	0	0	0	0	TBD	TBD	0
	Cumulative graduation rate	96%	100.0%	90.4%	84.2%	90.9%	TBD	TBD	0.0%

Job placement rates.

Outcome measure: At least 80% of MPH alumni are employed or seeking further education within 12 months of graduation.

Assessment results: As depicted in MPH Table 2.7.b.3 MPH Graduate Job Placement directly below, 100% of MPH students graduating spring 2013, 2014, and 2015 were either employed or pursuing further education within 12 months of graduation.

Table 2.7.b.3. MPH Graduate Job Placement				
Destination of MPH Graduates by Employment Type	2012-2013	2013-2014	2014-2015	2015-2016
Employed	17	16	21	6
Continuing education/training (not employed)	0	1	1	0
Actively seeking employment	0	0	0	1
Not seeking employment (not employed and not continuing education/training, by choice)	0	0	0	0
Unknown	0	0	0	0
Total	17	17	22	17

Team practice. Outcome measures/Program assessment data

Team Community Assessment Report Scoring Rubric

Outcome measure: The majority of MPH student team final community assessment reports will score at least a 17 on a 20 point scoring rubric.

Assessment results: The rubric was applied to assess the quality of each team's (6-8 students per team) final community assessment report. The rubric assesses 10 components of the community assessment report (cover page, executive summary, agency description, community of focus description, problem statement, purpose and key questions, methods, findings, recommendations, structure and format, and writings mechanics) with a maximum possible total rubric score of 20 points. For AY 2013-14, 2014-15, 2015-6, all team practice student teams scored in the high range of 17-20 points, with the majority of teams scoring in the highest range of 18-20 points.

Team Practice Assessment, Graduating Student Exit Survey

Outcome measure: The majority of MPH students graduating in each of the past three years report that the team practice component of the curriculum has made a valuable contribution to their professional preparation.

Assessment results: The vast majority of MPH students graduating in each of the past three years report that the team practice component of the curriculum has made a valuable contribution to their professional preparation. (94.12% Cohort 2014; 100% Cohort 2015; 100% Cohort 2016; responses from strongly to somewhat agree.)

Team Practice Community Assessment Outcomes Table

Outcome measure: The team practice assessments completed by MPH students contribute to impactful outcomes in communities.

Assessment results: Please refer to Criterion 2.4 Practical Skills to view this outcomes table, which documents real world outcomes related to the past five years of faculty-supervised class community assessments conducted by SFSU MPH students during their two-semester team practice experience.

Team Practice Evaluation Report

Completed December 2014, this report, *Understanding student experience with community health assessment: An evaluation of the MPH student experiences and learning in the Community Health Assessment and Public Health Profession courses*, provides rich data, analysis, findings, and implications regarding the team practice experiences for academic years 2012-13, 2013-14, and 2014-15. Three significant findings related to student performance are that the team practice experience: a) provides students with a variety of public health professional skills and plays an important role in the formation of their professional identity, preparing them for future careers in the field, b) enhances student leadership skills and ability to work with others, c) increases student's understanding of the importance of stakeholder engagement in assessment and overall public health work. The MPH Team Practice Report can be found in the Electronic Resource File.

Culminating experience. Outcome measures/Program assessment data

Culminating Experience Research Paper and Oral Presentation Scoring Rubrics

Outcome measure: At least 95% of MPH students meet the competency achievement standards assessed in the culminating experience paper and oral presentation.

Assessment results: 100% of graduating MPH students in the past three years (CE research paper rubric) and two years (CE oral presentation rubric) met the standards in every category of MPH competency achievement assessed on these rubrics, with the rating of excellent being more frequently awarded than the rating of satisfactory.

Culminating Experience Assessment, Graduating Student Exit Survey

Outcome measure: The majority of graduating MPH students report that the process of

completing their culminating experience project enhanced their mastery of the competencies expected of an MPH degree holder.

Assessment results: The vast majority of MPH students graduating in each of the past three years report that the process of completing their culminating experience project enhanced their mastery of the competencies expected of an MPH degree holder. (94.12% Cohort 2014; 100% Cohort 2015; 100% Cohort 2016; responses from strongly to somewhat agree.)

MPH Program Instructional Goals (Criterion 1.1.c). Outcome measures/Program assessment data.

MPH Table 2.7.b.4 directly below presents the outcome measures and program performance data for the past three academic years for the MPH instructional goals identified in Criterion 1.1.c.

Table 2.7.b.4. Outcome Measures for MPH Program Instructional Goals			
Outcome Measures (Targets)	Outcome Data		
	AY 13-14	AY 14-15	AY 15-16
100% of MPH course syllabi list student learning outcomes that address the MPH competencies, functions, and responsibilities covered in the course.	100% (12)	100% (16)	100% (17)
At least 90% of graduating MPH students report that they are confident (responses from strongly to somewhat agree) that they can execute the functions and responsibilities of an MPH practitioner.	100% (17)	100% (22)	100% (18)
At least 90% of MPH alumni report (responses from strongly to somewhat agree) that the MPH program provided them with strong preparation for their work as MPH professionals.	91% (alumni survey summer 2014)* (51)		
Compared to their reported mastery levels upon program entry, graduating MPH students will gain 1.5 points or higher on a 6 point (AY 13-14) or 5 point (AY 14-15 & 15-16) competency mastery scale for at least 80% of surveyed MPH competencies.	78/91 or 86% of surveyed compe- tencies (6 point scale)	47/61 or 77% of surveyed compe- tencies (6 point scale)	45/63; or 71% of surveyed compe- tencies (6 point scale)
100% of MPH graduates will self-report at least a 4.5 (for AY 13-14) and a 4 (for AY 14-15 and 15-16) on the survey that measures mastery of MPH competencies.	4.74 (6 point scale)	4.21 (5 point scale)	4.18 (5 point scale)
At least 90% of MPH student team final community assessment reports will score at least a 17 on a 20 point scoring rubric.	100% (17)	100% (22)	100% (18)
At least 90% of MPH students graduating in each of the	94% (16)	100% (22)	100% (18)

Table 2.7.b.4. Outcome Measures for MPH Program Instructional Goals

Outcome Measures (Targets)	Outcome Data		
	AY 13-14	AY 14-15	AY 15-16
past three years report that the team practice component of the curriculum has made a valuable contribution to their professional preparation.			
At least 95% of MPH students meet the competency achievement standards assessed in the culminating experience paper and oral presentation.	100% (17)	100% (22)	100% (18)
At least 90% of graduating MPH students report that the process of completing their culminating experience project enhanced their mastery of the competencies expected of an MPH degree holder.	94% (17)	100% (22)	100% (18)
100% of MPH students will apply the ecological framework in the development, implementation and data analysis of their community assessment team practice project (HED 820, 821, 822).	100% 20	100% 20	100% 22
At least 90% of graduating MPH students report (responses from strongly agree to agree) that the MPH program strengthened their ability to think critically about health equity and social justice.	100% (17)	100% (22)	100% (18)
At least 90% of graduating MPH students report (responses from strongly to somewhat agree) that the MPH program strengthened their ability to apply an ecological approach when analyzing community health.	100% (17)	100% (22)	100% (18)
At least 90% of MPH alumni surveyed report (responses from strongly to somewhat agree) that the MPH program developed the critical thinking skills expected of them as MPH professionals.	94% (alumni survey summer 2014)* (51)		
At least 90% of MPH alumni surveyed report (responses from strongly to somewhat agree) that the MPH program developed the skills expected of them as MPH professionals to be able to apply the ecological approach as a framework for addressing complex problems at the individual, interpersonal, organizational, community, and policy levels.	94% (alumni survey summer 2014)* (50)		
100% of MPH students will professionally present to students, faculty and/or community members throughout the MPH program as documented in course syllabi.	100% (17)	100% (22)	100% (18)
At least 90% of MPH students report (responses from	94% (16)	100% (22)	100% (18)

Table 2.7.b.4. Outcome Measures for MPH Program Instructional Goals

Outcome Measures (Targets)	Outcome Data		
	AY 13-14	AY 14-15	AY 15-16
strongly to somewhat agree) that the MPH program has strengthened their ability to write effectively for professional purposes.			
At least 90% of MPH students report (responses from strongly to somewhat agree) that the MPH program has strengthened their professional oral presentation skills.	100% (17)	100% (22)	100% (18)
At least 90% of MPH alumni surveyed report that the MPH program developed the oral communication skills expected of them as MPH professionals.	92% (alumni survey summer 2014)* (50)		
At least 90% of MPH alumni surveyed report that the MPH program developed the written communication skills expected of them as MPH professionals.	90% (alumni survey summer 2014)* (49)		
At least 70% of alumni surveyed present their professional work at conferences or in other formal professional settings.	72% (alumni survey summer 2014)* (39)		
At least 40% of alumni surveyed publish their professional work in journals or other professional publications.	47% (alumni survey summer 2014)* (25)		
At least 90% of graduating students report (responses from strongly to somewhat agree) that the MPH program strengthened their ability to work effectively in teams.	94% (16)	100% (22)	100% (18)
At least 90% of graduating MPH students report (responses from strongly to somewhat agree) that the MPH program strengthened their leadership abilities.	100% (17)	100% (22)	100% (18)
At least 90% of MPH alumni surveyed report (responses from strongly to somewhat agree) that the MPH program developed the team/collaborative skills expected of them as MPH professionals.	96% (alumni survey summer 2014)* (52)		
At least 90% of graduating MPH students report (range somewhat agree to strongly agree) that the MPH program has prepared them to work with diverse populations.	100% (17)	100% (22)	100% (18)
At least 90% of graduating students report (range agree to strongly agree) that the MPH program strengthened their ability to think critically about health equity and social justice.	100% (17)	100% (22)	100% (18)
At least 90% of MPH alumni surveyed report (responses from strongly to somewhat agree) that the MPH program developed the skills expected of them as MPH professionals to successfully work with diverse populations.	94% (alumni survey summer 2014)* (51)		

Table 2.7.b.4. Outcome Measures for MPH Program Instructional Goals

Outcome Measures (Targets)	Outcome Data		
	AY 13-14	AY 14-15	AY 15-16
At least 90% of MPH alumni surveyed report (responses from strongly to somewhat agree) that the MPH program developed the skills expected of them as MPH professionals to promote health equity in public health practice.	92% (alumni survey summer 2014)* (50)		
100% of MPH students will practice community-based learning and application of skills and attitudes relevant to the unique health and social needs of diverse populations.	100% (60)	100% (60)	100% (66)
At least 75% of students enrolled in the MPH program will continue in the program and graduate within the <i>shortest</i> timeframe possible to complete our sequenced 44-unit curriculum (two academic years).	w/in 2 yrs.: 14/19 students	w/in 2 yrs.: 20/22 students	w/in 2 yrs.: 18/22 students
At least 90% of students who enroll in the MPH program continue in the program, and graduate within the maximum timeframe allowed by the university for graduate degree completion.	entered F 2009: 96% (23)	entered F 2010: 100% (27)	entered F 2011: 90.4% (19)
At least 90% of graduating MPH students report (responses from strongly to somewhat agree) that they would recommend the SFSU MPH program to prospective students.	100% (17)	100% (22)	100% (18)
At least 90% of alumni surveyed report (responses from strongly to somewhat agree) that they recommend the SFSU MPH to others considering an MPH degree program.	95% (alumni survey summer 2014)* (53)		
At least 90% of graduating MPH students report (responses from strongly to somewhat agree) that they are satisfied with the educational quality of the MPH program.	94% (16)	100% (22)	100% (18)
At least 90% of graduating MPH students report (responses from strongly to somewhat agree) that the MPH faculty facilitated the expected development of knowledge and skills.	100% (17)	100% (22)	100% (18)
At least 80% of MPH students secure employment/pursue further education within 12 months of program graduation.	74% (73)		
100% of MPH faculty will meet monthly in workgroups to share instructional experiences and resources and work collaboratively to maximize the efficacy of their curricula	100% (5)	100% (5)	100% (3)

Table 2.7.b.4. Outcome Measures for MPH Program Instructional Goals

Outcome Measures (Targets)	Outcome Data		
	AY 13-14	AY 14-15	AY 15-16
and instructional methods.			
100% of department faculty will actively participate in ongoing professional development opportunities to integrate and sequence the MPH degree program curriculum.	100%	100%	100%
Data Sources (available in Electronic Resource File, Syllabi, MPH Syllabi and Surveys, MPH Surveys): Summer 2014 Alumni Survey Cohort 2014, 2015, 2016 Exit Surveys Cohort 2014, 2015, 2016 Pre and Post Program Self-Assessment MPH Competency Surveys MPH Course Syllabi			

*Alumni survey conducted every three years, not annually.

BS Program

BS degree completion rates.

Outcome measure: At least 75% of BS students who initially enroll in the first semester of the BS program course pathway will graduate within four semesters.

Assessment results: As depicted in BS Table 2.7.b.5 BS Degree Completion Rates, the four semester graduation rates are consistently above 50%. We attribute these consistently high persistence and degree completion rates with our lock-step, sequenced curriculum and our innovative, in-class advising model. The university does not limit time to graduation for undergraduate students.

Table 2.7.b.5. BS Degree Completion Rates by Semester of Program Entry	
Semester of program entry; Semester of graduation	Percentage of four semester grad rates
Enter Fall 2009 (n=94); graduate Spr 2011 (n=61)	65%
Enter Spr 2010 (n=88) graduate Fall 2011 (n=68)	77%
Enter Fall 2010 (n=98); graduate Spr 2012 (n=69)	69%
Enter Spr 2011 (n=96); graduate Fall 2012 (n=79)	82%
Enter Fall 2011 (n=100); graduate Spr 2013 (n=69)	69%
Enter Spr 2012 (n=100); graduate Fall 2013 (n=93)	93%
Enter Fall 2012 (n=100); graduate Spr 2014 (n=86)	86%
Enter Spr 2013 (n=100); graduate Fall 2014 (n=83)	83%
Enter Fall 2013 (n=147); graduate Spr 2015 (n=93)	63%
Enter Spr 2014 (n=100); graduate Fall 2015 (n=83)	83%
Enter Fall 2014 (n=75); graduate Spr 2016 (n=58)	77%
Enter Spr 2015 (n=58); graduate Fall 2016 (n=58)	85%

The BS degree completion rates are calculated by the undergraduate program coordinator who manages BS enrollments. Because the BS degree program is cohorted with students traveling together through a series of sequenced courses, we calculate our graduations rates based on how many students enrolled in the first course in the program (HED 400) and then how many students graduate four semesters later once completing the sequence of required major courses. This is our most accurate and available measure for degree completion rates. The University's institutional research office and the campus solutions database does not provide academic departments with student specific tracking data due to understaffing. Thus, as you can see in Table 2.7.b.6 data on students who withdraw from our major is not available to us and tracking individual students progress by hand is not feasible with the number of students we have (our major was well over 500 and one of the ten largest on campus).

Also, relevant to this matter is that prior to the fall of 2014, the majority of our major classes, except for the four sequenced courses, were also general education (GE) classes with students enrolling from across the University. Because many more students declared Health Education as a major than faculty on our staff to offer the courses they needed to graduate in an expeditious manner, in the fall of 2014, the BS program in Health Education declared impaction. What this meant was that instead of open enrollment—meaning any SFSU student has the right to join the Health Education major at any time--impaction allowed the Department to have a formal application and admittance criteria. This allowed the Department administration to match how many we accepted to how many we could graduate in a timely fashion. As we went into impaction, the faculty also fully cohorted the courses and sequenced not just four courses over four semesters, but all of the courses in the BS degree over four semester and removed all but one from the GE program. Prior to 2014, many students would have finished all of the courses in the major waiting to enter HED 400 and still have four semesters remaining to complete the then 4 semester sequenced series. Impaction, along with curricular sequencing has resulted in a much more robust promise to our new majors that once they declare Health Education as a major, the vast majority (more than 75%) will be able to graduate four semester later.

Job placement rates.

Outcome measure: At least 80% of BS alumni are employed or seeking further education within 12 months of graduation.

Assessment results: As depicted in BS Table 2.7.b.7 BS Graduate Job Placement directly below, more than 80% of BS students graduating spring 2013, 2014, and 2015 were either employed or pursuing further education within 12 months of graduation.

Table 2.7.b.7. BS Graduate Job Placement			
Destination of BS graduates by Employment Type	2013	2014	2015
Employed	82%	83%	86%
Continuing education/training (not employed)	14%	35%	50% ²
Actively seeking employment	No data	15%	11%
Not seeking employment (not employed and not continuing education training, by choice)	23%	6%	19% ³
Unknown	0	0	0
Total (for whom we have data)	22	54	37

² The survey question did not distinguish between those who had already completed and those who were currently enrolled in further education or training.

³ Respondents said they “were not looking for a new job”, but this may have included some who were already employed.

Table 2.7.b.6. Students in BS Degree, By Cohorts Entering Between 2009-10 and 2016-17								
	Cohort of Students	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
2009-10	# Students entered	182						
	# Students withdrew, dropped, etc.							
	# Students graduated			129				
	Cumulative graduation rate			71%				
2010-11	# Students continuing at beginning of this school year		198					
	# Students withdrew, dropped, etc.							
	# Students graduated				148			
	Cumulative graduation rate				75%			
2011-12	# Students continuing at beginning of this school year			200				
	# Students withdrew, dropped, etc.							
	# Students graduated					162		
	Cumulative graduation rate					81%		
2012-13	# Students continuing at beginning of this school year				200			
	# Students withdrew, dropped, etc.							
	# Students graduated						169	
	Cumulative graduation rate						85%	
2013-14	# Students continuing at beginning of this school year					247		
	# Students withdrew, dropped, etc.							
	# Students graduated							176
	Cumulative graduation rate							71%
2014-15	# Students continuing at beginning of this school year						133	
	# Students withdrew, dropped, etc.							
	# Students graduated							
	Cumulative graduation rate							
2015-16	# Students continuing at beginning of this school year							158
	# Students withdrew, dropped, etc.							
	# Students graduated							
	Cumulative graduation rate							

Table 2.7.b.8. Outcome Measures for BS Program Instructional Goals			
Outcome Measures (Targets)	Outcome Data		
	AY 13-14	AY 14-15	AY 15-16
100% of BS course syllabi list student learning outcomes that address the BS competencies, functions, and responsibilities covered in the course.	100%	100%	100%
At least 90% of graduating BS students report that they are confident that they can execute the functions and responsibilities of a public health practitioner.	91%	91%	95%
At least 85% of BS alumni report that the BS program provided them with strong preparation for their work after graduation.	84%		
At least 80% of preceptors will rate their intern “excellent” or “very good” when evaluating their professional <i>characteristics</i> .	100%	86%	92%
At least 80% preceptors will rate their intern “excellent” or “very good” when evaluating their professional <i>competencies</i> .	79%	90%	100%
All BS students apply the ecological framework in their signature projects, including in their HED 400 community assessment, HED 430 literature review, HED 431 program plan, HED 455 cultural humility community project, and HED 480 capstone assignments and training workshop.	100%	100%	100%
At least 90% of graduating BS students report that the BS program strengthened their ability to think critically about health equity and social justice.	86%	91%	92%
At least 90% of graduating BS students report that the BS program strengthened their ability to apply an ecological approach when analyzing community health.	94%	91%	97%
At least 90% of BS alumni surveyed report that the BS program developed the critical thinking skills expected of them in their work after graduation.	81%	91%	92%
At least 90% of BS alumni surveyed report that the BS program developed the skills expected of them to apply the ecological approach as a framework for	97%		

Table 2.7.b.8. Outcome Measures for BS Program Instructional Goals			
Outcome Measures (Targets)	Outcome Data		
	AY 13-14	AY 14-15	AY 15-16
addressing complex public health problems.			
At least 90% of BS students report that the BS program has strengthened their ability to write effectively for professional purposes.	94%	91%	90%
At least 90% of BS students report that the BS program has strengthened their professional oral presentation skills.	91%	91%	96%
At least 90% of BS alumni surveyed report that the BS program developed the oral communication skills expected of them in their work after graduation.	94%		
At least 90% of BS alumni surveyed report that the BS program developed the written communication skills expected of them in their work after graduation.	90%		
At least 90% of graduating BS students report that the BS program strengthened their ability to work effectively in teams.	94%	91%	91%
At least 90% of graduating BS students report that the BS program strengthened their leadership abilities.	80%	83%	97%
At least 90% of BS alumni surveyed report that the BS program developed the team/collaborative skills expected of them in their work after graduation.	94%		
At least 90% of graduating BS students report that the BS program has prepared them to work with diverse populations.	88%	91%	95%
At least 90% of graduating BS students report that the BS program strengthened their ability to think critically about health equity and social justice.	86%	91%	88%
At least 90% of BS alumni surveyed report that the BS program developed the skills expected of them to successfully work with diverse populations.	94%		
At least 90% of BS alumni surveyed report that the BS program developed the skills expected of to promote health equity in public health practice.	94%		
In the capstone internship experience, 100% of BS			

Table 2.7.b.8. Outcome Measures for BS Program Instructional Goals			
Outcome Measures (Targets)	Outcome Data		
	AY 13-14	AY 14-15	AY 15-16
students will engage in community-based learning and application of skills and attitudes relevant to the unique health and social needs of diverse populations.	100%	100%	100%
At least 75% of students who are accepted and enroll in the BS program continue in the program, and graduate within the shortest timeframe possible to complete our sequenced 51-53 unit curriculum (four semesters).	86% Entering F'12	63% Entering F'13	77% Entering F'14
At least 90% of graduating BS students report that they would recommend the SFSU BS program to prospective students.	92%	95%	91%
At least 90% of graduating BS students report that they are satisfied with the educational quality of the BS program.	94%	90%	94%
At least 90% of graduating BS students report that the BS faculty facilitated the expected development of knowledge and skills.	74%	85%	85%
At least 75% of BS students secure employment/pursue further education within 12 months of program graduation.	71%		
100% of BS faculty will meet monthly in workgroups to share instructional experiences and resources and work collaboratively to maximize the efficacy of their curricula and instructional methods.	100%	100%	100%
100% of BS faculty will actively participate in ongoing professional development opportunities to integrate and sequence the BS degree program curriculum.	100%	100%	100%
Data Sources available in Electronic Resource File: •BS Alumni Survey 2016 (tool and results) •BS Alumni Job Placement Survey (tool and results) •BS Post-Competency Surveys – Spring 2014 through Spring 2016 •BS Course Syllabi – Fall 2013 through Spring 2016			

2.7.c. Job placement data collection

MPH Program

MPH program job placement data collection method

Annually in October/November, the graduate coordinator contacts by email all MPH alumni who graduated the prior spring that same calendar year, requesting an update on the students' employment situation. Because our MPH program is a small, tightly connected community, in the past three years, 100% of the alumni (17 for AY 2012-13, 17 for AY 2013-14, 22 for AY 2014-15) replied to the email request to update their current employment situation. If in a future year, the response rate were not 100%, as it typically is, the graduate coordinator can access LinkedIn to seek an employment status update for a non-responding alum. All graduating MPH students, who do not already have one, develop a LinkedIn profile as part of their final semester course HED 811 Community Health Education Professional Formation.

