REVIEW FOR ACCREDITATION
OF THE
MASTER OF PUBLIC HEALTH PROGRAM
AT THE
UNIVERSITY OF SOUTHERN CALIFORNIA

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
April 16-17, 2015

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Master of Public Health (MPH) Program at the University of Southern California (USC). The report assesses the program’s compliance with the Accreditation Criteria for Public Health Programs, amended June 2011. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation and a visit in April 2015 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

USC is a private, research-intensive university founded in 1880. USC enrolls nearly 19,000 undergraduate and 24,000 graduate and professional students. The university has nearly 4,000 full-time faculty and more than 2,500 part-time faculty. The institution also employs over 13,000 staff and nearly 8,000 student workers.

The university has 21 academic colleges and schools, including the Keck School of Medicine (SOM). The Keck SOM alone is home to 25 research-oriented, basic and clinical academic departments, such as Family Medicine, Pathology and Preventive Medicine. Housed in the SOM’s Department of Preventive Medicine (PM), the MPH program was developed out of a need for a qualified public health workforce and to address critical public health issues that arose in the mid-1990s. The program admitted its first class in 1998 and has since graduated over 900 students. The program enrolls both online and on-campus students in the following concentrations: global health leadership, biostatistics/epidemiology and health education/promotion. The following concentrations are available only to on-campus students: child and family health, environmental health, health communication and public health policy. A new geohealth concentration is slated to begin in fall 2015 and will be offered in an online-only format.

The program was initially accredited by CEPH in 2000. After the last accreditation review in 2008, the program was required to submit interim reports on resources, the culminating experience and joint degrees. The Council accepted all interim reports.
Characteristics of a Public Health Program

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

a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.

b. The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.

c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.

d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.

e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.

f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the MPH program at USC. USC has been accredited by the Western Association of Schools and Colleges (WASC) Senior College and University Commission since 1949. The program and its faculty and students have the same rights, privileges and status as other professional preparation programs at the institution. The PM Department houses the Institute for Global Health and the Institute for Health Promotion and Disease Prevention, which aid in fostering interdisciplinary collaboration in the program. The MPH program has the faculty, physical, financial and learning resources to provide breadth and depth in public health educational content.
1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The mission of the USC MPH program is as follows: *To prepare graduates to lead and collaborate with others to promote public health, eliminate health disparities, and improve the welfare of diverse communities at the local, national, and global levels. This mission is accomplished through excellence and innovation in education, research, and commitment to community service.*

To achieve its mission, the program has one goal each for education, research and service, with several quantitatively measured outcome and process objectives for each goal. The program is guided by 11 values that are derived from the public health profession and are reflected in the program’s goals and objectives as well as the implementation of its activities.

There is a process for reviewing and revising the mission statement, goals, and objectives, which were originally created at the inception of the program in 1998. The MPH Steering Committee, facilitated by the program director, is responsible for review and revision of the mission, goals and objectives and receives input from numerous sources.

The program’s mission, values, goals and objectives are published in the MPH Student Handbook.

1.2 Evaluation and Planning.

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

This criterion is met. The program has well-developed processes to evaluate progress in meeting its goals. Specific data collection provides quantitative and qualitative information on the performance of the program’s objectives. The program provided data and trends on all objectives, as well as some responses to targets that have not been met, indicative of a robust and iterative evaluation system.

Identified program and department staff members or committees have responsibility for oversight of data collection and reporting. The MPH Steering Committee receives and reviews all evaluation results and generates suggestions for continuous quality improvement. There are a variety of data sources that involve evaluation input from the program’s various stakeholders. The program holds periodic retreats and seeks input from staff and primary faculty members. Evaluation results may be used in decisions
concerning resource allocation, such as the decision to hire a part-time career counselor based on the results of student exit surveys and comments at town hall meetings. Since the program collects a large amount of data, analysis of the data may be a large task for the MPH Steering Committee, as it meets only twice per year and has other responsibilities. The committee is considering developing an evaluation subcommittee to assist with data analysis.

Implementation of evaluation and planning activities is a university requirement. Program-level evaluation provides input to strategic planning that is carried out at the university, school and department levels. The PM Department is currently updating its strategic plan. One relevant university process is the Academic Program Review, in which each academic unit is reviewed on a 10-year cycle by the University Committee on Academic Review. In academic year (AY) 2010-2011, the PM Department completed this review, and all curricula were reviewed.

The MPH program’s Self-study Committee guided the self-study process. The committee provided input on the program’s mission, goals and objectives. The writing of the document included input from committee members and department administrators. The document was posted on the program’s website for review by stakeholders. During the site visit, some students and community partners were familiar with the self-study, explaining that they had seen it online. Most indicated that they provided no input during the process. Those who were familiar with the document indicated that it accurately reflected their perceptions of the program.

1.3 Institutional Environment.

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

This criterion is met. The MPH program is an integral part of USC, which is accredited by the WASC Senior College and University Commission, with the most recent visit in October 2010. The university’s next accreditation visit is scheduled for spring 2021. The university also responds to specialized accreditors for programs such as the nurse anesthetist program, the physician assistant program and the Doctor of Medicine (MD) program.

In addition to the MPH program, the PM Department offers two Bachelor of Science degrees (in global health and health promotion and disease prevention), four Master of Science degrees (in global medicine, biostatistics, molecular epidemiology and applied biostatistics and epidemiology) and five PhD programs (in epidemiology, behavior research, statistical genetics and genetic epidemiology, biostatistics and molecular epidemiology). The department is divided into six divisions, including the Divisions of Bioinformatics, Biostatistics, Cancer Epidemiology and Genetics, Disease Prevention and Global Health, Environmental Health and Health Behavior Research. The MPH program director reports directly to the department’s vice chair for education, who reports to both the PM chair and the university’s vice provost for graduate programs.
Decisions on budget and resource allocation to the MPH program rests with the PM department chair, after the MPH program director and online program director develop their requests. For faculty appointments, the program directors consult with the department’s vice chair for education, and the SOM's dean and associate dean for faculty affairs grant approval for faculty hires. Staff positions must first receive approval by the Keck SOM Finance Office. A search committee, consisting of current faculty and staff, makes recommendations for staff appointments to the MPH program director and online program director, who make the final hiring decision. Decisions on academic standards and policies for the MPH program rest with the program directors. Curricular decisions are also made jointly by the program directors and the MPH Curriculum Committee.

SOM administrators who met with site visitors spoke highly of the value of the public health program and envision it as a link to USC’s involvement in health care reform.

1.4 Organization and Administration.

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

This criterion is met. The MPH program is housed within the PM Department. The on-site MPH program is directed by a program director, while the online MPH program is directed by a separate program director. The on-site program director serves as the overall director of the MPH program.

Both program directors supervise administrative staff who address issues related to program management, admissions, practicum coordination and web/IT services. Each track of the MPH program has a faculty track director, and dual degrees have an identified faculty representative.

Interdisciplinary engagement is provided by primary faculty who are drawn from the Departments of Family Medicine, Pediatrics and PM. Additionally, other primary faculty from the School of Policy, Planning and Development, the School of Communications and the School of Social Work contribute to the MPH Program. Faculty from a variety of disciplines and students engage with a number of