BS Program

Prior to 2015, the main source of job placement data for graduates from the BS program was through the Alumni Employment Survey conducted approximately every 3 years. The last 2 dates of administration of the Alumni Employment Survey were December 2013 & June 2016. In December 2013, the response rate was 22% (34/154), and the response rate in June, 2016 was 23% (98/421). In order to begin collecting job placement data from B.S. graduates on an annual basis, another employment survey, the Annual Alumni Employment Survey, was developed and first administered in the spring of 2015. The Annual Alumni Employment Survey requests employment data from those students who graduated in the previous year; in the case of the first Annual Employment Survey, data were collected from those who graduated between December 2013 and August, 2014. The final sample of respondents to the first annual employment survey was 30% with 54, out of 179 overall # of graduates between Dec. 2013 and Aug. 2014. Because the Alumni Employment Survey was administered to recent graduates in June 2016, no Annual Employment Survey was sent out in the spring of 2016.

2.7.d. Certification of professional competence

Our program does not certify professional competence.

2.7.e. Evaluation of graduates' performance of competencies in an employment setting

MPH Program

Alumni Survey

As mentioned in Criterion 2.7.a, the Department of Health Education MPH program administers an alumni survey every three years to recent alumni (within five years of graduation). The summer 2014 alumni survey had 56 respondents. 91% of the respondents reported that the MPH program provided them with strong preparation for their work as MPH professionals, and 95% reported that they recommend the MPH program to prospective students (responses from strongly agree to somewhat agree for both measures). The survey also asks alumni to assess the success of the MPH program in developing the skills expected of them as MPH professionals in a wide range of competency areas: assessment, planning, management, evaluation, policy/advocacy, research, collaboration, critical/ecological/systems thinking, training, communication, diversity and culture. In 11 of the 15 competencies assessed, a range of 87% to 96% of the alumni reported that the MPH program developed the expected skills (responses from strongly to somewhat agree). In the remaining 4 competency areas, the agreement rates ranged from 59% to 72%; however, those agreement rates exclude 2-6% of respondents, who had not yet used those surveyed skills in their post-MPH degree professional work. The MPH Alumni Survey Report 2014 can be found in the Electronic Resource File.

Feedback from Employers

Employers report high satisfaction levels with the skills, values, and work performance of our graduates. Our primary data collection method has been documented discussions with employers that include government agencies, community based organizations, educational and research institutions, including SFSU. Greater access to SFSU as employer, and others who partner with SFSU, such as Metro College Success Program, has allowed us to collect more extensive and consistent alumni employee performance data from these employers.

For example, we collect and analyze the course evaluation scores for our MPH alumni who are employed as part-time lecturers in the Department of Health Education, and for Metro College Success Program. Between fall 2013 and spring 2016, we had a range of 12-19 SFSU MPH alumni per semester teaching one or more courses for us in our general Dept. of Health Education course offerings and/or in the specialized Metro College Success Program. Our department holds our course instructors, both part-time lecturers and tenure track faculty, to exceptionally high teaching quality standards, expecting mean course evaluation scores to be under 2 on a 5 point scale, with 1 being the most favorable anchor on the scale. The mean of the mean course evaluation scores for our large number of MPH alumni teaching for us were *all* impressively well under 2, for *each* semester of teaching between fall 2013 and spring 2016. To view the complete table analyzing MPH alumni fall 2013-spring 2016 teaching evaluation scores, refer to the MPH Alumni Teaching Evaluation Means in the Electronic Resource File.

Below we provide a representative sample of employer quotes from documented discussions and employer feedback memos; however, for a full record of feedback, see Examples of Feedback Memos from Alumni Employers folder the Electronic Resource File.

The SFSU MPH graduates whom I have hired are outstanding individuals and incredibly well prepared professionals. Their ability to grasp complex issues, dig into the social justice aspect of our work, and perform at a very high professional level has been outstanding. You all are doing a great job. Thank you!

We continue to hire SFSU MPH alumni, because of the strong work ethic, commitment to social justice approaches in all aspects of our work, interpersonal skills and depth of understanding of tools to make our world a better place. We love working with each and every one of them!

In her role as program coordinator for Newcomers Health Program, C. is able to apply skills gained in the MPH program at SFSU, including working across the spectrum of prevention to impact social determinants of health, engaging in conscientious working relationships with a diversity of stakeholders using principles of cultural humility, and bringing vision and leadership to a critical public health team working to reduce disparities in the refugee/asylee population.

All of the MPH graduates perform at a mastery level of MPH Core Area Competencies. These faculty members teach the social determinants of health and environmental justice principles, using an innovative curriculum that focuses on real-world public health issues. They have demonstrated mastery of program planning and policy analysis in developing a policies and procedures manual for our rapidly expanding program at City College. They are using and helping to fine-tune a Salesforce database to inform both program assessment and outcome assessments for Metro, carrying out program evaluations each semester. They are demonstrating leadership skills in their coordination of a total of four Metro Transfer Academies and student services for Metro's highly diverse student population. They are in charge of developing strong partnerships with a variety of community agencies and secondary schools, as well as with many units of City College itself.

S. has helped university instructors and students build a strong understanding of the ecological/systems thinking approach to public health. She is an extremely strong communicator, working effectively with students, instructors, and university leaders, and frequently presenting to health and higher education leaders at conferences. She displays mastery-level skill in professionalism, collaboration and leadership, and is deeply committed to serving diverse groups of students in a way that affirms their strengths and abilities. She has planned and executed new programs and implemented health education. She serves as a health education resource for many instructors within our institution and beyond. Her commitment to promoting and advocating for equity in community health and health education is exceptional.

C. is one of the most conscientious, diligent and hard-working employees we have had the pleasure of working with. His commitment to social justice approaches and overall easy-to-get-along-with manner, make the work we are doing immeasurably better.

Feedback from Other Stakeholders

Quotes from community partners regarding our students' impactful work in the team practice community assessment process:

I appreciate all of you and the effort to ensure that the History of the HOPE SF Sites are well documented and is not lost nor erased as the transformation process takes place. Marcus Garvey, Father of the "Back to Africa" movement, once stated, "A people without knowledge of their history, is like a tree without roots." – HOPE SF Community Resident

Not only are you perfecting the process for uncovering the health/economic/education/social needs and strengths of the people who live in HOPE SF sites, I believe with this one [community assessment], you will reach the heart and soul. Thank you so much for your work, your students, and your leadership. – City Agency

Quote from program coordinator for the prestigious Minority Training Program in Cancer Control Research (MTPCCR), UCSF site:

I will say that SFSU consistently sends strong applicants to our program. If you recall, for the 2014 Summer Institute eight students from the MPH program applied and six were admitted. Our 2014 Summer Institute consisted of a total of 21 fellows, with students from the MPH program at SFSU making up roughly 28.5% (6/21) of our 2014 cohort. The following year participation by SFSU's MPH students was even greater! We accepted a total of 24 fellows, 7 of whom were from the MPH program - that's 29% (7/24) of our 2015 summer class! In 2015, all MPH students who applied to the Program were admitted. For the 2016 Summer Institute, five students from the MPH program applied, of which four students were admitted and one was waitlisted. This current year, the students from the MPH program made up 16% (4/25) of the 2016 cohort.

BS Program

An assessment of our BS students' ability to perform the competencies in an employment setting occurs at the end of HED 480 Fieldwork and Reflective Seminar, which is structured as a tightly integrated capstone course and internship/practice course. A Preceptor Survey of the Student Intern is administered to collect this data. Results for the last three years can be found in Table 2.7.e.1. and Table 2.7.e.2. A selection of preceptor quotes is included below demonstrating preceptor satisfaction with student performance in an employment setting. In addition, all students are required to complete a Final Program and Internship Reflection Paper to assess their own personal and professional growth as a result of our program.

Preceptor Survey of Student Intern

Preceptors consistently rate students in the "excellent" and "very good" range when asked about

a range of performance measures in an employment setting. In addition to these performance measures, an average 98% of preceptors report that the intern advanced the mission and work of their organization as a result of their internship performance. Preceptors also include qualitative content describing students' strengths. Below is a sampling of recent preceptor responses. A complete record of BS Preceptor Survey Results can be found in the Electronic Resource File.

F16: AG's strongest skillset was the ability to quickly move on our youth mentorship contract. With limited time due to the holiday season, AG was still able to conduct several outreaches and build relationships with local schools/after school programs. In addition, she was able to secure two clients for her case load and assist them with developing client-centered goals

SP16: LB has strong research skills and works very well independently without a lot of supervision. LB also is able to synthesize information and can draw connections between different issues. She has an analytical mind and is a strong writer and researcher. She shows great potential for working in public health and public service.

SP16: K's strongest skill was her resourcefulness in regards to recruitment and enrollment for the program. Jumping right into the work, K not only drew upon her existing networks for outreach, she easily identified key community leaders who could benefit from services. After establishing such connections, K maintained constant contact and rapport building to secure strategic positions within youth agencies and local schools.

SP16: S was strong in interactions -- face-to-face or phone -- with our clients, who are older adults. She showed outstanding understanding of the contexts and issues facing older adults. She would fit in very well in a community-based participatory research study.

SP16: M is really good at taking feedback given to her and integrating feedback. She fully participates in community events with an open mind and always finds opportunities to learn and grow from her work experiences. M always has creative ideas when planning health activities or presentations and making flyers.

SP16: A was really bright and applied a lot of her health education skills in the different projects that she participated in. Her abilities to inform programs with research with her incredible work ethic truly was a testament of her character and passion around the topic area of focus - mental health. She worked well with others and contributed to the intern community/team.

SP16: M is a calm, open, willing team member. She has a good working knowledge of cultural issues (humility, differences in learning style, appropriateness of materials). M's personal

connection to kidney disease made her an even stronger advocate and more passionate about the importance of prevention. M is a hard worker, dedicated, and professional.

SP16: H was born to be a health educator. His level of knowledge and understanding of the field is up to par and his demeanor is always welcoming and engaging to participants. His strongest skill is organization in program planning. H is working closely with me to implement a "Health Fair" for over 600 people including over 30 CBO, local vendors/ sport teams, and a plethora of volunteers to ensure program success. H has shown impeccable precision in planning details, developing organizational tools and spearheading this effort. H has also been recognized by other departments for his outstanding efforts by being asked to apply for opening positions. I think with ongoing mentorship, H is will grow to be an exceptional health educator.

SP16: M has demonstrated true professionalism and been enthusiastic in learning of a research team member with our community-based randomized controlled trial lifestyle intervention using digital technology for Filipinos. She has been a reliable and responsible team member who quickly learned how to collect, upload, input, manage, clean, and store data on the UCSF secure database servers while following confidential HIPAA compliant guidelines . She quickly learned to maneuver through the research database software used in our study (SurveyMonkey, MyResearch, Fitabase, Fitbit mHealth app, Outlook). She also developed skills in basic SPSS data analysis and syntax applications, handling online questionnaires, and trouble shooting problems with data output files. M gets along well with all team members, accepts directions graciously, has provided valuable input at our team meetings, gets her assigned task completed in appropriate time, and has become a valuable member of our research team. I am exceedingly pleased with her performance during the time she has been with us this 2016 Spring semester.

SUM16: J exhibited great strength in the following areas: -patient care -resourcefulness -direct health education -technology -interpersonal skills -motivation -attitude toward learning J is very motivated and professional intern. Her attitude and demeanor towards patient care and her work was one of great positivity and professionalism. She sought to do provide work in a very timely and organized manner. She did a thorough job on the projects assigned to her. She also took feedback very well and incorporated many suggestions to improve her final presentation. J was always seeking to improve her skills and learn. She met her deadlines on time, communicated clearly, and was a pleasure to have as an intern.

SUM16: From the beginning H has been excited and eager to help provide community members with health screenings, health educations, and linking them to resources. She has a positive attitude and community members feel very comfortable approaching her. She has also added many great ideas on other ways we can reach out to community members and understands the importance of the work Heart 2 Heart does in South Berkeley.

Final Program Reflection Assignment

The last and final assignment that students complete as part of their capstone experience is to reflect on their experience and growth in the health education program since they enrolled in the first core sequenced course, HED 400: Introduction to the Health Education Profession. They are asked to reflect on who they were when they entered the program, and describe how they have changed both personally and professionally in our program. Below is a selection of recent quotes from these reflections, which focus on both their personal and professional growth in HED competencies and cross-curricular areas such as communication, collaboration, cultural humility, and direct health education

RC SP16: Everything I had learned about social determinants, policies, theories, research, program planning, and social justice had finally come to life in my internship. This realness fed my passion to be a health educator and an agent for social change. I learned that I have the skills required to be a health educator and I feel more prepared to go out into the real world.

SW SP15: All the sequenced classes build on top of one another, allowing students to practice things that may occur in the real world when we are in the field. From my internship, I was able to practice everything I have learned from the previous health education courses and apply it to the real world.

JL SP15: Throughout my HED career, I've learned the importance of critical reflection, seeing the bigger picture, conducting community-based participatory research, effective grant writing, and incorporating liberation education into my pedagogy. I came into my awareness of this link through the Ecological Model, wherein those societal and policy-related contributing factors identified were interwoven into grant proposals to adequately address these issues either partially or entirely... These very detailed interconnections became real once I was able to mentally put the puzzle pieces together, then apply them to a certain degree in real life. These weren't isolated concepts and methods we explored randomly throughout the HED major. They were building blocks, methods that were tried and proven, and practical skills that were necessary to progress within a specific field.

AM SP15: Through the Health Education major and HED 480, I personally became a confident speaker, write, and advocate for social justice, and a life-long learner.

KL SP15: I saw myself growing as an individual after the active learning workshop, I mentioned before that I struggled with presentations (everyone that has taken classes with me knows this). However, after taking this class and doing outreach at my internship, I slowly started becoming more comfortable talking in large crowds. If it wasn't for this class, I don't know if I would be able to overcome my fear of public speaking

SB F16: Health Education at San Francisco State has been a really interesting and self-bettering experience. I grew up in (a local rural area) and although it is very close to San Francisco, there are some rural aspects that left me stuck in a rather White mind set. There were many aspects of my personality and worldviews that were absolutely racist despite how subtle or unintentional. Being part of the Health Education major has shown me cultural humility, how problematic a lot of my previous ideas and misconceptions were, what stereotypes really are and how harmful they are, and many other things that bettered me as a human being and ultimately part of the workforce.

KA SU16: Personally I have overcome depression and anxiety throughout my college experience. This major has taught me many academic skills, and along the way I also learned about myself. I am very happy I ended up choosing Health Education as a major. It has given me the foundation to be able to help people, which is ultimately what I want to do.

FA SU16: In my health education career, I had my ups and downs both in my academic and personal life. The semester I took HED 430, my brother passed away from gun violence. Having to attend school just days after the incident was the most difficult this I had to do; however, it was the most healing processes I experienced. In HED 520, my topic was on gang violence. Being able to reflect on my personal life while researching the topic, I was able to understand the concept of gang violence and understand it's greater than one person, it's society.

Table 2.7.e.1: Percentage of Preceptors Who Rated Their Intern “Excellent” or “Very Good” Among Professional Characteristics**					
	FALL 2013 – SUMMER 2014 (N=168)	FALL 2014 (N=62)		SPRING 2015 - SUMMER 2015 (N=140)	FALL 2015- SUMMER 2016 (N=134)
PROFESSIONAL CHARACTERISTICS			PROFESSIONAL CHARACTERISTICS		
Attitude	96% (n=161)	94% (n=58)	Attitude	92% (n=129)	96% (n=129)
Resourcefulness	89% (n=149)	81% (n=50)	Resourcefulness	86% (n=120)	87% (n=116)
Reliability	89% (n=149)	92% (n=57)	Attendance	80% (n=112)	89% (n=119)
Appropriate Attire	95% (n=160)	90% (n=56)	Attire	89% (n=125)	97% (n=130)
Appropriate Demeanor	94% (n=158)	95% (n=59)	Demeanor	90% (n=126)	95% (n=127)
Self-Reliance	92% (n=155)	82% (n=51)	Self-Reliance	81% (n=113)	81% (n=108)
Assertiveness	86% (n=145)	74% (n=46)	Learning Style	91% (n=123)	91% (n=122)
Punctuality	89% (n=149)	89% (n=55)	Maturity	93% (n=122)	93% (n=124)
	**Note: Professional Characteristic Measures were revised effective Spring 2015 based on preceptor feedback of the evaluation tool. For this reason we separated fall 2014 from spring and summer 2015 for year two.		Self-Awareness	84% (n=108)	84% (n=113)
			Assertiveness	76% (n=107)	76% (n=102)
			Feedback	93% (n=124)	93% (n=125)
			Communication	91% (n=125)	91% (n=122)
			Responsiveness	93% (n=124)	93% (n=125)

Table 2.7.e.2: Percentage of Preceptors Who Rated Their Intern “Excellent” or “Very Good” Range Among Professional Competencies**										
	FALL 2013 (N=39)	SPRING 2014 (N=88)	SUMME R 2014 (N=41)	FALL 2014 (N=62)		SPRING 2015 (N=93)	SUMME R 2015 (N=47)	FALL 2015 (N=35)	SPRING 2016 (N=61)	SUMME R 2016 (N=38)
PROFESSIONAL COMPETENCIES					PROFESSIONAL COMPETENCIES					
Written Communication	78% (n=28/36)	92% (n=79/86)	88% (n=35/40)	82% (n=46/56)	Professional Writing	86% (n=72/84)	90% (n=37/41)	85% (n=29/34)	90% (n=53/59)	80% (n=28/35)
Oral Communication	87% (n=34/39)	94% (n=83/88)	88% (n=36/41)	94% (n=58/62)	Professional Speaking	83% (n=76/92)	80% (n=33/41)	91% (n=31/34)	90% (n=55/61)	84% (n=32/38)
Interaction with Co-Workers	95% (n=37/39)	97% (n=85/88)	95% (n=39/41)	92% (n=57/62)	Direct Health Education	89% (n=70/79)	88% (n=38/43)	91% (n=32/35)	86% (n=49/57)	91% (n=32/35)
Interaction with Participants	92% (n=33/36)	90% (n=77/86)	90% (n=36/40)	93% (n=56/60)	Computers and Technology	88% (n=81/92)	89% (n=42/47)	89% (n=31/35)	93% (n=55/59)	95% (n=36/38)
Computer Skills	89% (n=34/38)	93% (n=81/87)	85% (n=35/41)	90% (n=56/62)	Research	84% (n=74/88)	88% (n=37/42)	94% (n=31/33)	90% (n=46/51)	91% (n=31/34)
Problem-solving	82% (n=31/38)	87% (n=75/86)	80% (n=33/41)	89% (n=54/61)	Outreach and Recruitment	90% (n=76/84)	95% (n=38/40)	94% (n=30/32)	92% (n=47/51)	91% (n=30/33)
Decision-making	66% (n=25/38)	83% (n=70/84)	76% (n=31/41)	90% (n=53/59)	Planning, Implementation, and Evaluation	88% (n=77/88)	88% (n=35/40)	89% (n=31/35)	92% (n=55/60)	89% (n=32/36)
Productivity	82% (n=32/39)	91% (n=80/88)	85% (n=35/41)	90% (n=56/62)	Knowledge of the Profession	83% (n=76/92)	93% (n=39/42)	91% (n=32/35)	86% (n=51/59)	87% (n=33/38)
Leadership	71% (n=25/35)	81% (n=69/85)	73% (n=30/41)	74% (n=43/58)	**Note: Professional Competency Measures were revised effective Spring 2015 based on preceptor feedback of the evaluation tool and faculty work on assessment alignment. For this reason fall 2014 measures are different from spring and summer 2015 for year two. In addition, students are not required to practice all competencies. For this reason, a separate N is recorded for each competency which represents the number of students who were able to practice that competency at their internships.					
Planning/Organization	76% (n=29/38)	91% (n=78/86)	85% (n=35/41)	88% (n=52/59)						
Thoroughness/Accuracy	71% (n=27/38)	91% (n=80/88)	80% (n=33/41)	90% (n=56/62)						
Knowledge about the profession	82% (n=32/39)	86% (n=76/88)	80% (n=32/40)	74% (n=46/62)						
Innovative Creative Ideas	76% (n=29/38)	80% (n=69/86)	83% (n=34/41)	78% (n=47/60)						
Did students advance the work of the organization?	100%	100%	95%	97%		97%	100%	100%	100%	97%

2.7.f. Criterion assessment

This criterion is met.

Strengths: The SFSU MPH and BS programs both have extensive procedures for assessing and evaluating student achievement of expected core and concentration competencies, including current student assessments to monitor the expected achievement, integration and synthesis of competencies as students progress through the curriculum. These in-progress assessment methods allow the programs to proactively address any problematic areas. The model calls for faculty to consistently review and discuss the assessment findings and take action where necessary. The consistent alumni and employer feedback facilitates our ongoing attention to our curricula and programs to assure they continue to meet the evolving needs of 21st Century community health education professionals.

Areas for improvement: None identified.

Criterion 2.8: Bachelor's Degrees in Public Health

2.8.a. Instructional matrix of bachelor's degree offered

Refer to instructional matrix in Criterion 2.1.a.

2.8.b. BS support and resources

Please refer to Criteria 1.6 and 1.7 for a detailed description of support and resources for the program.

2.8.c. Required and elective BS courses

BS students complete 42 required course units with 9-12 additional units taken as electives in their chosen emphasis (community-based public health for 9 units or holistic health or school health for 12 units). The undergraduate curriculum is designed in four sequenced, scaffolded semesters and incorporates the core areas of public health in the required course curriculum. As mentioned in the instructional goals (reference Criteria 1.1), the undergraduate curriculum threads the same cross-curricular themes as the MPH—ecological/systems thinking, communication, professionalism, and cultural humility—across four semesters of tightly sequenced courses. Public health core knowledge and elective emphases are outlined in Table 2.8.c below.

Table 2.8.c. BS Required Courses Arranged by Principle Public Health Core Knowledge Area		
Core Knowledge Area	Course Number and Title	Credits
Biostatistics	HED 425 Research Methods & Statistics in Health Education	3 units
Epidemiology	HED 420 Epidemiology	3 units
Environmental Health Sciences	HED 655 Environmental Health	3 units
Health Services Administration	HED 410 Organization and Function of Health Services; or HED 450 Policy Issues in Health Education HED 431 Program Planning, Implementation, and Evaluation, 3 units	6 units
Social & Behavioral Sciences	HED 400 The Health Education Profession, 3 units HED 405 Introduction to Community Public Health, 3 units HED 430 Community Health Education Theory, 3 units HED 455 Community Organizing and Community Building for Health, 3 units HED 480 Fieldwork and Reflective Seminar, 9 units HED 520 Race, Class, and Gender 3 units Duplicated in Health Services Administration: HED 431 Program Planning, Implementation, and Evaluation, 3 units	27 units
Elective Clusters	Community Based Public Health, 9 units Holistic Health, 12 units School Health, 12 units	9-12 units

2.8.d. BS capstone policies and procedures

As a designated capstone (also referred to as a culminating experience) course, HED 480 was designed to meet both university and accreditation policies and procedures. In alignment with both the university and CEPH accreditation standards, and in consultation with professionals in the public health field, the department designed the HED 480: Fieldwork and Reflective Seminar capstone course as a highly-integrated, combined in-class and internship course. According to the San Francisco State University Academic Senate, reference S15-255, the capstone course definition: “The culminating experience requires students nearing the end of their college years to create a project that integrates and applies what they have learned. The project might be a research paper, a performance, a portfolio of ‘best work,’ or an exhibit. It might be attached to a formal course for credit, or might not. Culminating experiences should offer some hands-on element such as internship, study abroad, application of learned skills, or research within the field.” The BS degree requires both culminating in-class component and an internship experience. This requirement is met through HED 480 Fieldwork and Reflective Seminar, which is a 9-unit course and is the last in a series of sequenced courses that students must pass with a C or higher in order to progress in the sequence. In HED 480, students are required to complete 240 hours of practice in the field in addition to three hours of classroom instruction and reflection. All students are required to complete this course, and no waivers are granted.

As stated in the HED 480 course syllabi, by the end of the course students will be able to:

- Describe and practice professionalism in a public health setting;
- Prepare to enter the professional field by practicing interviewing skills and developing a professional portfolio including a resume and professional writing samples;
- Experience and analyze the operations of a public health organization (internship site) in terms of its structure, staffing, programs and services, client populations, communication structures, outreach strategies, employment opportunities, and benefits;
- Practice public health competencies related to the core functions of public health, such as assessment, direct health education and training, planning, curriculum design, evaluation, and theory application;
- Practice self-advocacy, leadership, collaboration, and professional communication in the classroom and in the workplace;
- Reflect on the health education major core courses, and apply competencies in a practical setting.

BS Internship Site and Preceptor Selection

All preceptors must complete a site/preceptor internship application and be approved for eligibility before being listed as an official internship site. For a copy of the BS Internship Preceptor Application, please reference the Electronic Resource File. In order to be eligible to host an intern, the site/preceptor must meet the following qualifications:

- the preceptor must hold a MPH degree or equivalent advanced degree;

- the preceptor must have experience supervising interns;
- the preceptor must directly supervise the intern;
- the site must fit within the scope of public health and health education settings;
- the preceptor must provide the intern with an internship project in which students can practice community health education competencies and cross-curricular themes;
- the internship experience must fit within the scope of SFSU, CEPH, and NCHEC criteria for eligible capstone/practice courses;
- the preceptor must provide the intern with a designated space with reasonable accommodations required for the intern to successfully complete assigned work (e.g., desk, telephone, computer, copy machine, etc).

Since the HED 480 course is offered fall, spring, and summer semesters, and projects and preceptors often change, existing sites must update their internship site profile every term. Job duties for preceptors are detailed in the HED 480 Faculty Handbook. For a copy of the BS Internship Faculty Handbook, please reference the Electronic Resource File.

Internship Placement Process

The instructor of record is charged with developing new sites, managing existing sites, and ensuring accurate site information. The HED 480 coordinator currently manages roughly 125 active and inactive sites that represent a variety of characteristics in terms of geography, setting, public health specialty, core competencies practiced, and population served.

The internship preceptors and organizations vary in public health focus and are located throughout the San Francisco Bay Area. For the complete BS List Internship Sites from the past three years, please reference the Electronic Resource File. Before the semester officially begins, the coordinator emails a questionnaire to enrolled students to assess their professional interests and plans, multilingual ability, transportation needs, geographic location, self-reported skills and strengths, and any limitations that may impede a successful internship experience. On the first day of class, the coordinator requires each enrolled student to review the internship opportunities and complete an online form ranking their top five choices. Student are also required to fill out a schedule form, indicating their daily calendars including course schedule, work schedule, commute time, other competing obligations, and overall designated day and time of availability for their internship.

The coordinator “matches” the student with a site/preceptor using the following sources of information:

- Student Internship Interest Questionnaire
- Preceptor/Site Application and Needs
- Previous Student Performance in Sequenced Courses
- Feedback from Previous Instructors

Considering all of these sources and information results in an internship match that is beneficial for both the student and the preceptor. This intricate and time-consuming matching process ensures that both students and preceptors are satisfied which prevents having to replace or terminate interns.

Once the student is matched, the student is then notified and given the preceptor contact information. The student contacts the preceptor and schedules a quasi-formal interview. These interviews are quasi-formal because preceptors agree to and trust the internal matching process, which obviates the need for a formal, high-stakes interview that often consumes much of the preceptor's time if multiple students wish to interview at a given site. Preceptors act as a mentor and teacher to students in the field; therefore it is very rare that the preceptor decides the student is not a good fit. In some instances, students may develop their own internship site, in which case, the site must meet all previously stated eligibility requirements.

In fall 2013, an analysis was conducted to explore available information management systems to support the undergraduate internship capstone, HED 480. For a copy of the BS Internship Analysis Report, please reference the Electronic Resource File. In this report, the practice faculty identified need for a cloud-based system to better help manage the internship placement process. The analysis of available systems and resources was conducted, and the department chose a system that is used by numerous campuses in the CSU system and supported by the CSU Chancellor's Office, CalState S4. A proposal was presented to Dean Alvarez and Brian Beatty, the Associate Vice President for Academic Affairs Operations, to support the Department of Health Education serving as a pilot for adoption of the Cal State S4 System on campus. After two semesters of manual inputs, we received permission to extend our pilot to the entire of College and launch a "proof of concept" trail with interested departments in the college. The coordinator presented this system to all college department chairs, and full integration of the system with the campus solutions data on campus was approved this past summer 2016 for a fall implementation of this valuable system for HED. Other college departments with similar capstone internship courses will adopt the system in the spring 2017. This cloud system will provide invaluable support for the faculty, preceptors, and student majors each academic year. The CalState S4 system will benefit the following stakeholders in the following ways:

- students will be able to view available sites, sign contracts online, and complete evaluations;
- preceptors will be able to update their internship site profile in real time ensuring accurate and up-to-date information, and they will be able to complete intern evaluations via the CalState S4 platform;
- faculty will be able to view student choices, place students directly in the S4 platform, track timesheets, monitor and update MOUs, and analyze student and preceptor evaluations;

- university stakeholders can use the system to generate reports to calculate and analyze the impact of internship/service on the community and manage risk by having a repository and system for storing and updating MOUs.

The system will be evaluated in the spring of 2017 and potentially become a campus solution for electronic internship management.

Means of Evaluating Community Internship Sites and Student Performance

Internship sites are evaluated formally and informally throughout the internship experience. Students complete a formal evaluation of the internship site and experience at the end of their internship. The students are asked questions about the application of core competencies, their relationship and experience with their preceptor, strengths and areas of improvement for both personal and professional skills, and whether they would recommend this site to future interns. The coordinator reviews these data every semester and manages the relationship with the site to either continue the relationship with modifications or terminate the relationship if the site cannot meet the internship criteria. Preceptors, in turn, are required to evaluate their student intern by rating the intern on professional characteristics and professional competencies. (For the BS Students Self-Evaluation Survey as well as the BS Preceptor Survey of Student Intern, please reference Electronic Resource File.) Informally, the coordinator consults with the students individually, in workgroups and/or in class and asks for their feedback and report on their internship experience. The coordinator also communicates with the preceptor throughout the entire internship period, conducting periodic check-ins and/or for specific issues that require resolution.

In-Class Culminating Experience

While students are in the field practicing community health education skills and competencies, they are also in the classroom engaged in a semester-long process in which they develop a competency-based, capstone project in the context of public health internship experience and professional development. Students are required to conduct a two-hour workshop on a professional development or leadership topic such as stress and time management, professional writing, professional speaking, cultural humility, leadership, technology, outreach and recruitment, and planning for the future. This assignment is staged, sequenced, and is focused on core public health knowledge and skills primarily learned in the sequenced courses, although students often draw from courses outside of the sequence to inform the development of this assignment. Students self-select topics and groups and practice the cross-curricular themes of collaboration, leadership, professional communication, and cultural humility throughout the assignment and semester. In small groups, students develop an assessment instrument to determine the specific training needs of the group. Students practice planning skills such as developing SMART learning objectives, selecting relevant pedagogical approaches, and allocating time appropriately. Applying liberation education as a pedagogical framework and

using the ecological model as a theoretical approach, students design activities that require their workshop participants (their classmates) to draw from their internship experience as a basis for personal and professional reflection and learning. Students conduct the workshop in class and facilitate discussions, conduct active training methods, and practice delivering health education. To close the workshop, students conduct an evaluation that measures the extent to which the workshop facilitators met their objectives; participants gained new knowledge or skills; and participants were satisfied with their experience. Each group designs the evaluation tool, conducts the evaluation, analyzes the results, and writes a brief evaluation report describing results and lessons learned. All of the skills are practiced in a dynamic learning experience where both the facilitators and participants learn and deepen the application and practice of community health education competencies—the kind of transformational co-learning indicative of Paulo Freire’s liberation education approach which is threaded throughout the curriculum.

Other capstone assignments include:

- a personal and professional reflection paper where students write about what they have learned in the program from when they first began taking classes in HED 400GW to what they learned in their internships;
- a four page literature review analyzing the role that liberation education plays in public health practice and health education training;
- a professional portfolio including an updated resume including competencies learned and practiced HED courses and their internships and professional writing samples showcasing their ability to write for both academic, professional, and community audiences

2.8. e. Criterion assessment

This criterion is met.

Strengths: Similar to the MPH program, the BS program’s applied, integrative, and sequenced curriculum is structured so that knowledge and skills introduced in one course are then reinforced across multiple courses then deeply practiced the capstone course and internship experience. This innovative, lock-step curricular model, coupled with an engaged, active faculty learning community, results in a student learning experience that is rigorous, challenging, effective, and rewarding. Students not only practice public health skills throughout the curriculum but they practice professional skills such as professional writing, professional speaking, collaboration, and leadership.

Areas for improvement: None identified.

Criterion 2.9 Academic Degrees

This criterion is not applicable.

Criterion 2.10 Doctoral Degrees

This criterion is not applicable.

Criterion 2.11 Joint Degrees

This criterion is not applicable.

Criterion 2.12 Distance Education or Executive Degree Programs

This criterion is not applicable.

CRITERION 3.0 Creation, Application and Advancement of Knowledge

Criterion 3.1 Research

3.1.a. Research activities

The mission of the Health Education Department is to promote health and health equity at the individual, community, and structural levels through transformative education, research, scholarship and service, all of which value diversity, engage communities and are grounded in cultural humility. Community-based research is a core element of this mission and of the department's commitment.

Professional achievement and growth for the faculty in Health Education at SFSU may be exhibited in a variety of ways, including research and publication, creative work, and research and curricular development. The department faculty retention guidelines set specific policy for probationary tenure track (TT) faculty in this area. They serve as a guide for both the TT faculty and the retention and promotion committee in probationary faculty tenure reviews. Because opportunities for publications and forms of presentation vary within the areas of health education, the department has set a research goal of three presentations every three years and two publications every three years. Other types of publications relevant for this category include monographs, book chapters, and journal editorials. Also, as public health research often requires resources, faculty make consistent efforts to obtain external funding or internal mini-grants or awards. Production of creative works, such as professional video productions, are encouraged and considered of equal weight to publications. This is consistent with the character of the field of health education that emphasizes a multimedia approach to education in health.

The importance of research and scholarship has changed considerably over the last decade at SFSU. Promotion in the past was possible without evidence of research and scholarship productivity. Today, all faculty are hired with the expectation that they will engage in research and scholarship as part of their role as T/TT faculty in the department.

When addressing the issue of research and scholarship for faculty at SFSU, it is also important to note that the character of SFSU is one both of a teaching institution that also expects faculty to stay engaged in research. Thus, the curriculum and our students are the major part of our professional commitment. In fact, 60% percent of faculty time is dedicated for teaching while 20% of their time is earmarked for research and scholarship. For faculty who obtain research dollars to support course buyouts, the 3/3 teaching load can be reduced in consultation with the Department Chair and the Dean.

3.1.b. Current collaborative research activities

The department faculty engages in a wide variety of research activities. Faculty work in areas of which racial and ethnic health disparities are most apparent including: childhood obesity, sexual and reproductive health, educational attainment for low income students, LGBT sexuality, and critical health education. Our goal to promote health and health equity at the individual, community, and structural levels through transformative community based research and scholarship. In addition to Table 3.1.c, we have highlighted some of the faculty research activities during the required accreditation period.

Lara Cushing

Dr. Cushing's research examines social disparities in environmental exposures with a focus on cumulative impact approaches to assessing the combined impact of environmental and social stressors to health. Utilizing mixed methods including epidemiological and geospatial approaches, her work has investigated questions of environmental justice in the context of pollution sources and hazardous sites, prenatal exposures to harmful chemicals, and climate change. Her research also helped form the basis for the first state-wide regulatory environmental justice screening tool now being used to invest resources in California communities that are disproportionately impacted by pollution.

Jennifer Daubenmier

Dr. Daubenmier's research focuses on the development and evaluation of mind-body interventions for individuals with stress-related chronic health conditions, including obesity and Type 2 diabetes. For the past 3 years, she has conducted research funded by the National Institutes of Health to examine the impact of incorporating mindfulness meditation techniques for stress management and healthy eating into standard behavioral weight loss programs. This randomized controlled trial enrolled nearly 200 participants with obesity and followed them for 1.5 years after assignment to a mindfulness-based weight loss program or a standard diet-exercise weight loss program. The culmination of this work resulted in a successful trial showing that mindfulness enhancements to diet-exercise programs may result in long-term improvement in some aspects of metabolic health in adults with obesity, including fasting glucose levels and the ratio of triglycerides to high density lipoprotein. She is also lead author on the mindfulness-based weight loss program for that our team created. In secondary analyses, she also examined psychological mediators of the mindfulness intervention and found that improvements in mindful eating, bodily awareness, and reductions in hedonic-based eating account for improvements in long-term health outcomes including reductions in fasting glucose levels and weight loss. As an extension of this work, she integrated the mindful eating and mindfulness meditation components into a low-carbohydrate dietary intervention for patients with Type 2 diabetes. Her research suggests that this mindfulness-based intervention showed greater improvements in glycemic control compared to a calorie-constricted carbohydrate diet.

As a second area of research, Dr. Daubenmier is interested in bodily awareness as a self-regulatory mechanism that may account for benefits of mind-body practices on psychological and metabolic health. She wrote a conceptual paper to integrate the fields of contemplative practice, bodily awareness and health. Finally, she has been studying traditional Asian holistic theories of body physiology and health in order to incorporate ideas into a modern scientific context. In 2015, she was awarded a U.S. Fulbright-Nehru Senior Research Scholar Award to travel to India to study traditional Tibetan Medicine and Buddhist theories of mind-body health. This work resulted in a peer review publication linking Indo-Tibetan theories of subtle body physiology to emerging scientific concepts of the biofield.

Jessica Wolin

In the last three years, Jessica Wolin has conducted evaluation, research, and scholarship projects that focus on the intersection of public health and housing. Her work has involved participatory methods that bring forward the expertise of residents as part of the research and evaluation process. This work includes a three-year formative evaluation of a Peer Health Leadership program implemented in four large scale public housing sites in San Francisco. This work has been shared nationally and is being used to guide further development of the program. Another project for which Ms. Wolin currently serves as the Principal Investigator is entitled *Generations* and will make visible the history of the place and the people who have lived in one particular public housing site in San Francisco. In this qualitative project, Ms. Wolin and collaborators will document the stories of community elders and will create permanent public displays that will illustrate the personal and community themes of history, culture, and lived experience. Finally, Ms. Wolin is leading a two year community-based participatory research partnership that brings together academic researchers, a cohort of community members, and key community based organizations to critically examine the opportunities and barriers to healthy birth outcomes for marginally housed women in San Francisco. In addition to this work, Ms. Wolin has focused on the development of the Trauma Informed Community Building Model and evaluation of its implementation at another public housing site in San Francisco. As a result of this pioneering work Ms. Wolin now serves as a technical consultant to the Urban Institute to provide support to public housing site around the country that want to implement trauma informed approaches to community work.

Dr. Mickey Eliason

Mickey Eliason has received several different funding streams to complete a cross-site, national study of weight disparities and health interventions for older sexual minority women. This project, funded principally by the federal Office on Women's Health, included 5 sites (New York City, Washington D.C., St Louis/Columbia Missouri, and 2 sites in San Francisco) with a total of over 250 sexual minority women over the age of 40 with weight-related health problems. The project has resulted in 11 published articles and 2 under review thus far, with several more in

process. Internal funding from ORSP led to a collaboration with Marty Martinson (HED) and Rebecca Carabez (Nursing) to study the characteristics of sexual minority women with physical disabilities within the sample. This publication addressed a significant gap in the research knowledge base as one of the first empirical data studies of sexual minority women with disabilities. Dr. Eliason has also been engaged in projects to infuse healthcare disciplines/training programs with LGBTQ content, and other studies of LGBTQ health issues, such as stress and resilience, physical health disparities, bisexual women's health, and other topics. Dr. Eliason has also started a line of research related to social justice pedagogy in collaboration with other college faculty members, including a study of the role of structural oppression in class participation among health education students (collaboration with Ruby Turalba, lecturer in health education), and development of a model of social justice pedagogy infused with stereotype threat and critical mathematics, to redesign undergraduate research and statistics courses (collaboration with Juliana van Olphen, Health Education as well as faculty from Social Work, Family Studies, and Kinesiology).

Mary Beth Love

Dr. Love is the co-founder and Director of the Metro College Success Program at San Francisco State University. Metro was established in 2007 in partnership with City College of San Francisco, which operates a parallel transfer-oriented program. Rooted in the department's values, Metro supports low-income, first-generation, and/or underrepresented recent high school graduates in achieving high rates of academic excellence, persistence, and timely graduation. As a public health intervention, increasing the probability of students at high risk of failure in higher education, to obtain a degree addresses one of the major predictors of adult health status—educational attainment. (See Electronic Resource File for the Metro Academies Brochure.)

Metro currently has ten Academies serving 1,400 from across the University, with another 600 students participating in our upper division program. Under Dr. Love's leadership, evaluation of Metro's impact on student outcomes examines two main areas of research: 1) Metro's impact on student outcomes, including GPA, units earned, completion of remedial coursework, persistence and graduation rates, and 2) Metro's impact on psychosocial factors that affect college student success.

The research conducted to measure student outcomes, show that Metro students outperformed a matched comparison group in terms of GPA, units earned, completion rates of remedial coursework, and persistence. In addition, the most current available graduation rates shows that almost 60% of Metro students graduate within five years, more than 20 percentage points higher than a comparison group (37.7%). Regarding psychosocial factors, research has also found significant positive differences between Metro students and matched comparison groups. Please see the Electronic Resource File for the Metro Academies SFSU Data Flyer.

In recognition of its consistently strong outcomes, Metro has received numerous state and national awards. In 2015, it earned an Award on Innovation in Higher Education from the California Department of Finance. At a December, 2014 White House College Opportunity Day of Action, CSU Chancellor Timothy White announced seven commitments, including: “In the immediate future, the CSU commits to promoting and expanding on the Metro Academies model of high-intensity student learning communities, bringing it within reach of a greater number of universities and community colleges.” In 2013, Metro successfully competed for funding under the CSU Chancellor’s Office Student Success Initiative, winning permanent general funds for Metro at SFSU. In 2013, Metro earned one of three top national awards for college completion from the Association of Public and Land-grant Universities (APLU).

Marty Martinson

In the last three years, Dr. Martinson has conducted qualitative, quantitative, and conceptual research using critical lenses in gerontology, health services, and health education. Her critical gerontology research examines intersections of ageism and other ecological contexts of health in late life. This has included a retrospective analysis of the California Senior Leaders Program, a project concerned with decreasing ageism and the invisibility of elders while supporting community building, health, and social justice. Another study systematically examined 25 years of critique of Rowe and Kahn’s model of successful aging, a model that dominates gerontological research and practice despite its lack of ecological and structural contexts, lack of global relevance, and concerns about its contribution to ageism and stigma. This was the most cited article in *The Gerontologist* journal in 2015. Yet another study critically explored disproportionate rates of disability among middle aged and older sexual minority women. A critical lens was also applied to qualitative research concerning the nurses’ knowledge about transgender patient care and revealed both a notable lack of nursing education and understanding of the range of gender identities and a systemically rigid adherence to binary notions of gender that render transgender patients invisible and stigmatized. Current work in critical health education includes two studies: an examination of school health education and the value of integrating structural frameworks and critical pedagogies for education that encompass and critically explore the ecological contexts of health; and an evaluation of a pilot program building a faculty learning community and support for teaching among newly hired tenure-track faculty in the College of Health and Social Sciences.

Laura Mamo

Dr. Mamo has an active research portfolio investigating the practices of sexual health and the production of health inequalities across domains that include cancer disparities and prevention, school-based health and anti-bullying, and reproductive health.

In the area of cancer disparities and prevention, her research received support by the *National Science Foundation*, Science, Technology and Society Program "Standard Grant: Studying Field Emergence: HPV and the Expanding List of Oncoviruses" (Grant No: SBR-SES 1054024. Award Period 9/12-8/15. Amount: \$203,000). This project examines the emergence and current uptake and politics that surround the HPV vaccines and its effects on HPV-related cancer inequities. With funding from the National Science Foundation, research included in-depth interviews with patients, providers, and patient groups focused on health equity and the reduction of cancer. Deploying theories from science and technology studies and critical public health that each examine the political, social, and especially corporate contours of the new public health. The project examines how the social structural production of cancer and cancer prevention focusing on how sex, gender, sexuality, as well as race, place and socio-economics shape the counters of cancer and cancer prevention. Publications include: L. Mamo and S. Epstein. (2016) "The New Sexual Politics of Cancer: Oncoviruses, Disease Prevention, and Sexual Health Promotion," *BioSocieties*, Online First (May), 1-25 and Mamo, L. and S. Epstein. (2014) "The Pharmaceuticalization of Sexual Risk: Vaccine Development and the New Politics of Cancer Prevention," *Social Science & Medicine*, 101: 155-165.

In the area of school-based health and anti-bullying, Mamo's research received support from *The Ford Foundation*, Sexuality, Health and Rights Among Youth in the United States: Transforming Public Policy and Public Understanding Through Social Science Research Initiative. "The Beyond Bullying Project: Shifting the Discourse of LGBT Sexuality in Schools." (Grant No: 0120-6328. Award Period: 1/01/13-1/01/15. Amount: \$500,000). This project included research on school climates and youth sexuality as well as community practice and strategic communications efforts. Publications include: Fields J., L. Mamo, J. Gilbert, & N. Lesko (2014) "Beyond Bullying," *Contexts*, 13(4): 80-83.

Davis Rebanal

Dr. Rebanal conducts epidemiological research and mixed-methods evaluations, with a focus on social, structural, and political determinants of racial health inequities. Using a relational perspective of "place", his current research examines the role that racial residential segregation (RRS) has on the mental health of Asian Americans, and the role that increased immigrant political participation and improved social capital can serve to improve health. Few studies have examined the relationship and potential pathways between residential segregation and health status among Asian Americans, despite evidence that RRS is a fundamental cause of health inequities, and census data also show that Asian Americans are becoming more residentially segregated. One of his most recent evaluation studies has included the role of institutionalizing the practice of Health Impact Assessments in urban policy making in San Francisco. Dr. Rebanal has also served on the evaluation team for the HOPE SF initiative, and on a team of epidemiologists that examined the health and equity impacts of an increased minimum wage of

\$15 for the entire nine-county Bay Area region. Beginning next year, Dr. Rebanal will conduct formative research, with support from the Robert Wood Johnson Foundation (RWJF), to synthesize the learning from a series of RWJF convenings of grassroots organizers from base-building organizations in four regions of the country—West, Midwest, South, and East. The purpose of this project is to increase the understanding and knowledge of the issues communities are organizing around; the language and perspectives of the organizers; solutions, tools, and assets from the field of organizing; and the needs for increasing the impact of organizing and civic participation to achieve health equity, particularly for philanthropic organizations and public health agencies.

Emma Sanchez-Vaznaugh

Dr. Sanchez-Vaznaugh's research focuses on policies for schools, the community environments surrounding schools, and their interacting effects on child health and disparities. Her epidemiologic studies have examined the influences of school nutrition policies on body weight; physical education policy compliance and fitness levels; the potential role of community environments near schools in enhancing or undermining the effects of school policies on child health and disparities; the distribution of fast food near schools and racial/ethnic and gender associations between those environments and child BMI; and racial/ethnic disparities in fast food consumption according to frequency of active school transport. Dr. Sanchez-Vaznaugh is also interested in the translation of research to policy and practice, including communication of research to policy makers in the health and education fields. Her translation activities have included policy briefs, oral testimony (e.g., California School Board Association), in-person meetings with state lawmakers, and news stories in print, radio and internet media. With funding from the NIH, and in collaboration with scientists from the University of California San Diego and San Francisco and the University of Michigan, Dr. Sanchez-Vaznaugh's current research examines multilevel influences on childhood obesity disparities, including the role of the nutrition environment surrounding schools. Additionally, she was recently selected as finalist for the Robert Wood Johnson Foundation's Healthy Eating Research grants to investigate the impact of junk food bans in schools and the new federal nutrition policies to improve school lunches on obesity among Pacific Islander and Filipino children attending public schools in California.

Juliana van Olphen

Dr. van Olphen has spent the past 20 years examining intersections between the political and the personal, focusing particularly on policies that negatively impact women in the criminal justice system. She has adopted a community-based participatory research (CBPR) approach in most of her projects, and has studied both the benefits and challenges of community-academic collaborations in research. She has conducted 2 evaluations of CBPR projects to better understand partnership characteristics and their influence on the research conducted. Most recently, she was the external evaluator of a CBPR training program for community-academic teams developing collaborative proposals to study breast cancer and

the environment. Her analysis of 33 in-depth interview with community and academic members of those teams is in the final stages, with a manuscript in preparation to be submitted early summer 2017.

Her current research in collaboration with Dr. Mickey Eliason and other faculty in the College of Health and Social Sciences (CHSS) focuses on the development and pilot of social justice (SJ) pedagogy in research methods courses across the college. This mini-grant is part of a larger NIH-funded project to increase the diversity of the workforce in STEM and research fields. The underlying theory of the project is that Stereotype Threat (ST), the anxiety experienced when students worry they may confirm a negative stereotype about their gender and/or ethnicity, may influence underperformance in science and math classes. Dr. van Olphen, in collaboration with the SJ pedagogy team, has performed an extensive review of the ST literature, adapting lessons learned from ST interventions to the development of SJ modules in research methods courses in CHSS. She is currently lead author on an article reviewing this literature and discussing the development of the intervention. In the spring, she will pilot the SJ modules in her research methods course.

Finally, in her new role as director of Writing across the Curriculum/Writing in the Discipline (WAC/WID) at SF State, Dr. van Olphen is leading university-wide efforts to assess student writing across disciplines. Last spring, she co-led an effort involving a diverse faculty group assessing student writing in courses fulfilling the Graduation Writing Assessment Requirement (GWAR), a writing intensive course students usually take to learn the rhetorical aspects of writing in their major discipline. This spring, a second assessment project will be undertaken using a different approach and format, and a manuscript comparing the approaches and results of both assessment projects will be developed during the summer of 2017.

3.1.c. Current research activity

Table 3.1.c presents funded research only in the Department of Health Education.

Table 3.1.c. Current Research Activity of Primary and Secondary Faculty							
Principal Investigator	Research Project Name	Amount of Total Award	Source of Funds	Period of Funding	Amount of Curr. Yr.	Comm. Based Y/N	Student Inv. Y/N
AY 2013-2014							
Burke, T. Adam; Nguyen, Tung	Lay Health Workers and Colorectal Cancer Screening Among Chinese Americans	\$2,888,784.00	NCI	October 2009 - June 2015	\$-	Y	Y
Sanchez-Vaznaugh, Emma	The food environment near schools	\$13,518.00	ORSP-SFSU	July 2012 - June 2013	\$-	N	Y
Sanchez-Vaznaugh, Emma	Multilevel Influences on Childhood Obesity Disparities.	\$697,000.00	National Heart Lung and Blood Institute	August 2012- June 2017	\$136,738.00	N	Y
Love, Mary Beth; Legion, Vicki	Scale up and Institutionalize Metro College Success Program	\$2,000,000.00	SIP Strengthening Institutions Program	August 2012 - July 2017	\$400,000.00	Y	Y
Mamo, Laura	Studying Field Emergence: HPV and the Expanding List of Oncoviruses	\$203,000.00	NSF	September 2012 - August 2015	\$-	Y	Y
Mamo, Laura; Fields, Jessica	The Beyond Bullying Project: Shifting LGBT Sexuality in U.S. Schools	\$500,000.00	Ford Foundation	January 2013 - January 2016	\$-	Y	Y

Table 3.1.c. Current Research Activity of Primary and Secondary Faculty							
Principal Investigator	Research Project Name	Amount of Total Award	Source of Funds	Period of Funding	Amount of Curr. Yr.	Comm. Based Y/N	Student Inv. Y/N
Sanchez-Vaznaugh, Emma	Increasing children's physical activity through physical education policies and compliance in all schools.	\$40,000.00	The Robert Wood Johnson Foundation, Active Living Research	March 2013-December 2013	\$-	N	Y
Harvey, Richard	Transforming Chained Behavior	\$5,000.00	SFSU ORSP Research Funding - Stat CORR	July 1, 2013 to June 30, 2014	\$-	N	Y
Martinson, Marty	An innovative review of the critiques and evolution of successful aging models	\$13,500.00	SFSU ORSP Small Grant Award - Individual Investigator	July 1, 2013-June 30, 2014	\$-	N	N
Love, Mary Beth; Legion, Vicki	Metro Transfer Center CCSF	\$70,000.00	Marcled Foundation	August 2013 - August 2014	\$-	Y	Y
Love, Mary Beth; Legion, Vicki	CSU Chancellor's Office	\$674,962.00	CSU Chancellor's Office	August 2013 - ongoing	\$674,962.00	Y	Y
Love, Mary Beth; Legion, Vicki	APLU Most Valuable Progress in Degree Completion National Award	\$20,000.00	American Public Land Grant Association	August 2013 - August 2014	\$-	Y	Y

Table 3.1.c. Current Research Activity of Primary and Secondary Faculty							
Principal Investigator	Research Project Name	Amount of Total Award	Source of Funds	Period of Funding	Amount of Curr. Yr.	Comm. Based Y/N	Student Inv. Y/N
Eliason, Mickey	Doing it for Ourselves: A health intervention for older lesbian and bisexual women	\$505,000.00	Office on Women's Health	October 2013-September 2015	\$-	Y	Y
AY 2014-2015							
Cushing, Lara; Kadir, Khalid	Improving Engineering Education with Community Engaged Scholarship	\$10,000.00	UC Berkeley Division of Equity & Inclusion ACES Impact Award	July 2014-December 2015	\$-	N	Y
Harvey, Richard	Respiration Monitoring Techniques	\$5,000.00	SFSU ORSP Research Funding - Stat CORR	July 1, 2014 - June 30, 2015	\$-	N	Y
Eliason, Mickey	Doing it for Ourselves: Recruiting women with disabilities	\$10,000.00	Lesbian Health Fund	January 2014 - July 2015	\$-	Y	Y
Eliason, Mickey; Juliana van Olphen	Strengthening quantitative reasoning through social justice pedagogy	\$20,000.00	SF Build Mini-grant	January 2015 - August 2017	\$20,000.00	N	Y
Eliason, Mickey; Marty Martinson	Doing it for Ourselves collaboration: Increasing health literacy/self-efficacy of disability among sexual minority women.	\$22,464.00	SFSU ORSP Small Grant Program	July 1, 2014-June 30, 2015	\$-	Y	N

Table 3.1.c. Current Research Activity of Primary and Secondary Faculty							
Principal Investigator	Research Project Name	Amount of Total Award	Source of Funds	Period of Funding	Amount of Curr. Yr.	Comm. Based Y/N	Student Inv. Y/N
Wolin, Jessica	Evaluation of HOPE SF Peer Health Leadership Program and Workforce Strategies	\$195,000.00	San Francisco Foundation	October 2014 - September 2015	\$-	Y	Y
Wolin, Jessica	Trauma Informed Community Building Evaluation	\$50,000.00	Annie E. Casey Foundation	September 2014 - September 2015	\$-	Y	Y
Love, Mary Beth; Legion, Vicki	Metro Application Preparation for Governor's Innovation in HE Award	\$15,000.00	College Access Foundation	July 2014 - July 2015	\$-	N	N
Love, Mary Beth; Legion, Vicki	Metro Transfer Center CCSF	\$85,000.00	Marcled Foundation	July 2014 - July 2015	\$-	Y	Y
Love, Mary Beth; Malik, Savita	Manuscript Publication for Metro College Success Program	\$25,000.00	Career Ladders - Learning Works	July 2014 - July 2015	\$-	N	N
AY 2015-2016							
Harvey, Richard	Diaphragmatic Breathing	\$5,000.00	ORSP Research Funding - Stat CORR	July 1, 2015 to June 30, 2016	-	N	Y
Burke, T. Adam	Classroom-based intervention to increase resilience and counter stereotype threat	\$20,000.00	NIH-supported SFSU	January 2016 - June 2016	\$-	N	N

Table 3.1.c. Current Research Activity of Primary and Secondary Faculty							
Principal Investigator	Research Project Name	Amount of Total Award	Source of Funds	Period of Funding	Amount of Curr. Yr.	Comm. Based Y/N	Student Inv. Y/N
Love, Mary Beth; Malik, Savita	Metro College Success Program Health Careers Curriculum	\$99,211.00	Kaiser Community Benefits Fund	July 1, 2015 to June 30, 2016	\$-	N	N
Love, Mary Beth; Delfino, Atina	Curricular Integration Award for BS in HED	\$10,000.00	SFSU ORSP and Teagle Foundation	July 1, 2015 to June 30, 2016	\$-	Y	N
AY 2016-2017							
Cushing, Lara; Mathos, David; Evan Hansen	In Everyone's Backyard: Assessing Proximity to Fracking to Communities At-Risk in West Virginia's Marcellus Shale	\$13,000	Robert & Patricia Switzer Foundation	July 2016 - June 2017	\$-	Y	N
Cushing, Lara; Morello-Frosch, Rachel	Greenhouse Gas Limits in Disadvantaged Communities	\$200,000 TOTAL; SFSU SUBAWARD: \$38,968	Office of Environmental Health Hazard Assessment, California EPA	September 2016 - December 2017	\$-	N	Y
Alvarez, Alvin; Elia, John; Love, Mary Beth; Malik, Savi; Martinson, Marty	Facilitating Excellence in Teaching: Opportunities for Newly Hired Tenure-Track Faculty Members	\$26,000.00	CSU Chancellor's Office	September 2016 - August 2017	\$-	Y	Y

Table 3.1.c. Current Research Activity of Primary and Secondary Faculty							
Principal Investigator	Research Project Name	Amount of Total Award	Source of Funds	Period of Funding	Amount of Curr. Yr.	Comm. Based Y/N	Student Inv. Y/N
Mamo, Laura	Zika Social Science Network: Sexual and Reproductive Health, Rights, and Justice.	\$8,000.00	NSF	October 2016 - September 2017	\$-	Y	Y
Mamo, Laura	Zika Social Science Network: Sexual and Reproductive Health, Rights, and Justice.	\$10,300.00	Welcome Trust	July 2016 - June 2018	\$-	Y	N
Rebanal, David	Convening Community Organizers to Build a Culture of Health	\$75,000	Robert Wood Johnson Foundation	December 2016 – December 2017	\$75,000	Y	Y
Rebanal, David	Residential segregation, political participation and Asian American mental health	\$20,000	SFSU/UCSF SF BUILD mini-grant program (funded by NIH)	December 2016- October 2017	\$20,000	N	Y
Wolin, Jessica	Preterm Birth Initiative SF Community Engagement Platform	\$450,000.00	University of California - San Francisco	July 2016 - June 2018	\$-	Y	Y
Wolin, Jessica	Generations Project & Evaluation of Peer Health Leadership and Educational Engagement Strategies	\$220,000.00	San Francisco Foundation	October 2016 - September 2017	\$-	Y	Y
Wolin, Jessica	Evaluation of HOPE SF Peer Health Leadership and Educational Engagement Strategies	\$167,000.00	San Francisco Foundation	October 2016 - September 2017	\$-	Y	Y

Faculty members in HED also are involved in many unfunded research projects. Some of these are collaborative efforts with other HED faculty and students. For example, Emma Sanchez-Vaznaugh and Mickey Eliason are collaborating with a former MPH student, David Stupplebeen (now doctoral student at University of Hawaii at Manoa) on two papers stemming from the California Health Interview Survey data on health disparities related to weight and sexual orientation. Lecturer Ruby Turalba and Mickey Eliason have collaborated on a project to study the impact of oppression on class participation in undergraduate health education students. Mickey Eliason is currently working with three MPH students in independent studies to assist with data analysis on projects related to: 1) bisexual women's health (underway with student Mariah Santiago); 2) stress and coping among students with psychiatric disability on SFSU's campus (underway with student Kathy Nguyen); and 3) stress and coping with workplace issues for LGBTQ healthcare professionals (submitted with student Michael Henne). Health Education faculty Marty Martinson and John Elia are collaborating on a critical analysis of U.S. school health education and the added value of ecological approaches and critical pedagogies to curriculum. Martinson is also collaborating with 2016 MPH graduates Liz Kroboth, Jade Rivera, and Emma Rubin, to develop a paper on the political economy of police violence against communities of color in the U.S. Laura Mamo has studied reproductive health and has examined LGBTQ sexuality and reproductive health and wellness, which has resulted in two recent publications.

Between 2013-2016 Vivian Chavez studied the framework of cultural humility in public health and other disciplines through community service learning and civic engagement. In AY 2013-2014 she worked with SFSU's Institute of Civic Engagement to conduct interviews and produce a film about how various programs across campus teach their students cultural humility. During AY 2014-2015 Dr. Chavez supported students and faculty at the Pacific School of Religion, Graduate Theological Union in Berkeley to develop school-wide policies to enhance and promote a climate of cultural humility across the campus. She also presented her research at the Annual Social Work Field Instruction Symposium, CSU East Bay in Hayward, The California Institute of Integral Studies Somatic Psychology Program, the American College of Rheumatology, Dominican University and UCSF's National Center of Excellence in Women's Health. During the AY 2015-2015 she was awarded the Changemaker Fellowship to study Spirituality and Social Change at the Pacific School of Religion. During this time she was invited by Jossey Bass to write a chapter in the third edition of the *CBPR for Health* (Minkler and Wallerstein, 2008) entitled: *Cultural Humility: Reflections for Building and Maintaining Relationships*.

Lara Cushing is collaborating with researchers at UC Berkeley to examine patterns in neighborhood greenspace across U.S. metropolitan areas by race and ethnicity, and conducting preliminary research on the health impacts of gentrification in the San Francisco Bay Area with collaborators at UC San Francisco and the Anti-Eviction Mapping Project. Dr. Daubenmier is

conducting secondary analyses of the NIH/NCCIH funded randomized trial of a mindfulness-based weight loss intervention for obesity. She is examining whether mindfulness based approaches to weight loss reduce disparities in weight loss across race/ethnicity and education groups. She is also examining effects of the intervention on psychophysiological stress outcomes. In other work, she is examining whether poor body awareness is a risk factor for health conditions including obesity and chronic pain using data from the above trial and survey data collected from chronic pain patients by colleagues in Germany.

3.1.d. Evaluation of research activities

Table 3.1.d on the following page provides data regarding performance of the program against outcome measures during accreditation period, fall 2013 through spring 2016.

Table 3.1.d. Outcome Measures to Evaluate Research Objectives	
Outcome Measures (Target)	Outcome Data 2013-2016
85% of T/TT faculty are actively engaged in research focusing on public health issues broadly defined.	86%
85% of T/TT faculty seek funding to support their research programs or community interventions.	94%
85% of T/TT faculty present their research or field practice at professional meetings at least three times in a three year period.	81%
85% of T/TT faculty produce at least 2 scholarly works every three years.	100%
100% of MPH students participate in faculty-supervised community health education research projects.	100%

3.1.e. Student involvement in research

The faculty in the program involve students in their funded research in a variety of ways. To follow are some examples of student involvement in faculty research as well as a discussion of the research students do as part of their coursework in the MPH.

Of the thirty-seven funded research projects listed in Table 3.1.c, 76% of them involve students in some capacity. Many students each semester in both the MPH and the BS degree enroll in the HED 699 or HED 899, which are independent research project courses. Most students take advantage of this mechanism to work with faculty on research projects. The department's RTP funding strongly encourages faculty to involve students in their research.

All MPH students are required to take HED 890 MPH Culminating Experience (CE) Seminar course, which supports the development and implementation of a CE research project. This work

is demonstrated through three final products: a professional research paper, a research poster, and a formal oral research presentation.

Table 3.1.e is a listing of the nine students this past academic year who were supported by the department and college to present their research at conferences.

Table 3.1.e. Student Travel Awardees AY 2013-2016					
Name	AY	Program	Conference	Presentation Title	Award Amount
Aldridge, Alison	2015-2016	MPH	Society of Behavioral Medicine 2016 Annual Meeting	Poster: Obesity and physical activity: Are they associated with self-rated health among racially diverse adolescents?	CHSS: \$375
Barreiro, Kanelle	2015-2016	MPH	Society of Behavioral Medicine 2016 Annual Meeting	Poster: Obesity and physical activity: Are they associated with self-rated health among racially diverse adolescents?	CHSS: \$600
Botkin, Jillian	2015-2016	MPH	Society of Behavioral Medicine 2016 Annual Meeting	Poster: Food environment surrounding schools and childhood obesity: A systemic review.	CHSS: \$375 H ED: \$125
Flores, Erin	2015-2016	MPH	Society of Behavioral Medicine 2016 Annual Meeting	Poster: Obesity and physical activity: Are they associated with self-rated health among racially diverse adolescents?	CHSS: \$600
Giang, Ethan	2015-2016	MPH	Society of Behavioral Medicine 2016 Annual Meeting	Poster: Obesity and physical activity: Are they associated with self-rated health among racially diverse adolescents?	CHSS: \$600
Guan, Alice	2015-2016	MPH	Society of Behavioral Medicine 2016 Annual Meeting	Presentation: Roles of lay health workers in promoting smoking cessation from Asian American smokers and family members.	CHSS: \$375 H ED: \$125
Kroboth,	2015-2016	MPH	University of Illinois	Presentation: Beyond	CHSS:

Table 3.1.e. Student Travel Awardees AY 2013-2016					
Name	AY	Program	Conference	Presentation Title	Award Amount
Elizabeth			at Chicago School of Public Health, April 1, 2016 Panel Discussion	reform: A community driven approach to eliminating police violence and increasing safety.	\$375 H ED: \$125
Rivera, Jade	2015-2016	MPH	University of Illinois at Chicago School of Public Health, April 1, 2016 Panel Discussion	Presentation: Beyond reform: A community driven approach to eliminating police violence and increasing safety.	CHSS: \$375 H ED: \$125
Rubin, Emma	2015-2016	MPH	University of Illinois at Chicago School of Public Health, April 1, 2016 Panel Discussion	Presentation: Beyond reform: A community driven approach to eliminating police violence and increasing safety.	CHSS: \$375 H ED: \$125

3.1.f. Criterion assessment

This criterion is met.

Strengths: Faculty are actively involved in public health research and have been successful at securing external funding to pursue their scholarship. Department faculty's research and grantsmanship reflect the values and mission of the department and university, as well as those central to public health. Values of social justice, equity, and community-based research are the foundation of research produced by the faculty.

Areas for improvement: None identified.

Criterion 3.2 Service

3.2.a. Program service activities

Service to the community is an integral function of faculty in the department and most specifically, one of the principal areas of evaluation for faculty in the program. Faculty service is defined as activities undertaken to contribute professional expertise to support the greater good of the community and the public health profession. Faculty are allocated 20% of their time to participate in community and professional service including service to the department and the university. Service here is defined with an emphasis on service activities in which the academic expertise of the faculty member is directly applied. Descriptions of community service are submitted to the department retention and tenure committee annually for review. Professional societies or other professional activities participation includes membership and offices held in professional societies, committee activities, participation on editorial boards or in refereeing, and services provided as a consultant.

Table 3.2.c below provides a listing of a broad array of service activities by faculty in the department. Leadership in professional societies such as the American Public Health Association is a strongly valued service activity. José Ramón Ramón Fernández-Peña is the current Chair of the Board of APHA, and Lisa Moore and Richard Harvey play leadership roles in that organization by serving as board members for two different caucuses.

Several of our faculty are in service to the Guttmacher Institute, a reproductive health policy think tank. Emma Sanchez-Vaznaugh and Laura Mamo are both members of the Board of Guttmacher, and Laura is a reviewer for the journal associated with the Institute.

During AY 2015-2016 Doctor Chavez partnered with SFSU's Health Equity Institute to develop cultural humility trainings for HIV/AIDS service providers focused on relational and organizational levels of impact, interpersonal, intrapersonal and institutional attributes.

Vivian Chavez is a graduate and current chair of the Board of Directors of the Tamalpa Institute, a non-profit organization and one of the most renowned movement-based healing arts programs in the world. Her expertise in this area has brought numerous courses in the arts and humanities general education at SFSU as well as integration with her research on cultural humility. She recently presented, "Best Practices for Dissemination and Implementation of Cultural Humility" at the 8th Annual Association for Contemplative Mind in Higher Education which is a multidisciplinary association with an international membership of educators, administrators, staff, students, researchers and other professionals committed to the transformation of higher education through the recovery and development of the contemplative dimensions of teaching, learning, and knowing. At the end of the workshop Vivian was asked to develop a Spring 2017

webinar for ACMHE that will be viewed nationally *Incorporating Contemplative Pedagogy Across the Disciplines with Cultural Humility*.

Emma Sanchez-Vaznaugh serves as an expert reviewer for multiple national institutes including the National Institute of Diabetes and Digestive and Kidney Disease, the National Institute of Health, and the Robert Wood Johnston Foundation. Dr. Sanchez-Vaznaugh also provides expert testimony about children's health to multiple groups including the San Francisco Board of Supervisors.

Many of our faculty are called upon to give lectures to prestigious groups based on their expertise. Mary Beth Love has been the invited keynote speaker to the City of San Francisco Emerging Leaders program for the last four years. Dr. Love was also selected to present to the leadership of the CSU at the 2025 Graduation Initiative conference in Long Beach to showcase the Metro College Success Program.

During their enrollment in the department of Health Education, each undergraduate health education BS student (through the HED 480 fieldwork experience) and the MPH students (through the community needs assessment practice CE) complete at least 240 hours of community service dedicated to improving the health of SF Bay Area populations.

Agreements with external agencies include the numerous community-based organizations that serve as the sites for the BS fieldwork experience and the MPH team practice experience. The BS fieldwork experience provides on-the-job professional training with supervision of students working in a community-service oriented role in the public health field. BS students are matched with a fieldwork site after participating in a highly structured placement process including an analysis of each student's needs and interests compared with each site preceptor's needs and interests. Students are required to work for 20 hours a week for 12 weeks. We partner with over 125 agencies located throughout the greater Bay Area. Sites represent the private, public, and non-profit sectors with most in community-based, clinical/hospital, or educational settings. Areas of interest may include public health, health promotion, school health, outreach, research, public policy, planning, environmental health, epidemiology, patient education, and media advocacy. When asked if BS interns advanced the work of the organization as a result of the internship, preceptors consistently report 'yes' as their response. (See Table 2.7.e.2 for detailed percentages.)

The SFSU MPH program includes a rigorous multi-semester team practice experience. Over the course of the two semesters and a summer in the practice-based courses HED 820/821/822, MPH students work in a group in the context of a community agency to conduct a needs assessment and make a series of recommendations based on their findings.

3.2.b. Role of community and professional service in promotion and tenure

Service is one of three areas of responsibilities for faculty seeking tenure and promotion at SFSU. Service is a highly valued activity for the department. Because the community is the site where public health education is practiced, active involvement in the community is essential for the two other areas of responsibility: teaching and research.

Program faculty engage in professional development opportunities for their service activities. For example, the Institute for Civic and Community Engagement (ICCE) offers Call to Service mini-grants to support university faculty and staff in providing service-learning opportunities to students and in disseminating service-learning knowledge, research, or findings. Civic engagement, which is part of ICCE's statement of shared values, focuses on the opportunity to make a personal connection to complex social problems in our communities. Service-learning is recognized as one of the high-impact initiatives for student success, which also aligns with the university's strategic plan, creates campus-community partners, uses civic involvement to meet specific learning objectives of an academic course, engages students and invigorates teaching, and creates research and publishing opportunities.

3.2.c. Current service activities

Table 3.2.c presents an overview of the current service activities of the T/TT faculty who, as the table demonstrates, have been active members and participants in a large number of professional and community-based organizations at the local, national, and/or international level within the past three years. The full Faculty Service Table can be referenced in the Electronic Resource File.

Table 3.2.c. Abbreviated Listing of Faculty Service			
Faculty Name	Role	Organization	Description of Service
Chávez, Vivian	Membership Officer	SFSU Health Promotion and Wellness	Cultural Humility staff development
Cushing, Lara	Contributing author	United Nations Intergovernmental Panel on Climate Change	Contributing author to Working Group II of the 5 th Assessment Report chapter on the health impacts of climate change. 6 month commitment; roughly 200 hours
Fernández-Peña, José Ramón	Board Member	APHA, IMPRINT	2013
Love, Mary Beth	Committee Member	SFSU Student Success Graduation Initiative	2013- current; annual presenter
Mamo, Laura	Journal Review (about 6 per year), Board Member; Reviewer, National Science Foundation	Guttmacher Institute	Two days/three times per year
Martinson, Marty	California Senior Leaders Project and Alliance; community advisory board	California Senior Leaders Project and Alliance	Served on selection committee for statewide California Senior Leaders Program awards and as a program consultant, 2013-2014.
Moore, Lisa	Co-Founder and Board Member	Harm Reduction Coalition	Plans and organizes conferences; annually
David Rebanal	Reviewer	Journal for Progress in Community Health Partnerships: Research, Education, and Action (2011-present; 1-3 manuscripts a year)	Review manuscripts
Sanchez-Vaznaugh, Emma	Expert Reviewer	National Institutes of Health; Center for Scientific Review. Special Emphasis Panel	November 2016; Review and score applications; attend meeting in Alexandria, VA.
Wolin, Jessica	Health Strategy Consultant	HOPE SF, San Francisco Foundation	Elected position: 2014-2017; same as above.

3.2.d. Evaluation of service efforts

Table 3.2.d provides data regarding performance of the program against outcome measures during accreditation period, fall 2013 through spring 2016.

Table 3.2.d. Outcome Measures to Evaluate Service Objectives			
Outcome Measures (Target)	2013-2014	20014-2015	2015-2016
100% of T/TT faculty maintain an active role in upholding the mission of San Francisco State University and support its community through service on department, college and university service committees.	100%	100%	100%
100% of T/TT faculty are active members in at least one professional organization or participants in at least one community-based service activity.	100%	100%	100%
100% of T/TT faculty assume leadership responsibilities in at least one university/professional organization or community-based service activity.	100%	100%	100%

3.2.e. Student involvement in service

Both of the two student associations, PHOGS and HESA, involve themselves with community service. PHOGS has a dedicated community engagement committee that coordinates community service volunteer opportunities, as well as specific projects, such as the recent successful effort to have EBT accepted at the SF State Farmer's Market. PHOGS also hosts an annual career symposium open to all SFSU students and alumni. HESA has volunteered on community service days at SFSU and annually raises money to donate to an organization of their choosing announced at their graduations. HESA has also coordinated a food and clothing drive for the women's shelter.

3.2f. Criterion assessment

This criterion is met.

Strengths: As the evidence included in this section demonstrates, faculty in the Department of Health Education are extensively involved in a breadth of service activities ranging from professional associations to advisory boards. The commitment to service is integral to the

community health, health equity, and social justice mission and values of the Department of Health Education.

Areas for improvement: None identified.

Criterion 3.3 Workforce Development

The department regards workforce development as part of community service to our fellow public health professional and as central to our mission and values. Thus in the department's RTP policy, faculty are encouraged to establish and nurture collaborative relationships outside the university with public health departments, community nonprofits, labor organizations, and other government agencies as partners by which community knowledge is brought to the classroom and academic skill sets to the public health workforce and the community. To fulfill their workforce development responsibilities as outlined in the RTP policies in the service category, faculty in the department are involved in a wide variety of workforce development activities based on their expertise, interest, and community relationships. Please see Table 3.3.a for a full listing of workforce development activities in which faculty are engaged.

3.3.a. Continuing education assessment

Continuing education is usually offered to professionals (e.g., teachers, credential students, social workers, counselors, clinical psychologists, etc.) to provide them with educational workshops and trainings to help them stay current in their professions. Most of the continuing education efforts offered by the program faculty are a result of our faculty being invited, based on their expertise, to share their knowledge in the form of a lecture or lecture series to public health professionals. One example of an ongoing workforce development effort lead by the department is Metro's faculty development work. The Metro Faculty Learning Community is a 45-hour training for faculty at both SFSU and City College of San Francisco, which supports faculty in their ability to teach population-based health concepts to undergraduate students using social justice content. In this project faculty needs are assessed regularly as to what support they need to be more engaging as teachers and to structure an effective syllabi and curriculum to support student success and learning in their Health Education courses as well as courses in the core academic skills of reading, writing, critical and quantitative thinking. Metro's approach to faculty development is led by Dr. Savita Malik, Metro's Director of Faculty Development and Curriculum, and a faculty member in the Department of Health Education in CHSS. It provides a structured, 45-hour faculty learning community (FLC). The FLC creates a safe environment in which faculty reflect on their teaching, share their successes and challenges while developing their skills at engaging, effective and evidenced-based teaching practices. Although Metro's faculty development is only one of the three pillars supporting Metro's stellar improvements in Metro students' persistence and graduation rates, it certainly lends evidence to growing research suggesting that faculty development is critical to students' success. Specifically, with a faculty facilitator, the Metro FLC explores teacher identity, educational equity, social justice, and critical pedagogy, as well as classroom approaches to increase engaging teaching methods and ultimately student success. The FLC consists of the following components: a) an intensive four-

day faculty development institute, b) monthly workshops, c) peer feedback and syllabus review, and d) video coaching with a master instructor.

This fall 2016, the CHSS has subcontracted with the Metro College Success program to offer their FLC to all new tenure-track faculty in the College. The three-new tenure-track faculty in Health Education will participate as well as eleven others from across the ten departments in the CHSS. Health education faculty Marty Martinson and Savita Malik have co-developed and are co-facilitating this FLC training program.

In the 15-16 academic year, the Metro College Success program was funded by the Kaiser Community Benefit program to increase health and public health workforce diversity. With the goal of increasing the graduation rates of diverse students interested in health and public health careers Metro received support to infuse the core health professions course curriculum with effective study skills. Additionally, Kaiser is currently poised to fund a follow up grant to integrate the social determinants of health into the general education course work taken by pre-health and public health majors at SFSU.

Another example of workforce development is the Welcome Back Initiative founded by Dr. José Ramón Fernández-Peña with the aim of connecting foreign-trained health professionals to the health workforce. The Welcome Back model of service aims to build on its participants' training and strengths to help them re-enter their former professions or to move into a related role in the health sector. Working with each participant individually, educational case managers at the Welcome Back Centers help their clients navigate the relicensing process, understand the U.S. health sector and their career options, and access necessary educational resources and other supports at no cost to the participants. The full Synopsis of the Welcome Back Initiative can be found in the Electronic Resource File.

In addition, the Holistic Health Studies emphasis area offers a certificate available to community members outside of the university. Individuals pursuing individual courses or the entire 30-unit certificate are often employed in health and human services careers seeking to augment their professional skills and to acquire self-care strategies for their own well-being. Most recently two faculty from a neighboring community college completed the entire certificate as part of their sabbatical requirements with the specific intention of increasing their knowledge of concepts and skills relevant to college students. One faculty works for the student health services and other teaches health-related courses.

Holistic Health Studies faculty have been intimately involved in the Integrative, Complementary and Traditional Health Practices Section of the American Public Health Association. Adam Burke and Richard Harvey have both served as co-chairs of the section and other roles. In that position that have helped organize talks and poster sessions at the annual meetings, providing

exposure to conference attendees to new ideas in the growing domain of integrative healthcare as well as global traditional health practices. Through the APHA vehicle of continuing education credits participants at the meeting are able to deepen their knowledge and strengthen their careers.

3.3.b. Continuing education programs

Table 3.3.a in the previous section indicates workforce development faculty have engaged in for AY 2013-2016.

Table 3.3.a. Workforce Development/Continuing Education Efforts Faculty Have Engaged in for AY 2013-2016									
Project Name	PI & Dept or Concentration	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2013-14	Amount 2014-15	Amount 2015-16	Community -Based Y/N	Student Partic. Y/N
Cultural Humility in Social Work	Chávez, Vivian	Annual Field Instruction Symposium, CSU EB, Hayward	9/1/13 & 10/1/2014	In Kind				Y	Y
Cultural Humility Film at APHA	Chávez, Vivian	124nd Annual American Public Health Meeting/ New Orleans	11/1/2014	In Kind				Y	Y
Cultural Humility in Community Service Learning	Chávez, Vivian	Dominican University	3/1/2015	\$500				Y	Y
Expressive Arts & Cultural Humility	Chávez, Vivian	UCSF National Center of Excellence in Women's Health	7/27/2015	In Kind				Y	Y
GLMA: Health professionals advancing LGBT equality	Eliason, Mickey	SFSU	9/24/16	In Kind				Y	Y
Greek Summit Workshop: Cultural Humility as a Leadership Approach	Lam, Vincent	SFSU	9/24/16	In Kind				Y	Y
Harm Reduction In-Service	Moore, Lisa	RYSE Richmond	Dec 2014	In Kind				Y	N
International Symposium of Contemplative Studies - Conference Presentation	Daubenmier, Jennifer	SFSU	Fall 2016	1800				N	N

Table 3.3.a. Workforce Development/Continuing Education Efforts Faculty Have Engaged in for AY 2013-2016

Project Name	PI & Dept or Concentration	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2013-14	Amount 2014-15	Amount 2015-16	Community -Based Y/N	Student Partic. Y/N
Facilitating Excellence in Teaching: Opportunities for Newly Hired Tenure-Track Faculty Members	Alvarez, Alvin; Elia, John; Love, Mary Beth; Malik, Savita; Martinson, Marty	CSU Chancellor's Office	September 2016 - August 2017	\$26,000.00				Y	Y
Faculty Development: Coaching SFSU PATH ECE providers in liberation education pedagogy, writing strategies	Quijano, Victoria	SFSU PATH Program	Spring 2015 through Spring 2017	\$14,000	\$0	\$8000	\$6000	Y	N
Fearless Welcome: Cultural Humility	Chávez, Vivian	Pacific School of Religion	2/1/2014	\$1000.00				Y	Y
Holistic Health Presentation	Peper, Erik	Kawakami Slow Yoga Studio	7/19/2015	In Kind				Y	Y
Integrative Medicine Network Forum	Peper, Erik	UCSF	4/20/2014	In Kind				Y	N
International Mindfulness Conference	Burke, Adam	SFSU, UCSF, UCB, Stanford	6/7/2015	In Kind				N	N
Kansas Medical Education Foundation	Peper, Erik	Kansas	5/8/2015	In Kind				N	N
Mindfulness Meditation	Burke, Adam	SFSU Project Build	6/20/2015	In Kind				Y	Y
Mindfulness Meditation Workshop	Burke, Adam	SFSU	4/15/2015	In Kind				Y	N

Table 3.3.a. Workforce Development/Continuing Education Efforts Faculty Have Engaged in for AY 2013-2016

Project Name	PI & Dept or Concentration	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2013-14	Amount 2014-15	Amount 2015-16	Community -Based Y/N	Student Partic. Y/N
Minority Training for Cancer Control research	Sanchez-Vaznaugh, Emma	UCSF	June 2015	In Kind				N	Y
Movement-Based Expressive Arts to teach Cultural Humility	Chávez, Vivian	American College of Rheumatology Annual Conference	11/8/2015	\$1000				N	N
Panel Presentation on California's Cap and Trade Program	Clair Brown, UC Berkeley Presenter: Lara Cushing	Sierra Club and 350.org	Nov 2016	In Kind				Y	N
Placebo Concepts in Psychophysiology	Harvey, Richard	San Rafael, CA	4/18/2015					Y	N
Practicing to Build Diverse Communities	Moore, Lisa	East Bay Meditation Center	8/23/15	In Kind				Y	N
Presentation of Youth Health and Wellness in Public Housing	Wolin, Jessica	SFDPH	7/1/2014	In Kind				Y	Y
Public Health and Black Lives Matter	Moore, Lisa	Alameda County Health Department	9/10/15	In Kind				Y	Y
San Jose State University Center for Health Aging in Multicultural Populations	Martinson, Marty	SFSU	4/24/2015	In Kind				Y	Y
Somatic & Cultural Awareness	Chávez, Vivian	California Institute Integral Studies	1/1/2015	\$250				Y	Y

Table 3.3.a. Workforce Development/Continuing Education Efforts Faculty Have Engaged in for AY 2013-2016

Project Name	PI & Dept or Concentration	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2013-14	Amount 2014-15	Amount 2015-16	Community -Based Y/N	Student Partic. Y/N
Staff Training at the Maine WBC	Fernández-Peña, José Ramón	Maine Adult Education Center	April 2015	In Kind				Y	N
Training for substance abuse professionals	Eliason, Mickey	Iowa Department of Public Health	April, 2015	\$2500				Y	Y
Workshop Convening on California's Cap and Trade Program	Manuel Pastor (USC), Rachel Morello-Frosch (UCB), James Sadd (Occidental College) Presenter: Lara Cushing	California Environmental Justice Alliance	Jan-Dec 2016	\$40,000				Y	Y
Writing in the Disciplines	Quijano, Victoria	Hawaii International Conference on Education	Jan 2016	In Kind				N	N
Writing Strategies and Pedagogy	Quijano, Victoria	CAD Faculty	May 2014	In Kind				Y	N

3.3.c. Certificate programs

Holistic Health Certificate Program through College of Extended Learning

The Institute for Holistic Health Studies (IHHS) is housed in the Department of Health Education at San Francisco State University. IHHS is dedicated to providing San Francisco State University and the broader community with a deeper understanding of health and healing from a holistic perspective. It offers a comprehensive curriculum integrating interdisciplinary ideas and practices from around the world. IHHS is committed to excellence in teaching, research, and service, and to the dissemination of innovative health promotion curricula in higher education, and is classified as a service research organization.

A central goal of the Holistic Health Studies program at San Francisco State University is to bring a holistic perspective to the understanding of health, disease prevention, and treatment. A holistic perspective recognizes the interdependence of thoughts and feelings, bodily processes, consciousness, physical environment, culture, society and other critical factors, as contributors to health and illness. It seeks to empower individuals to be responsible for their health while recognizing the significance of other social forces. Learning practical self-care concepts and skills is a core element of the program used to promote understanding and long-term benefits. Through a comprehensive offering of courses, IHHS certificate students are exposed to the healing traditions of cultures from around the globe, both ancient and modern, embedded within the context of general education principles of critical thinking, writing proficiency, and multicultural awareness. Through the integration of theory, practical application, and personal practice, these ideas become part of a deeper understanding of how health educators can support public health.

Use of complementary health practices is growing in the United States as a result of consumer interest in methods like yoga or meditation and the expanding role of integrative medicine. This growth has contributed to an increased need for improved consumer safety measures and evidence-based information regarding efficacy. Training health educators and other health and human service providers in these skills and perspectives serves an important social need. The American Public Health Association supports a dynamic and growing Integrative, Complementary and Traditional Health Practices Section as it is one that is attractive to younger members, important for organizational growth, stability, and relevance.

Table 3.3.b indicates the Holistic Health Studies Certificates successfully completed between 2013 and 2016.

Table 3.3.c. Holistic Health Certificates Awarded AY 2013-2016	
AY	Completed Program
2013-2014	1
2014-2015	11
2015-2016	12
TOTAL	24

3.3.d. Continuing education and workforce development practices, policies, procedures and evaluation

The goal of the department's workforce development and continuing education efforts are to increase the skills of the current public health workforce. Given that service to the profession and the community are part of tenure/tenure track faculty's three areas of responsibility, they are required to report each year on their service activities as part of their working personal action file (WPAF). Faculty are evaluated by a peer group of faculty as part of the tenure process on this important area of responsibility. In addition, much of what the faculty engage in as part of their professional engagement falls in the category of public health workforce development. We expect that for all T/TT faculty the vast majority (85%) will contribute each year to workforce development or continuing education efforts on behalf of the program. Please see Table 3.3.a for a full description of activities.

Measurable Objectives:

50% of full time faculty will participate in workforce development in their chosen area of expertise.

Table 3.3.d. Outcome Measures to Evaluate Workforce Development Goals			
Objective	2013-2014	2014-2015	2015-2016
50% of full time faculty will participate in workforce development in their chosen area of expertise.	35%	35%	65%

3.3.e. Continuing education collaborations

The program does not collaborate with other agencies for continuing education.

3.3.f. Criterion assessment

This criterion is met.

Strengths: The Department of Health Education makes a significant contribution to continuing education programs for students, faculty, and to large numbers of personnel engaged in public health practice to maintain and advance their knowledge and skills. Our efforts include the expertise of our faculty, thus adding value in the most efficient manner.

Areas for improvement: A more sophisticated and planned approach to continuing education would be ideal, but this would require resources that are not currently available to the department. Additionally, the process that the department uses to track faculty involvement is not subject to regular review.

CRITERION 4.0 Faculty, Staff, and Students

Criterion 4.1 Faculty Qualifications

4.1.a. Primary faculty of MPH and BS degree programs

Table 4.1.a includes department primary faculty who teaching in MPH and BS for AY 2016-2017. Please see the Primary Faculty Curriculum Vitae folder in the Electronic Resource File for a full list of CVs for Primary Faculty.

Table 4.1.a. Primary Faculty Supporting Degree Offerings of the Program for AY 2016-2017									
Specialty Area	Name	Title/ Academic Rank	Tenure Status or Classification*	% Time to the Program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
MPH	Geisse, Sally	Clinical Faculty	Non Tenure Track	100%	MA	SFSU	English	Composition	
MPH	Sanchez-Vaznaugh, Emma	Associate Professor	Tenured	100%	ScD	Harvard University	Social Epidemiology, Human Development and Health	Biostatistics; Epidemiology	Obesity and Place
MPH/BS-	Chávez, Vivian	Associate Professor	Tenured	100%	DrPH	UC Berkeley	Women and Gender Sexuality, CHE	Community Organizing; Promoting Positive Health	Pedagogy and learning; Contemplative Pedagogy; Movement-based Expressive Arts; Cultural Humility
MPH/BS-	Fernández-Peña, José Ramón	Associate Professor	Tenured	100%	MD	University of Mexico	Medical Doctor; Health Policy	Program Planning and Evaluation; AIDS	Diversity and HC Workforce
MPH/BS-	Lam, Vincent	Lecturer	Non Tenure Track	100%	MPH	SFSU	Community Health Education	Community Organizing; Community Health Education	
MPH/BS-	Love, Mary Beth	Professor	Tenured	100%	PhD	University of Massachusetts, Amherst	Community Health Education	Health Determinants	Curricular Innovations in PH
MPH/BS-	Mamo, Laura	Professor	Tenured	100%	PhD	UC San Francisco	Sociology	Research Techniques; Women's Health	Sociology of Health and Illness; Human Sexuality
MPH/BS-	Martinson, Marty	Assistant Professor	Tenured Track	100%	DrPH	UC Berkeley	Aging and Public Health; Social Justice Education	Public Health Theory; Program Planning and Evaluation; MPH Culminating Experience	Critical Gerontology; Critical Health Education
MPH/BS-	Rebanal, David	Assistant Professor	Tenured Track	100%	DrPH	UC Berkeley	Social Epidemiology, Community Development	Epidemiology; Public Health Policy	Health Equity, Policy Evaluation

Table 4.1.a. Primary Faculty Supporting Degree Offerings of the Program for AY 2016-2017									
Specialty Area	Name	Title/ Academic Rank	Tenure Status or Classification*	% Time to the Program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
MPH/BS-	Wolin, Jessica	Lecturer	Non Tenure Track	100%	MPH, MCP	UC Berkeley	Public Health; Planning	Community Assessment; Public Health Policy	
BS	Cushing, Lara	Assistant Professor	Tenure Track	100%	PhD	UC Berkeley	Energy and Resources; Epidemiology	Environmental Health	Environmental Health and Justice
BS	Delfino, Atina	Clinical Faculty	Non-Tenure Track	100%	MS	CSU East Bay	Education	Research Techniques; Intro to PH	
BS	Eliason, Mickey	Professor	Tenured	100%	PhD	University of Iowa	Educational Psychology	Research Techniques	Human Sexuality
BS	Quijano, Victoria	Lecturer	Non Tenure Track	100%	EdD	SFSU	Educational Leadership	Program Planning and Evaluation; Fieldwork and Reflective Seminar	
BS	Moore, Lisa	Associate Professor	Tenured	100%	DrPH	UC Berkeley	Social and Administrative Services	PH Theory; Harm Reeducation	Harm Reduction
BS	van Olphen, Juliana	Associate Professor	Tenured	100%	PhD	University of Michigan	Population and Family Health	Research Techniques	CBPR; Prison Reentry
BS	Burke, T. Adam	Professor, Tenured	100%	PhD	UC Santa Cruz	Social Psychology	CAM and PH	BS	
BS	Burrows, Kenn	Lecturer, Non-tenured	100%	MPH	San Jose State University	Community Health Education		BS	
BS	Peper, Erik	Professor, Tenured	100%	PhD	Union Graduate School	Psychology	Biofeedback	BS	
BS	Harvey, Richard	Associate Professor, Tenured	100%	PhD	UC Irvine	Psychology and Social Behavior	Stress Management	BS	

Source: Department HR Files

4.1.b. Adjunct, part-time, and secondary appointments

Table 4.1.b includes secondary faculty who teach required courses in both the MPH and BS for AY 2016-2017. Please see the Secondary Faculty Curriculum Vitae folder in the Electronic Resource File for a full list of CVs for Primary Faculty.

Table 4.1.b. Secondary Faculty Supporting Degree Offerings and Teaching Program for AY 2016-2017							
Department Specialty Area	Name	Title/Academic Rank	% Time to the Program	Graduate Degrees Earned	Institution where degrees were earned	Discipline for earned graduate degrees	Teaching Areas
MPH	Fishman, Amie	Lecturer, Non Tenure Track	20%	MPH	SFSU	Community Health Education	Social Justice, Health Education Training
MPH	Huang, Vivian	Lecturer, Non Tenure Track	20%	MHS	Johns Hopkins University	Health Science	Public Health Policy
MPH	Klein, Kendra	Lecturer, Non Tenure Track	7%	PhD	UC Berkeley	Environmental Science, Policy and Management	Environmental Health
MPH/BS	Turalba, Ruby	Lecturer, Non Tenure Track	60%	MPH	SFSU	Community Health Education	Intro to PH; Community Health Education
BS	Arista, Pedro	Lecturer, Non Tenure Track	40%	MPH	SFSU	Community Health Education	Program Planning and Evaluation; Drugs and Society; AIDS
BS	Brown, Katherine	Lecturer, Non Tenure Track	20%	MPH	SFSU	Community Health Education	Community Organizing
BS	Castellblanch, Ramón	Professor, Tenured, FERP	50%	PhD	Johns Hopkins University	Health Policy	Health Policy
BS	Craig, Deborah	Lecturer, Non Tenure Track	40%	MPH	SFSU	Community Health Education	Intro to PH
BS	Ochoa, Ingrid	Lecturer, Non Tenure Track	20%	MPH	SFSU	Community Health Education	Community Health Education
BS	Rath, Cathy	Lecturer, Non Tenure Track	40%	MA	SFSU	Education	Community Organizing; Women's Health
BS	Schwartz, Taylor	Lecturer, Non Tenure Track	20%	MPH	Tufts University	Epidemiology and Biostatistics	Epidemiology; Research Techniques
BS	Evans, Maiya	Lecturer, Non Tenure Track	60%	MPH	SFSU	Community Health Education	Community Organizing; Promoting Positive Health
BS	Vassar, Jasmine	Lecturer, Non Tenure Track	20%	MPH	SFSU	Community Health Education	Promoting Positive Health

Source: Department HR Files

4.1.c. Description of how the faculty complement integrates perspectives from the field

Both the MPH and BS degree programs have the good fortune of hiring public health practitioners--experts in their area of practice--to contribute to the professional preparation of our students. On average, 4 to 5 of the courses in the MPH curriculum are taught by local public health practitioners. In the BS program, each of the major courses has multiple sections. Approximately half of these sections are taught by public health practitioners who bring their practice expertise to the BS students. The public health specialists and full-time faculty work together to shape the course and contextualize public health competency development in real public health issues facing residents of our local community. Finally, our innovative practice model in the MPH and the supervised practice in the BS keep us closely aligned with public health practice.

4.1.d. Faculty qualifications measurable objectives

Table 4.1.d provides goals and objectives for faculty qualification assessment.

Table 4.1.d. Outcome Measures for Faculty Qualification Assessment				
Resource Objectives	Outcome Measure (Target)	AY 2014-15	AY 2015-16	AY 2016-17
MPH and BS student evaluations of full-time faculty will fall between 1 and 2 when rated on a scale from 1 (highest rating) to 5 (lowest rating) for both the MPH and BS courses.	90% of all MPH and BS courses will be evaluated by students with a score falling between 1 and 2 on a 5 point scale where 1 is the highest rating and 5 is the lowest rating.	100%	100%	n/a
Sufficient full-time faculty will be available to teach required courses.	75% of required graduate courses will be taught by full-time faculty.	66%	66%	90%
Sufficient full-time faculty will be available to teach required courses. Faculty will possess credentials appropriate to course assignments.	75% of required undergraduate courses will be taught by full-time faculty.	75%	75%	94%
	100% faculty (excluding practice coordinator) of graduate courses will hold a masters or a doctorate and will have study or experience in the assigned subject area.	100%	100%	100%
Faculty will possess credentials appropriate to course assignments.	100% of faculty of undergraduate courses will hold at least a master's degree and will have study or experience in the assigned subject area.	100%	100%	100%

4.1.e. Criterion assessment

This criterion is met.

Strengths: The faculty of the Department of Health Education is known for its commitment to teaching excellence and for its devotion to the field of public health. Each member's teaching responsibilities are relevant to her or his academic and professional preparation and experience and each is professionally involved, on an ongoing basis, in the practice of public health in her or his area(s) of specialization.

Areas for improvement: None identified.

Criterion 4.2 Faculty Policies and Procedures

4.2.a. Faculty handbook of rules and regulations

The San Francisco State University Faculty Manual is available upon request of the administrative staff. All faculty hired to teach for the MPH or BS program must follow the rules and regulations set forth in the Department of Health Education Policies and Procedures Manual which can be found in the Electronic Resource File.

4.2.b. Faculty development

Upon joining the faculty at San Francisco State University, each tenure-track faculty member attends a university sponsored one-week new faculty orientation offered by the Center for Teaching and Faculty Development (CTFD) on campus. Attendees receive additional pay for attending this informational workshop. At this training, new faculty: 1) meet other new and existing faculty, staff, and administrators; 2) learn about the structure and culture of the university; 3) learn about building professional networks; 4) learn how to develop their web pages; 5) learn classroom management and assessment; 6) learn about professional growth and development; 7) learn about opportunities for funding/grants to support research projects; 8) become familiar with procedures for retention, tenure, and promotion; 9) become acquainted with on-campus audio-visual and technological services; 10) obtain information about dealing with sensitive issues in the classroom; 11) learn about benefits, e.g. medical, dental, vision, life insurance, retirement; and 12) attend a conference-like exhibit showcasing resources that support teaching on the campus.

The workload responsibilities for all full-time tenure-track faculty members are customarily 20% service, 20% research/scholarship, 60% teaching. However, at the departmental level, new tenure-track faculty members are automatically awarded a 20% reduction of work responsibilities by being obligated to teach four courses rather than six courses during their first two years of employment.

This reduction in teaching load for incoming tenure-track faculty is intended to serve several purposes. First, the reduced teaching load allows new faculty to take the necessary time to acquaint themselves with a new work environment, department policies and procedures, and academic programs. Second, it affords new faculty with the time to develop their research programs by establishing and gaining traction on their research agendas. Third, it allows time for all new faculty to develop their teaching skills. Notably, in AY 2016-2017, the College instituted mandatory participation for all new CHSS tenure-track faculty in the year-long CHSS-Metro Faculty Learning Community (FLC) trainings that are co-facilitated by HED faculty members Savita Malik and Marty Martinson. These trainings aim to build self-efficacy and skills in

teaching so that as faculty increase their teaching load, they will be more effective and more confident teachers. The three new tenure track hires in the department of Health Education are currently participating in the FLC.

Additionally, the department devotes 30 minutes per all-faculty meeting per month to share ideas about effective teaching, research, creative projects, relevant readings, topical issues, etc. These meetings are helpful in terms of serving as forums in which faculty members can get feedback on their research ideas, their teaching, and share ideas about professional development. The department fosters a supportive environment for junior and senior faculty alike. Besides the course reduction for new faculty and the monthly departmental meetings, faculty members pair up informally to support each other through the retention, tenure, and promotion process in terms of preparing personnel files. Furthermore, the departmental Hiring, Retention, Tenure, and Promotion Committee members are facilitative rather than adversarial for those seeking retention, tenure, and/or promotion.

The Office of Research and Sponsored Programs (ORSP) and the University Corporation (UCorp) assist our faculty to identify and apply for funding and to administer budgets once funds are granted. They also offer a Development of Research and Creativity (DRC) Grants award program funded by the CSU Chancellor's Office. This grant program is developmental in nature with a focus on both supporting early scholars in work that will significantly benefit their scholarship and creative work and assisting established scholars as they leverage nascent projects in ways that make a difference to their careers at SFSU. The maximum for the grants is \$8,000 per grant proposal for individual projects and \$12,000 for collaborative projects. (Collaborators must be SFSU tenured or tenure-track faculty members.) Funds are available for each academic year including summers.

The Vice President Research award funds approximately 30 course releases each academic year. Additionally, the Research Infrastructure for Minority Serving Institutions (RIMI) provides a course release on a competitive basis for the implementation of pilot research. The campus Health Equity Institute (HEI) ran a competition for funding last year for which four health education faculty members successfully competed and were awarded funding.

The Office of Faculty Affairs and the Office of the President and Vice President for Academic Affairs also provide internal funding for research and creative activities. They include:

- Sabbatical Leaves
- Leave with Difference in Pay
- Presidential Awards for Professional Development of Probationary Faculty
- Professional Development Leave Without Pay
- The Office of Research and Sponsored Programs (ORSP) offers a Development of Research and Creativity (DRC) Grants award program funded by the CSU Chancellor's Office. The maximum for the grants is \$8,000 per grant proposal for individual projects

and \$12,000 for collaborative projects. Funds are available for each academic year, including summers.

- Faculty members presenting scholarly work at professional conferences and annual meetings of national associations, e.g. the American Public Health Association, are provided with support from the department, college, and university. Usually, travel funds are provided for airfare, conference registration, and lodging.

Adjunct faculty appointed to instructor positions in the department can utilize all library services on campus. All faculty have access to the campus data communications network for e-mail and Internet access.

Another resource in place to support faculty development is the new Assistant Dean for Faculty Development/Scholarship for the College of Health and Social Services, Mickey Eliason. Dr. Eliason is a full professor in health education who is released from teaching in our department to support the College in this role at 60% effort.

Assistant Dean Eliason supports all faculty in the college in their research and scholarship efforts with a focus on, but not limited to, guiding assistant professors toward tenure and promotion. Towards this end, Assistant Dean Eliason offers faculty the following: identifying faculty with similar research interest to develop collaborative research teams; organizing writing retreats and seminars to move community-based work to peer-reviewed manuscripts; creating awareness among T/TT faculty of funding opportunities relevant to their expertise; grant-writing support; creating a forum for sharing of research findings and ideas; and serving as a liaison with the ORSP staff and Associate Vice President for Research. Dr. Eliason also serves college department chairs and the College leadership in an advisory capacity.

4.2.c. Evaluation of faculty competence and performance

The San Francisco Faculty Manual governs all performance and tenure reviews with major reviews occurring at the second, fourth, and tenure years. University-wide, departments have developed department-specific criteria that will be nested under these broader SFSU policies. The Department of Health Education has developed and received approval from the provost for its own guidelines and criteria for performance, tenure, and promotion review (reference Electronic Resource File, Promotion and Tenure Guidelines).

Probationary faculty members have annual reviews by the department's retention, tenure, and promotion (RTP) committee, the department chair, and the college dean. Each probationary faculty member ordinarily has a brief review in her or his 1st, 3rd, and 5th years, and undergoes more substantive reviews in her or his 2nd, 4th, and 6th years of probation. The chief purposes of this process are to: a) offer feedback to the probationary faculty member in terms of how well he or she is progressing toward permanent status (tenure) based on the department's retention,

tenure, and promotion guidelines, which emphasize teaching effectiveness, professional achievement and growth, and service to campus and community; and b) assess whether or not the probationary faculty member should be retained. With the reports from the departmental RTP committee and the chair of the department, the college dean recommends retention or termination to the provost and vice president for academic affairs. Probationary faculty members submit their Working Personnel Action Files (WPAFs) to the department's RTP committee. The WPAF contains the faculty member's index, CV, 750-word narratives regarding her or his teaching effectiveness, professional achievement and growth, and contributions to campus and community, supporting materials including, but not limited to, student evaluations of teaching effectiveness and all other information provided by faculty, students, academic administrators, and others who must be identified by name. Reviews and recommendations for the purpose of decisions relating to retention are based on materials/evidence contained in the Working Personnel Action File (WPAF). The RTP committee writes a report that is submitted to the probationary faculty member, who has 10 days to offer a written rebuttal to the report if he or she so chooses. Following this ten-day period, the WPAF and report are submitted to the department chair. The department chair reviews the RTP report and the faculty's WPAF, and then composes her own evaluative letter of recommendation to the dean with a copy sent to the faculty member under review. The college dean reviews the file containing the faculty member's WPAF, the RTP committee's report, and the chair's letter and then composes the final recommendation to the provost and president, who are charged with making the final decision regarding retention and promotion. At each stage of the process, the faculty member is allowed 10 days to file a letter of rebuttal to clarify any misinformation or to challenge the evaluations by the department RTP committee, the chair, and/or the college dean. The California Faculty Association (CFA), the faculty union of the California State University (CSU) system, also has formal processes in place for faculty members to grieve a negative final retention decision made by the president. Other department-specific procedures currently in place include the following:

Faculty Observations

Observations are conducted by a member of the Hiring, Retention, Tenure, and Promotions (H RTP) committee for all probationary faculty. A written summary of these observations is discussed with the faculty member, and subsequently placed in the faculty member's personnel file.

The chair of the department conducts an observation of probationary faculty annually; a written summary is then prepared, discussed with the faculty member, and placed in the personnel files. The chair of the department and H RTP committee members review all these observations during the process of preparing recommendations for retention, tenure, and promotion.

Faculty Self-Evaluation

Every year faculty reflect upon their professional competence and performance while preparing

their Working Personnel Action File (WPAF) as part of the retention, tenure, and promotion process. This file includes a portfolio of every faculty member's work in the priority categories for tenure and promotion (teaching, research, and university/community service).

4.2.d. Student Course Evaluation Process

Students evaluate all faculty in every course. The evaluation tool covers content areas related to the instructors' competence and the content of the course and provides quantitative and qualitative evaluation data. All documents related to student course evaluation can be found in the Course Evaluation folder in the Electronic Resource File.

Faculty are expected to achieve mean scores less than 2 on a scale of 1 = best and 5 = worst. The chair of the department reviews the summaries of course evaluations each semester and meets with any faculty, as needed, if students express concern in their written comments.

4.2.e. Criterion assessment

This criterion is met.

Strengths: The policies and procedures to recruit, appoint and review faculty are carefully defined and articulated in the SFSU Faculty manual. Faculty workshops are held regularly by the dean of Faculty Affairs to clarify procedures and support faculty in the retention process and for their colleagues involved in the review. Probationary faculty have the opportunity for rebuttal at every level of review as well as clearly defined grievance procedures.

Areas of improvement: None identified.

Criterion 4.3 Student Recruitment and Admissions

4.3.a. Recruitment policies and procedures

MPH Program

Students who apply to the MPH program learn about the program from various sources. Overall, advertisement and recruitment occurs at two levels: the San Francisco State University Division of Graduate Studies outreach strategies and the Department of Health Education's specific recruitment procedures.

The Division of Graduate Studies participates in graduate school fairs throughout California, advising interested parties on the many programs available at the university as well as opportunities and admissions policies and procedures that aid a smooth admissions process. A San Francisco State University graduate admissions representative is available at each event to talk to prospective students about admission requirements, housing, financial aid, and scholarship opportunities. At these events, interested prospective students are given the MPH program flyer, and encouraged to research the program more thoroughly through the departmental website. They are also encouraged to contact the department at the email address or phone number on the flyer for more information, and to RSVP for one of the MPH program prospective student information sessions. If a prospective student is unable to attend one of the information sessions, the graduate coordinator will conduct a one-on-one phone or in-person informational session with the prospective student, tailored specifically to meet the particular needs and questions of that potential applicant.

Recruitment by the department takes a variety of forms. Word-of-mouth has been, and continues to be, one of the strongest methods for attracting new students to the MPH program. Current MPH students and alumni serve as ambassadors of the program out in the community, often prompting prospective students to contact the department and initiate the application process. Considering 100% of the spring 2014-16 graduates and 95% of our alumni in the 2014 alumni survey state that they would recommend the San Francisco State University MPH program to others, we are successfully dispatching a large number of enthusiastic ambassadors into the community to promote the program.

Current students and alumni also participate in the once a month two-hour prospective student information sessions conducted during the height of our admission recruitment season from September to February. This student-to-student perspective is invaluable, especially since the current students/alumni speak candidly in great detail, sharing information, insights, and perspectives on all the topics listed below.

- Introduce yourself. Mention when you entered the program and when you graduated, your particular areas of passion within the public health field, your current professional endeavors/position, your past public health work experience. And answer: What are your long-range career goals/what is your ultimate dream job? (If you are already in your dream job, let us know that too.)
- Explain what motivated you to return to graduate school and what other graduate program options you considered and why you ultimately chose the SFSU MPH program.
- Discuss whether/in what ways the SFSU MPH program developed professional knowledge and skills critical to your career goals.
- Give a candid assessment of the SFSU MPH Program's strengths and challenges from your perspective.

Share additional insights with the prospective students regarding:

- Your experience of the application process, such as advice about references, statistics and academic writing preparation, statement of purpose, and the importance of applicants assessing their fit with our MPH program's curriculum/structure/mission.
- Your participation in the program, such as advice related to deciding the correct pacing for oneself (usually 2 or 3 years to degree completion); finding work, school, and life balance; the teamwork infused throughout our curriculum; the cohort community structure; and your experience with the faculty and staff.
- A candid assessment of the impact of having your MPH on your current professional endeavors, as well as its anticipated impact on your future professional goals. Both presenters together respond to prospective student questions.

In addition, at these information sessions, the graduate coordinator provides an in-depth presentation about the public health field in general, the community health education specialization in particular, the MPH program, curriculum, the admissions process. A comprehensive PowerPoint information guide forms the basis of the graduate coordinator's presentation. This information guide is emailed to attendees, along with a set of supplementary program resource and information documents. This PowerPoint info guide and accompanying set of informational documents is also emailed to inquiring prospective students who are not able to attend one of the evening information sessions. Students, whether they were able to attend the information session or not, are encouraged to contact the graduate coordinator or assistant graduate coordinator at any time with any follow up questions.

Every October San Francisco State University hosts a Graduate School Fair open to the more than 30,000 current university students. The department has applied for and has been awarded a table spot each year to promote our MPH program at this annual Graduate School Fair. The graduate coordinator, when resources permit, also occasionally travels to nearby graduate fairs and other prospective student events. In the past, these recruitment trips have included UC Davis, the Idealist Grad Fair, and the Gates Millennial Spring Break Grad School Fair. The graduate coordinator posts a sign-up sheet at the recruitment table to collect names and email addresses of

interested prospective students then follows up with the information guide and related resource document attachments.

Current students and alumni also volunteer to participate with the graduate coordinator in outreach efforts, such as the university's Grad Fair, and to be contacted by email or phone by a prospective student with questions the prospective students wish to address specifically to fellow students. Moreover, current students, alumni, and faculty attending and presenting at regional and national conferences and other large professional venues promote the MPH program.

This admissions season the department has also launched an ambitious annual MailChimp outreach campaign. The department has designed four engaging MailChimp email templates that can easily be updated with each new academic year's dates and information to send out official outreach emails to an extensive distribution list. The first email announcement goes out in the summer before applications open on October 1st, then a second on October 1st, and a 3rd reminder after the second to last monthly information session to encourage prospective students to sign up for the last information session. The 4th and final MailChimp email blast is sent six weeks before the priority application submission deadline on March 1st to positively remind prospective students that there is still time to apply for the season's fall admissions by the priority application deadline.

If the department still has room in the incoming MPH class after the March 1st priority deadline, applicants are invited to submit applications on a space available only basis, until the incoming fall class is filled. In this case, we design and distribute additional MailChimp outreach emails to guide prospective students through the potential extended application period, with the absolute latest day to apply being May 31st of that year.

The MailChimp emails sport consistent program branding design features, as well as engaging photos and student/alumni testimonials. It is notable that the Public Health Organization of Graduate Students (PHOGS) Outreach Committee spearheaded and directed the highly successful student testimonial activity that has resulted in a rich supply of top quality student and alumni quotes and images for our MailChimp emails, program flyer, website, and any additional outreach needs. The intention is to engage students on an annual or biannual basis in testimonial activity sessions to keep the supply of print and image testimonials fresh and current.

Another ambitious recruitment project underway is a complete overhaul of our MPH program website (sub-site to the departmental website). We are working closely with campus IT professionals to design a visually appealing, easily navigated MPH sub-site. In addition to significant improvement in appearance and functionality, we are also strategically rethinking, reorganizing, and updating the content on our MPH webpages.

The assistant graduate coordinator and the graduate coordinator field a wide range of prospective student questions to provide detailed program and curricular information and perspectives that facilitate prospective students' submission of strong, thoughtful applications to our program. The graduate coordinator also meets with inquiring prospective students for phone and in-person one-on-one meetings, to provide the enthusiastic engagement, knowledge and perspectives that assist students in finding their graduate school paths. The advantage of this comprehensive prospective student advisor outreach approach is that if through the process the prospective students determine that the SFSU MPH program is a strong fit program for them, they will be fully prepared and motivated to submit the strongest applications possible.

The Department of Health Education's extensive outreach materials described above and listed below in section 4.3.c can be found in the MPH Recruitment folder in the Electronic Resource File.

BS Program

For the undergraduate program, recruitment is not structured or formal. For native students, those who applied and were accepted to the university as first-time freshmen, if they did not choose health education as their primary major, have the option to apply to request to change their major to health education. For details on undergraduate admissions, please reference Criterion 4.3.b below. For transfer students, they have the option of declaring health education as their primary major. If accepted to the university, they are accepted to their primary major. We did not have direct recruitment procedures, just indirectly via the avenues the university outreach conducts for all prospective students.

4.3.b. Admissions policies and procedures

MPH Program

Prospective students must meet all of the following criteria to be admitted to the San Francisco State MPH program:

- A minimum of two years full-time equivalent (4000 hours) post-high school health-related work experience, volunteer or paid, part-time or full-time positions. More weight is given to public health-related work, especially that with an emphasis on community health education, social justice, and leadership positions.
- A college course in each of these four areas: statistics or calculus, composition, social science, and cultural, ethnic, or social diversity.
- Academic excellence indicated by a 3.0 or higher GPA in the undergraduate degree or in the last 60 semester (or 90 quarter) undergraduate or graduate-level units attempted or a previously completed graduate degree from a regionally accredited institution.
- Graduate Record Exam (GRE) General Test.

- SFSU Level One Graduate-level proficiency in written English, usually demonstrated by a score of 4.0 or higher on the Analytical Writing Section of the GRE General Test. Applicants scoring under a 4.0 may still be admitted with additional proof of graduate-level proficiency in written English, and should submit a college/post-college academic writing sample with their application.
- Proficiency in both English and one of the many languages spoken in the Bay Area is an application strength.
- Completed online Division of Graduate Studies (<https://grad.sfsu.edu/>) application (CSU Mentor) and completed Department of Health Education MPH application materials: application form, resume/CV, a two-page statement of purpose, three reference forms with attached letters of reference, program requirements contract, and departmental checklist.

To review our departmental admission materials, refer to the MPH Applications Materials folder in the in the Electronic Resource File.

All newly admitted MPH students enroll in the program with conditionally classified status. To move to fully classified status, a student must meet all of the conditions specified by the Division of Graduate Studies and the Department of Health Education. These include any specialized conditions indicated in the Department of Health Education admission recommendation letter, Level One and Level Two written English proficiency requirements for Master of Public Health students, completion of at least two consecutive semesters of coursework of 3.0 or higher grade point average, and the demonstration of professional ethics and effective collaborative learning skills. In addition, in order to continue in the program, a student must make satisfactory progress toward degree completion each semester, including meeting all standards as stipulated by the department. Departmental standards, detailed in the MPH Student Handbook (currently under revision; essential information available in the New Student Orientation Program Information Guide PPT), include meeting departmental grade thresholds for individual courses. MPH students are allowed a maximum of two attempts to complete a required course at or above the threshold grade specified in the MPH Student Handbook. A course withdrawal counts as a course completion attempt. Students who do not meet the grade threshold after two attempts at a course will be subject to program dismissal.

The assistant graduate coordinator reviews MPH applications submitted to the department to determine whether all required departmental application materials are included. The assistant graduate coordinator also confirms that the applicant has completed the Division of Graduate Studies portion of the application process, including submission of the GRE scores. The assistant graduate coordinator follows up with any applicants who are missing pieces of the departmental or Division of Graduate Studies application. All complete application packets received by March 8th (priority deadline is March 1st; one week grace period is granted for missing documentation) are reviewed by two members of the MPH admissions committee, using a standardized scoring sheet with an accompanying detailed scoring guide (see the MPH Application Scoring Sheet and

Guide folder in the Electronic Resource File) to enhance evaluative consistency across all scorers. The Admissions Committee is comprised of 6 faculty members and 4 current MPH students, with the graduate coordinator chairing the committee. Before scoring applications, all new members of the Admission Committee receive an in depth training delivered by the graduate coordinator covering Admission Committee procedures and how to score applications using the scoring sheet and guide.

The assistant graduate coordinator and graduate coordinator analyze the reader data and bring to the Admissions Committee for group discussion applications with disparate admission decision recommendations by the two application readers. The Admission Committee comes to consensus on final admission decisions for each applicant. Occasionally, a third reader is charged to read an application before the committee comes to consensus on that particular application.

Since our entering cohort target size is 20, to account for non-response and non-enrollment-intending applicants, our departmental Admissions Committee aims to identify approximately 30-35 applicants as highly qualified and a strong fit for our program. Then, our program contacts these recommended applicants to request that they complete and submit to our department a signed form that indicates whether they intend to enroll in our program. Those who do not intend to enroll request to have their applications withdrawn. Our program then recommends to the Division of Graduate Studies to admit only those applicants who have confirmed with us in writing that they intend to enroll in our MPH program. This close communication with our applicants throughout the admissions process results in our numbers of admitted applicants matching closely the number of those admitted applicants who actually enroll in our program.

BS Program

Effective fall 2014, the undergraduate program for Health Education declared “impaction.” According to the CSU Chancellor’s Office, “impaction” is defined “when the number of applications received from fully qualified applicants during the initial admission application filing period exceeds the number of available spaces that the campus can accommodate in the major, program, or campus given the instructional resources and physical capacity of the campus.” The department accepts two cohorts: one starting fall semester and the other starting spring semester. Each cohort is 75 students. Currently, the following procedure for accepting undergraduate majors is in place:

1. Junior transfer students who apply to SFSU can request Health Education as their major. The deadline for applications to the university is November 30th, and the campus registrar’s office submits the list of transfer applicants to the department in mid-February.
2. Native continuing students must register and attend a department information session, which are scheduled monthly during the fall semester. Information regarding the department, curriculum, requirements, and expectations is presented to prospective

students. An application to the department is handed out at the end of the session. An application can only be received at the information session. Applications include unofficial transcript and current schedule of classes, and must be submitted by February 1st. Notification of department application period is publicized on the department website, department hallway bulletin boards, student resource room (HSS 322), and flyer posted outside the department office. This information is also sent via email to all undergraduate GE courses.

3. The department combines the two lists (transfer students and native/continuing student applicants), reviews the list, and sends acceptance and denial information back to registrar's to process and notify student applicants. Two cohorts are accepted: fall cohort and spring cohort (waitlisted for fall). Upon notification of acceptance, the department sends a welcome email including a survey to confirm plans to attend the program either fall or spring, including a waitlist for fall semester.

The recruitment for the BS program depends primarily upon the recruitment strategies of the university as a whole. The entry course to the BS major in Health Education is at the junior level (semester one, HED 400GW sequenced required course entry). Freshmen may come to SFSU designated as a pre-Health Education major but must apply to the major by their junior year. Our continued efforts to sustain a presence in lower division classes help ensure that native students are exposed to public health perspectives and professions early in their academic career. The BS major, with over 320 current majors in the 2015-2016 academic year, continues popularity at the university due to our positive reputation for on-time graduation, scaffolded and sequenced curriculum designed over four semesters, social justice/ health equity mission, and the positive responses students have to the initial HED classes they take as a part of their required university general education requirements. In 2014, HED was ranked 9th for graduating most undergraduate students.

4.3.c. Recruitment materials

Recruitment materials for both the MPH and the BS degrees can be found in MPH Recruitment folder and the BS Recruitment folder located in the Electronic Resource File.

MPH Program

MPH Website: <http://healthed.sfsu.edu/graduate>

SFSU Division of Graduate Studies Website: <https://grad.sfsu.edu/>

MPH description in SFSU Bulletin: <http://bulletin.sfsu.edu/colleges/health-social-sciences/health-education/mph/>

See the MPH Recruitment folder in the Electronic Resource File for:

- SFSU Online Bulletin Excerpt for MPH
- MPH MailChimp campaign example recruitment emails
- SFSU MPH in CHE Program Flyer
- MPH Prospective Student Program Information Guide PPT
- Prospective Students Email Examples

BS Program

BS website: <http://healthed.sfsu.edu/undergraduate>

SFSU Division of Undergraduate Education and Academic Planning website:

<https://ueap.sfsu.edu/>

BS description in SFSU Bulletin:

http://www.sfsu.edu/~bulletin/previous_bulletins/1516/programs/health.htm

See the BS Recruitment folder in the Electronic Resource File for:

- BS HED Bulletin Excerpt
- BS HED Roadmap
- BS New Major Orientation
- HED Brochure

4.3.d. Number of applicants, acceptances and enrollment

Table 4.3.d provides quantitative information on applicants to both MPH and BS programs for AY 2014-2017.

Table 4.3.d. Quantitative Program Applicant Information AY 2014-2017			
MPH (Fall admissions only)	AY 2014-2015	AY 2015-2016	AY 2016-2017
Applied	79	84	61
Accepted	24	26	22
Enrolled	22	24	15
BS	AY 2014-2015	AY 2015-2016	AY 2016-2017
Applied	415	309	277
Accepted	375	309	277
Enrolled **	154	171	150 ***

** Enrolled includes both fall and spring cohorts, semester one of undergraduate program.

*** Reporting fall 2016 and Spring 2017 planned enrollment. Confirmed enrollment figures for Spring 2017 not available at time of report submission.

4.3.e. Number of students enrolled in each specialty area

Table 4.3.e. Student Enrollment Data AY 2014-2017						
Program	AY 2014-2015		AY 2015-2016		AY 2016-2017	
	HC	FTE	HC	FTE	HC	FTE
MPH	44	40.02	47	38.07	39	32.90
BS	400	316.7	333	281.05	310	266.25

MPH program

We have noticed a trend downward in applicant numbers in the past few years. Preliminary research points to the rapid increase in recent years of housing costs in the Bay Area. The applicant numbers trending down recently has not affected our ability to enroll our target number of twenty highly qualified applicants until this fall 2016 admissions. Our cohort size this fall is 15 rather than 20. Although there are advantages to having the smaller cohort size in our

intensive learning community program structure, we continue to be committed to a strategic, wide-reaching outreach and recruitment strategy going forward, for which we intend to leverage social media tools at our disposal. This fall we are already implementing the first phase of that expanded outreach plan, our MailChimp campaign (described in detail in section 4.3a above). Our MailChimp campaign goes hand in hand with our revised program flyer, both have consistent design features to increase our program's professional branding identity. Our program modeled the flyer and MailChimp designs on the design template that the Division of Graduate Studies uses for its own outreach campaigns, thus further enhancing brand consistency.

BS Program

As previously discussed the BS program entered impaction in the fall of 2014. Impaction has allowed the department to calibrate student enrollment with the faculty resources we have to serve those students. It enabled us to mount a curriculum that facilitates students to enroll in needed courses and move expeditiously toward graduation--getting the courses they need when they need them. As part of the impaction process, faculty withdrew all required BS degree courses (except HED 455) from the GE curriculum allowing us to scaffold skill development across the BS curriculum and increase the time to graduation. It does, however, mean we can no longer serve the student demand for a degree in public health. Thus our number of majors has declined from a high of over 500 students in 2013-14 to our current number of approximately 300 majors.

4.3.f. Evaluation of enrollment procedures and success

MPH Program

As depicted in MPH Table 4.3.f.1 below, high employment, graduation, and alumni professional work dissemination rates, and the strong confidence levels of our graduates in their MPH skill sets speak to our success in enrolling a qualified student body. For additional data supporting our success in enrolling a qualified student body, refer to the highly positive feedback on the work performance of our alumni in Criterion 2.7.e. and in the MPH Selection of Stakeholder Quotes document in the Electronic Resource File.

In addition, Table 1.8 Diversity Outcomes from Criterion 1.8 Diversity indicates that the majority of MPH students (68% 2014-15, 61% 2015-16, 54% 2016-17) entering our program in the past three years represent the diverse populations of the SF Bay Area, and so are able to bring that richness to engage our diverse populations with cultural and language relevancy to promote community health and health equity.

Table 4.3.f.1. MPH Outcome Measures Indicating Success in Enrolling a Qualified Student Body			
Outcome Measures	AY 13-14	AY 14-15	AY 15-16
At least 80% of MPH students secure employment/pursue further education within 12 months of program graduation.	Spring 2013 grads: 100% (19)	Spring 2014 grads: 100% (16)	Spring 2015 grads: 100% (20)
The majority of students who enroll in the MPH program continue in the program and graduate within the shortest timeframe possible to complete our sequenced 44-unit curriculum (two academic years).	w/in 2 years: 14/19 students	w/in 2 years: 20/22 students	w/in 2 years: 18/22 students
At least 90% of students who enroll in the MPH program continue in the program and graduate within the maximum timeframe allowed by the university for graduate degree completion.	entered F 2009: 96% (23)	entered F 2010: 100% (27)	entered F 2011: 90.4% (19)
At least 70% of alumni surveyed present their professional work at conferences or in other formal professional settings.	72% (39)		
At least 40% of alumni surveyed publish their professional work in journals or other professional publications.	47% (25)		
At least 90% of graduating MPH students report that they are confident (responses from strongly to somewhat agree) that they can execute the functions and responsibilities of an MPH practitioner.	100% (17)	100% (22)	100% (18)
At least 90% of MPH alumni report (responses from strongly to somewhat agree) that the MPH program provided them with strong preparation for their work as MPH professionals.	91% (51)		
Notes: Refer to Criterion 2.7 Assessment for the complete Outcome Measures table from which the above is excerpted.			

BS Program

The undergraduate program measures its success from survey results from both our post-competency and alumni surveys. The following table is an excerpt from the BS program instructional goals table in Criterion 2.7. Upon evaluation, it is noted that not all undergraduate outcome goals were met and these are priority areas of discussion and action amongst faculty to

strengthen. Specifically, our students need assistance securing employment after graduation. In response to this goal not being met, the department held two events in fall 2016. The first held in September was a student and faculty mixer lead by the undergraduate coordinator and undergraduate student group, HESA. All undergraduate students were invited to join graduate students and faculty to meet, network, and ask questions regarding pursuing their education, research, and faculty career advisement. The second is to be held in November is a alumni career fair, where undergraduate alumni are asked to speak to current undergraduate students and alumni about their current position, steps to obtain that position, and career advice. The goal of both events is to provide the current student body with career options, contacts, and examples of pathways taken after graduation.

Table 4.3.f.2. BS Outcome Measures Indicating Success in Enrolling a Qualified Student Body	
Outcome Measures	AY 2013 - 2016
At least 90% of BS alumni report that the BS program provided them with strong preparation for their work after graduation.	84%
At least 90% of BS alumni surveyed report that the BS program developed the skills expected of them to be able to apply the ecological approach as a framework for addressing complex problems at the individual, interpersonal, organizational, community, and policy levels.	97%
At least 90% of BS alumni surveyed report that the BS program developed the oral communication skills expected of them in their work after graduation.	94%
At least 90% of BS alumni surveyed report that the BS program developed the written communication skills expected of them in their work after graduation.	90%
At least 90% of BS alumni surveyed report that the BS program developed the team/collaborative skills expected of them in their work after graduation.	94%
At least 90% of BS alumni surveyed report that the BS program developed the skills expected of them to successfully work with diverse populations.	94%
At least 90% of BS alumni surveyed report that the BS program developed the skills expected of to promote health equity in public health practice.	94%
At least 80% of BS students secure employment/pursue further education within 12 months of program graduation.	74% (73)
Data Source available in Electronic Resource File: BS Alumni Employment Survey 2016	

4.3.g. Criterion assessment

This criterion is met.

Strengths: The MPH program has a multifaceted outreach plan that brings highly qualified applicants to our program. The MPH program also has a well-structured, efficient, and effective admissions process, which includes meaningful and invaluable participation of current students on the admissions selection committee.

Areas for improvement: The MPH program has noticed a downward trend in overall applicant numbers the past few years. Fortunately, this has not prevented the program from admitting and welcoming each fall semester a highly qualified cohort matching our target number of 20 new students—until this fall 2016, with 15 entering students. In response, the program has proactively structured and launched a sophisticated multiphase outreach plan that includes a powerful MailChimp email campaign, impactful student/alumni testimonials, accompanied by engaging photos, and a complete redesign of the MPH program website.

In addition, to address the low rate of job placement/further education for our undergraduate students, the BS program will prioritize and address the issue in the undergraduate workgroup strategic planning process. Increasingly and anecdotally, we have noticed an increase in the number of students who are being hired at fieldwork agencies as a result of their internship experience and performance. The undergraduate workgroup will explore ways to harness the relationships with community partners who serve as fieldwork preceptors and conduct a more systematic analysis of these trends to identify opportunities for job placement improvement. Recently, we added a “planning for the future” workshop in which all students who are enrolled in the fieldwork/internship course, HED 480, must participate. This workshop explores students’ plans for both employment and graduate school providing students with an opportunity to: explore their plans for the short and long term future, identify barriers and opportunities in reaching those plans, reflect on professional skills and characteristics to improve their chances of accomplishing those plans, and identify resources that can help them succeed.

Criterion 4.4 Advising and Career Counseling

4.4.a. Advising services

MPH Program

The Department of Health Education MPH program engages in attentive student advising from the prospective student phase, to the admissions process, through the duration of the students' tenure in our program and beyond, with close mentoring relationships continuing with our alumni.

The prospective student engagement portion is described in Criterion 4.3 Student Recruitment and Admissions.

In the summer before our entering students begin, our program, in collaboration with the Public Health Organization of Graduate Students (PHOGS), hosts orientation events to start the building of the MPH program professional and social networks of our new students. In addition, each entering student creates a student profile to go into a cohort profile compilation that is distributed among our MPH community to build camaraderie and professional connections among students, and between faculty and students.

The week before the commencement of their first fall semester of coursework, all entering MPH students participate in an all-day program orientation, facilitated by the graduate coordinator, with participation from the department chair. The range of topics covered include university and program policies and procedures; familiarity with campus facilities and services; the curriculum, course sequencing, and the competencies; advising and mentoring; strategies for students to best leverage their academic and professional growth throughout the graduate program; professional development opportunities; and work, life, school balance. Students also engage in community building activities toward the cohort bonding fundamental to our impactful cohort learning community program structure.

The first week of classes PHOGS hosts a New Cohort Welcome event that provides an invaluable student-to-student experience, information, and cross-cohort bonding. The activities include a launch of the year-long big sib (sibling), little sib mentoring program that matches continuing students with first year students.

For the cohort profiles, the materials used in orientation and in PHOGS New Cohort Welcome Event, many of which are also distributed electronically to new students as information sources, refer to the MPH Cohort Profiles in the Electronic Resource File. (Note: The MPH Handbook is being revised. Instead, student receive an Interim MPH Student Handbook which is the New

Student Orientation PPT Information Guide containing the essential program and curricular information from the MPH Handbook, in addition to a curriculum chart, handouts on advising and mentoring, the elective course, and a scholarship search tips PowerPoint. Please see the MPH Student Handbook and Resources folder for the Interim MPH Student Handbook and the Under Revision MPH Handbook in the Electronic Resource File.

Newly entering MPH students are assigned a faculty advisor who works with the student for the duration of the program, including serving on the student's culminating experience project committee during the last semester in the program. Refer to Criterion 2.5 Culminating Experience. The graduate coordinator, in consultation with the department chair, reviews the incoming students' applications and cohort profiles and matches as closely as possible student and faculty advisor public health field professional interests, experience, and directions. Faculty advisors, all of whom currently teach, or have previously taught, in the MPH program, developed together the structure, roles, and responsibilities for the MPH advising/mentoring program, therefore, are well-prepared for their roles. The information directly below is the result of those faculty discussions; this information is distributed to new students, as well as annually to continuing students and faculty advisors.

MPH Faculty-Student Advising/Mentorship

Upon entering the MPH program, each student is assigned an MPH faculty advisor. Each MPH student is required to initiate a meeting with the assigned faculty advisor during the first semester in the program, and is expected to meet regularly with the faculty advisor throughout the program. The assigned faculty advisor is the faculty member who approves the MPH elective course choice, signs off on required university forms, and serves as the second reader for the advisee's culminating experience project research paper, which is completed the final semester in the MPH program.

One of the suggested topics of the initial conversation with the assigned faculty advisor is other potential faculty and community mentors whose professional interests align with those of the student. Students are encouraged to develop multiple meaningful mentoring relationships during their time in the MPH program. Fostering productive mentoring relationships contributes significantly to the student's academic and professional growth; faculty mentors provide academic and professional guidance and facilitate intellectual and professional development. Consistent check in meetings, as well as pursuing research and/or teaching assistantships, deepen mentoring relationships.

Students are responsible for initiating meetings with advisors/mentors, and assuring that these productive professional development relationships are sustained and deepened.

Student Roles and Responsibilities Related to Advising/Mentoring

- Initiate, develop, and sustain mentoring relationships with faculty and community professionals aligned with your professional interests and goals
- Meet with your assigned faculty advisor during your first semester in the MPH program, and with advisor/mentors regularly throughout the program
- Consult early with a faculty advisor/mentor to resolve academic questions, issues, or concerns
- Meet deadlines related to coursework, registration and completion of university and department forms

Assigned Faculty Advisor Roles

- Approve/decline advisee's 3-unit elective course choice. Elective must be relevant to student's particular educational/professional preparation goals and not duplicate skills/knowledge already covered in their other required MPH coursework. Exceptions: Sponsoring faculty member approves HED 899 (Independent Study) or HED 785 (TA) course as elective choice.
- Approve and sign other required forms, such as Advancement to Candidacy (ATC) and 890 CE Proposal form
- Discuss with assigned advisees their mentoring needs, and connect your advisees with additional potential faculty and community mentors aligned with their professional interests
- Consult on the culminating experience project, including serving as second reader for the culminating experience research paper

Faculty Mentor Roles and Responsibilities (*Mentor = Assigned advisor and other faculty serving as mentors to the student*)

- Meet with MPH students to discuss academic progress (coursework, cohort participation) and address any academic issues or concerns
- Provide guidance, as requested, on students' projects, research, and papers
- Provide professional development opportunities, guidance, resources, and networking contacts to further the students' professional/career development

Suggestions for Student/Advisor (Mentor) Discussion Topics

- The student is encouraged to review the professional background and examples of a mentor's scholarship before the first meeting
- Introductions, including field areas of expertise of advisor/mentor
- Detailed discussion of professional work of advisor/mentor, to determine common interest areas and advisor/mentor network contacts that can be helpful to student
- Student career goals, areas of interests, and professional development needs
- Career/professional development opportunities (see specific examples in bullet points below), resources/networking connections, including other potential mentors aligned with student's interests who might also be able to support the student on academic and professional paths

- Scholarships/fellowships for applying; available databases/support (see next bullet point)
- Information and resources (such as SFSU Career Services, Fellowships/Pre-Doc executive coordinator and advisor, programs like MTPCCR) to assist student with job/fellowship/doctorate program application processes, elevator speech, informational/job interviews, email/phone/letters of recommendation etiquette, resume/CV, cover letter, effective networking strategies, developing meaningful mentoring relationships, and so forth
- Hopes/expectations for year of learning
- What advisor's role and those of other principal faculty/community mentors will be
- Courses enrolled/plans and elective course choice
- Other opportunities/training student has planned or would like
- ATC review and signing
- Letters of recommendation policy
- Being part of HED and other communities
- Possibilities for teaching and research assistantships with faculty (on faculty's current projects)
- Possibilities for student-driven independent study research projects (HED 899 sponsorships)
- Discuss student paper/project topics and provide research guidance at student's request
- CE proposal form signing and CE project second reader duties (final spring semester in program)
- Other topics and issues

Role of the Graduate Coordinator

As an additional MPH faculty advisor/mentor, the graduate coordinator is also available to discuss with all MPH students course sequencing, time-to-completion options, career/professional development pathways and opportunities, and any personal or situational issues impacting academic progress. The MPH coordinator can also discuss any programmatic or curricular questions, issues, or concerns a student might have.

With the assistance of the department chair as needed, the MPH coordinator also manages student service areas for the MPH students, such as withdrawals and drops, students returning after a leave of absence, academic probation, grade grievances, and college regulation petitions.. The MPH coordinator holds weekly office hours and additional one-on-one student appointments by arrangement via phone or email.

Division of Graduate Studies

The SFSU Division of Graduate Studies (<https://grad.sfsu.edu/content/current-students/graduate-studies-advising>) provides advising to both prospective and current students, as well as a comprehensive GradGuide PDF publication to guide graduate students from admission through graduation: <https://grad.sfsu.edu/sites/default/files/assets/forms/student-gradguide.pdf>

BS Program

The department is particularly proud of our student success rates and credits a significant portion of this to the department's unique model of advising. Not many other departments on campus handle their student majors in the same way, and student feedback around this has been extremely positive. Because the majority of our student population works outside of school and/or commute to campus, the department has designed our curriculum in a lock-step pattern of sequenced semesters and we've scheduled classes so students are only required to physically be on campus two days per week. This helps the student balance school, work, and life obligations and provides them with a cohort community of support. This structure also provides the department with a unique opportunity with access each cohort through single course access points, enabling our in-class advising model.

When a student is accepted to the undergraduate major, we send an email welcoming them to the department which includes a curriculum roadmap, instructions on specific courses in which to enroll, and advising contact information. All students beginning their undergraduate major receive orientation and a department undergraduate handbook to reference. Prior to fall 2016, the orientation occurred the day before the semester started, but we have since built this into their gateway introduction course, HED 405, required of all first semester students. Each semester, HED 405 captures each of the 75 students admitted for that particular semester.

Once a student begins the HED program, they receive advising both in-class at least once per semester and given the option to meet face-to-face individually with a department advisor. Prior to fall 2015, the student officers of Health Education Student Association (HESA) served as Peer Mentor Advisors (PMAs) and helped the undergraduate coordinator with student advising. The PMAs were trained by the academic office coordinator and were required to hold advising hours for minimum of 4 hours a week per officer, among the HESA officers totaling 20 hours per week of advising. This model proved to be a challenge in ensuring consistent and accurate information was given to all students seeking advising. As a result, in fall 2015 we modified our advising structure and shifted the advising responsibility from the HESA officers to a department-supported student assistant to work with the undergraduate coordinator on student advising. This was well received and has continued for AY 2016-2017.

Individual advising

Student majors seeking individual advising can sign-up for an appointment online and indicate the area they are seeking advising for: schedule planning, verifying they are on track, minor advising, and other concerns. Most students needing academic probation or other forms signed designate "other" and those appointments were held directly with the undergraduate coordinator, not the student advisor.

Email advising

For those students who have a quick question or would like academic advice regarding the major or making an appointment for face-to-face advising, they are given the option to email the undergraduate advisors (hedadv@sfsu.edu). Emails are triaged daily by a department student assistant who either responds to the student within 48 hours or refers the student to the undergraduate coordinator if their question requires a more complex interaction. Most questions are about course section availability, approval of elective courses, and requests to review their student record to make sure they are on track for timely graduation. Response to email advising is slower during summer months when resources are not as readily available compared to the regular academic year.

In-class advising

In the middle of each semester, before the following semester's registration begins, the undergraduate coordinator attends each required, sequenced course section to advise the students in person. The undergraduate coordinator arranges in-class advising in cooperation with each sequenced course instructor. The undergraduate coordinator prepares a one-sheet progress record for each enrolled student, which lists the required courses for the major, courses the student has already successfully completed or is currently in progress, grades for each complete course, and recommendation for courses to enroll in the following semester. This in-class advising gives all students an opportunity to review their progress, ask questions regarding the major requirements, and connect with the department advisor. Students have expressed their appreciation for this unique advising model, and report they have not seen this in other departments. This model was implemented in fall 2013 and has continued each semester since.

Graduation application workshop

One of the final ways we support students while they are in our major is by holding an in-class graduation application workshop. Each semester, the undergraduate coordinator holds a meeting in each of the sections of the last course students take before they graduate, HED 480 Fieldwork/Internship course. This meeting is held within the first few weeks of each fall and spring semester and coincides with the university's graduation application deadlines. During this meeting, the undergraduate coordinator guides students through the graduation application process, helping students complete the application properly and noting all required courses to list on the application. This is particularly beneficial to the student because if the application is completed incorrectly or if a grade or course is missing, the student is denied graduation and has to re-file their corrected application, which can cost the student both time and money. This process also assists the department in managing and streamlining the review and signature process for the undergraduate coordinator and department chair. It also helps the department with track student success in real time and provides critical data to identify enrollment and planning needs for both the summer section of HED 480 as well as other course enrollment management issues. This workshop resource was implemented in fall 2013 and has continued each semester

since. Students have found this very informational and helpful; it eases the stress and time management piece of completing the form for students, the department, and the university.

The department has found that this “built-in” model of support and resource distribution into the students’ sequenced core courses benefits both students and the department. The department is better able to gauge the needs of our students, and we are able to identify, in real-time, areas for improvement for immediate implementation. The students feel supported by the department and the processes required of them by the university.

4.4.b. Career counseling services

MPH and BS Programs

The San Francisco State University Career Center (<http://careerservices.sfsu.edu/>) provides career development and job search skills workshops, as well as one-on-one assistance with resumes, cover letters, and interview skills.

MPH Program

As mentioned previously, faculty advisors and the graduate coordinator are available to students for one-on-one career advising sessions. Students are also encouraged to seek out additional faculty and community-based mentors who can provide them with career advising, professional development opportunities, and advantageous professional network connections.

A tremendous advantage of our close knit, supportive MPH community is that, in addition to our faculty, our alumni consistently engage with our current students to provide career advice, professional development opportunities, and network connections. This occurs in both formal and informal ways. Formally, our program, in collaboration with PHOGS, hosts periodic professional development events that often feature our alumni as guest speakers, panelists, and training facilitators. For example, for the past seven years PHOGS has hosted an annual Public Health Career Symposium. Additional examples of career advancing events that PHOGS has sponsored are oral presentation and grant writing workshops. The department also hosts events designed to advance student career paths, including a very popular Inside the Hiring Process workshop that featured alumni in both the private and public sectors revealing their successes, strategies, and advice about how to conduct a successful job search, from both the perspective of job seekers and hiring managers. Other consistent events that the department hosts include a values clarification presentation about the doctoral career path by the SFSU fellowships and pre-doctoral executive coordinator and advisor, Joy Viveros, Ph.D., and an annual recruiting session and application workshop for the Minority Training Program in Cancer Control Research, UCSF site.

Informally, alumni welcome and are readily available for e-connections with current students and other alumni for the purpose of setting up informational interviews and sharing network contacts that can assist their SFSU MPH peers and colleagues on their career paths.

The graduate coordinator also moderates professional opportunity Google Group listservs for both current students and alumni, with 275 current subscribers. Faculty, alumni, students, and Bay Area employers regularly send professional opportunities (e.g. job openings, internships, trainings, conferences) for distribution to the listservs. Both students and alumni report the usefulness of these listservs to their career development, including great success in landing excellent professional opportunities through these listserv postings. Through this listerv, the graduate coordinator, alumni, and students also share career advice, including job search tools and strategies. Two recent examples of these offerings are a spring 2016 graduate sharing the step by step process of her highly successful post-graduation job search, and a previous year alumna sharing with the listservs a portion of her job interview preparation, in which she articulated in detail how she has applied the competencies acquired in the MPH program in her professional work. Additional alumni/student career resources shared through the listservs or with the graduate coordinator to distribute include compilations of public health position interview questions, example resumes/CVs and cover letters.

In recent years students have brought to the attention of the program through their cohort feedback sessions and exit surveys the desire and need for more intensive career preparation activities offered through the curriculum. From this student feedback, the program redirected the 1 unit HED 811 course from a course dedicated solely to the development of student electronic portfolios to a comprehensive professional formation course. (Note: the HED 811 official course name adjustment to include the professional formation terminology is still in progress.) Students indicated that the e-portfolio platform was not one used in today's professional networking world, and that working on their LinkedIn profiles, building specific job hunting skills, and other career development skills would better meet their professional formation needs than creating a detailed e-portfolio. The HED 811 Community Health Education Professional Formation course covers topics such as resume, CV, and cover letter writing; professional identity and branding, including leveraging an effective LinkedIn profile, career road maps, and other career development skills. The program is considering incorporating as well a streamlined version of the e-portfolio, but a private portfolio, for the student's benefit. The vision is that students could upload signature assignments into their private e-portfolio, as well as semester-by-semester reflections of knowledge/competencies acquired to date. The intention is to facilitate MPH knowledge and competency integration and synthesis, to leverage both in their future coursework, including the development of their culminating experience project, as well as in their job-oriented professional formation. Reflective integration, synthesis, and application of MPH knowledge and competencies is an important job search skill, to articulate in cover letters, job interviews, and professional "elevator speeches."

Also integral to career path advancement is providing our MPH students with ample opportunities to build additional professional experience. In addition to the robust opportunities provided by the Google Group listservs, students have rich opportunities to collaborate with faculty on their research, and in the classroom as teaching assistants. The graduate student organization PHOGS is another excellent multifaceted opportunity for students to advance professional skills and explore career direction. Through PHOGS, students take leadership roles in organization management, and committees that focus on professional development, community-building within the MPH student and faculty network, engaged service with the wider community, fundraising, and publicity/social media. PHOGS Organizational Information can be found in the Electronic Resource File. Quotes from PHOGS leaders below drive the point home of the professional value the organization holds for students.

PHOGS helped me feel more connected to the San Francisco State as a school. I have never been part of a student government before, so it was a great experience, and I learned a lot about leadership. The administrative skills, such as writing a budget and keeping track of our various events was really interesting. Most of all, it felt great to do something that supported my cohort and be part of organizing things that were useful and appreciated by the group. I liked thinking through how to make events and communications useful for busy, working students - I think that was really good practice for the work that I want to do in the future. Similarly, leading as a team taught me a lot about trusting one another, practicing learning from a different leadership style than my own, and building collaboration skills. It was a chance to try to put into practice some of the skills we discussed in our class conversations about community building and organizational accountability.

PHOGS has been a way for me to share what we are learning and doing in practice beyond our classrooms. It has provided me a way to better connect with the campus and faculty community as well as see the inner workings of our program. The value of PHOGS to me was learning about the field in a broader sense through its workshops and professional development series. My only regret is not being able to contribute more to our cohort learning community through PHOGS.

BS Program

In regards to career counseling, the majority of our undergraduate students seek informal advising from faculty and internship preceptors. Because of the structure of the program's cohorted and tightly sequenced curriculum, faculty build close relationships with their students, and students in turn, trust faculty enough reach out to them for career advice. Students also develop close relationships with their preceptors since they spend 20-hours per week for 12 weeks at their internship sites. One of the purposes of placing students in the field is to provide them with exposure to various public health settings, leaders, stakeholders, communities, issues, and competencies so they can make well-informed career decisions based on their internship experience. Internship preceptors must have an MPH degree or its equivalent and be willing to both act as a mentor and supervisor for the intern. In their final program reflection papers, students often comment about how both coursework and their internships provide clarity and career counseling as evidenced by their responses below:

My experience in HED 480 this semester has been the best academic experience I have had in my entire college career. As I reflect back to my first semester in HED 480, I was completely unsure of what I wanted to do in the Health Education field, and as I continued along the program courses I began learning what I truly enjoy doing: research and writing papers that actually matter. My favorite writing skill that I gained is grant writing, I love the process of the entire proposal and I enjoy writing for something that will help people in need of resources. My fieldwork experience at Richmond High School was absolutely amazing. In the beginning, I had no idea what I wanted to do, and as a result of this amazing program, I have found my true passion in working directly with youth, specifically in urban areas. I would love to pursue a career in grant writing as well, but the main career I am going to pursue is definitely working with youth in providing services and resources, and an open heart. The HED program has really pushed my growth in skills and confidence to a level that I could only imagine to be several years ago. (BG SP15.)

My experience at my internship has definitely prepared me for the future. I feel strongly about my communication skills. The internship has shown me that I would like to do work with the cancer field. I would like to work in prevention and treatment for various cancers. (SW SP15.)

Throughout my past two years in Health Education I believe I can say I have been molded into a health educator and I believe HED 480 plays a substantial role with that development. I believe prior to HED 480 I was very limited with knowing what options were out there for me. I say this because I never really saw myself being a community organizer, grant writer, or even a teacher. Even though I enjoyed what I was learning throughout my course here in this department, I honestly did not know if I could see myself doing health education work in practice. However, my internship at Kaiser proved to me that I could. It was in my internship that I finally felt a sense of

belonging, really believing I could do this work. I could finally see myself making a difference. (SJ F16.)

HED 480 has given me a chance to work in the field of health education, helped me build strong connections within the community, fine tuned my writing and speaking skills, and most importantly assisted me in finding who I am as a health educator and what I want to do in the future. (SP SU16.)

In addition, in response to student survey feedback requesting assistance with networking and job opportunities, the program also conducts a career fair every November, inviting alumni and current students to attend an alumni panel from various organizations in the Bay Area, and share their path after their undergraduate degree.

Previous career counseling events included inviting alumni employed at various public health organizations to serve on a panel to share their career trajectory since graduation and answer questions about career opportunities. Over 100 students attended.

The most recent career counseling event in 2016 was organized differently in order to harness the strong relationships with MPH alumni and the convenience and relevant experience of current MPH students. Faculty who teach the MPH cohort along with faculty who teach the sequenced BS courses organized their schedules so all students could attend a career counseling “mix and mingle” event on campus. Networking activities were conducted to facilitate connections with both faculty and MPH students. Over 200 participants attended.

4.4.c. Student satisfaction of advising and career counseling services

MPH Program

The program collects academic and career advising satisfaction information through the periodic cohort feedback sessions, as well as through the annual exit survey that all graduating MPH students complete. The periodic alumni survey also provides satisfaction information from alumni.

In the cohort feedback sessions, students have consistently reported that they are satisfied with the openness and availability of the graduate coordinator to discuss concerns, issues, degree completion and career planning. The reports of satisfaction with assigned faculty advisor relationships and assistance range from exceptionally satisfied to somewhat satisfied. While our program takes exceptional care in matching incoming students to faculty advisors with shared professional interests, this is not always possible with the great diversity of professional interests and directions of our MPH students. For that reason, as mentioned previously, we encourage

MPH students to seek out additional faculty and community mentors aligned with their professional interests. In addition, we encourage faculty and students to connect on a level that embraces professional development guidance and strategies (e.g. how to build a strong professional network, how to seek out and leverage academic and professional development opportunities, job hunting tools and strategies, research field skills) that transcend a particular public health field area.

The mostly favorable, with a few areas for improvement, academic and career advising feedback that students share in their cohort feedback sessions mirrors what the three most recent cohorts of graduating students reported in their exit surveys, and alumni provided in the 2014 alumni survey. The advising and career counseling data summary from all four of these surveys is displayed below in MPH Table 4.4.c.1. More MPH Survey Result Summaries of all four surveys, please refer to the Electronic Resource File.

MPH Table 4.4.c.1. MPH Student/Alumni Advising and Career Counseling Satisfaction Ratings			
Exit Surveys 2014 (N=17); 2015 (N=22), 2016 (N=18); Alumni Survey 2014 (N=56)			
Question	Exit Survey Year	Strongly Agree, Agree	Strongly Agree, Agree, Somewhat Agree
I have been satisfied with the opportunities for MPH students to provide input regarding the MPH curriculum and program.	2014	88% (15)	100% (17)
	2015	100% (22)	
	2016	94% (17)	100% (18)
Input provided by MPH students is well-received and informs positive changes to the MPH curriculum and program.	2014	88% (15)	100% (17)
	2015	95% (21)	100% (22)
	2016	89% (16)	100% (18)
During the program, I had access to effective advising about the program's curriculum, policies, and procedures.	2014	76% (13)	100% (17)
During the program, I had access to accurate information about the program's curriculum, policies, and procedures.	2015	95% (21)	100% (22)
	2016	89% (16)	100% (18)
I am satisfied with the academic advising available to me during the program.	2014	59% (10)	88% (15)
	2015	82% (18)	100% (22)
	2016	83% (14)	94% (18)
I have been satisfied with the support of graduate coordinator Sally Geisse.	2014	100% (17)	
	2015	100% (22)	
	2016	100% (18)	
I have been satisfied with the support of the staff in the Department of Health Education Office.	2014	94% (16)	100% (17)
	2015	100% (22)	
	2016	94% (17)	100% (18)
I have been satisfied with the leadership of the department provided by the department chair Mary Beth Love.	2014	76% (13)	94% (16)
	2015	95% (21)	100% (22)
	2016	78% (14)	94% (17)
I am satisfied with the professional development/career advising available to me during the program (within the department and wider campus services).	2014	24% (4)	82% (14)
	2015	55% (12)	86% (19)
I am satisfied with the professional development/career advising available to me during the program (within the department and wider campus services).	2016	78% (14)	83% (15)
I have been satisfied with the extracurricular professional development opportunities available to me.	2015	86% (19)	95% (21)
	2016	67% (12)	94% (17)
The PHOGS-sponsored annual MPH Career Symposium has made a valuable contribution to my professional development.	2014	59% (10)	88% (15)
	2015	76% (16)	95% (21)
	2016	89% (16)	100% (18)
Participating in the Graduate Research and Creative Works Showcase has made a valuable contribution to my professional development.	2015	68% (15)	86% (19)
	2016	100% (18)	
The professional network I have access to through the MPH program has assisted me in obtaining advantageous professional development opportunities.	2014	59% (10)	94% (16)
	2015	82% (14)	95% (21)
	2016	72% (13)	83% (15)
The professional network I developed through the SF State MPH program has assisted me in obtaining advantageous professional opportunities.	2014	58% (32)	89% (49)
I find value in the professional opportunities distributed through the SF State MPH Alumni Google Group listserv.		74% (40)	83% (45)

BS Program

The undergraduate program collects information about student satisfaction from both the post-competency survey, required of all graduating BS students, and the alumni survey, conducted once every 18 months. Both the BS Post-Competency Survey and the BS Post-Competency Results can be referenced in the Electronic Resource File.

In regards to student advising, students recently reported that receiving advising information from their peers was not working. In prior years, HESA served as Peer Mentor Advisors (PMAs) and would hold weekly advising hours to assist students. Students reported (both directly to the department and in the post-competency surveys) that incorrect information often misguided students and it was frustrating. The department responded to this and took advising/PMA duties from the HESA officers and the duties are currently being handled by the undergraduate coordinator and a paid student assistant. This includes weekly advising appointments, drop in appointments, and email response. This does not include the semester in-class advising each required, sequenced course receives before registration for the next semester, or the graduation application workshop each student attends. What the program found interesting was that the post-competency results in the academic year advising changes were implemented (2015-2016) received the lowest satisfaction results which was a direct conflict with verbal feedback and written feedback received on the online advising appointment comments. The program faculty plan to review and discuss this, possibly changing the assessment tool question but also conducting a student survey to query this and other programmatic questions.

The data summary referenced in Table 4.4.c.2 is directly from post-competency surveys. Before the survey weblink was routed and reminders were sent to students. The results were few, so the program now requires all student majors in HED 480 to take the survey during finals week each semester. The data summary is for spring semesters only, but all BS Post-Competency Survey Results can be referenced in the Electronic Resource File. In addition, a few open-ended student comments received from post-competency surveys are quoted below:

“There are very few majors like this one who setup students for success in their respective field.”

“I really like the internship component and some community service or action projects as they made me go out and acquire experience through working with the community.”

“All the HED faculty are passionate and were helpful throughout the program.”

“Support from staff was amazing. They offer endless amounts of knowledge as well as lend an ear when in need to talk about more personal matters.”

“Because of this program, I am aware of social justice issues and have become an advocate for my community as well as an advocate for a variety of other issues.”

Table 4.4.c.2. BS Post-Competency Survey Results Regarding Satisfaction with Program and Advising				
Question	Post-Comp Term	Satisfied	Very Satisfied	Total
Satisfaction rate regarding overall quality of academic instruction.	Spring 2014	53%	31%	84%
	Spring 2015	55%	36%	91%
	Spring 2016	30%	65%	95%
Satisfaction rate regarding opportunities (e.g. through courses and the internship) to apply and practice HED skills	Spring 2014	34%	42%	77%
	Spring 2015	32%	50%	82%
	Spring 2016	27%	58%	85%
Satisfaction rate regarding overall quality of advising in HED	Spring 2014	25%	27%	56%
	Spring 2015	36%	23%	59%
	Spring 2016	17%	27%	43%
Satisfaction rate regarding overall quality of interactions with faculty in HED	Spring 2014	32%	40%	71%
	Spring 2015	68%	27%	95%
	Spring 2016	37%	48%	85%
Satisfaction rate regarding overall support from HED staff (in department office)	Spring 2014	36%	30%	66%
	Spring 2015	50%	27%	77%
	Spring 2016	23%	37%	60%
Satisfaction rate regarding department opportunities to engage in extracurricular opportunities on campus (such as through HESA)	Spring 2014	45%	17%	63%
	Spring 2015	50%	23%	73%
	Spring 2016	27%	22%	43%
Post-competency survey answer options: Not at all satisfied, Somewhat satisfied, Neutral, Satisfied, Very Satisfied Table includes Spring semesters but all surveys Fall 2013 through Spring 2016 can be referenced in Electronic Resource File.				

4.4.d. Students communication procedures

MPH Program

MPH students have multiple avenues to communicate their questions, concerns, and suggestions to program officials: cohort feedback sessions periodically throughout the students' tenure in the program; student faculty liaisons at MPH faculty meetings who represent the needs and concerns of all students; evaluations of faculty through course evaluations; emails to/discussions with faculty advisors; emails to/discussions with the graduate coordinator. The graduate coordinator, who also serves as the MPH student services coordinator, emphasizes to students at their pre-program orientation day, in distributed program information materials, and at each cohort feedback session that she is readily available by email, phone, or in-person, to students who have questions or concerns. Students are made aware of these various avenues of communication during the new student orientation, the student orientation informational PPT and related handouts (which are serving as the temporary student handbook, while the MPH Student Handbook is being revised), and in ongoing communications with faculty advisors and the graduate coordinator.

BS Program

The undergraduate students are encouraged to communicate their concerns to program officials via various avenues:

- Course evaluations - feedback about both the course and faculty can be given. The university monitors and reminds students each semester to submit course evaluations and the results are made available after grades are processed and reviewed by the department chair. If necessary, the department chair will meet with the faculty to discuss concerns;
- Emails and discussions with faculty - If needed, student will be referred to undergraduate program coordinator and/or associate department chair;
- Emails and discussions with undergraduate coordinator - Students may request an appointment with the undergraduate coordinator to discuss concerns or report incidents. If needed, student will be referred to associate department chair;
- Student orientation – undergraduate coordinator emphasizes to students to make an appointment or email any questions, concerns or requests for information directly.
- Department office staff – all program staff are instructed to direct all student concerns and requests to the appropriate program coordinator, either by email, office hours or requesting an appointment.

The program has received zero grievances in the past three years.

4.4.e. Criterion assessment

This criterion is met.

Strengths: Both MPH and BS have structured, dynamic academic and career advising systems in place for which the feedback from students is consistently positive. The MPH program has acted on feedback from students regarding the need for additional job search and professional formation skills development to incorporate these skill areas into the HED 811 Community Health Education Professional Formation course.

Areas for improvement: None identified.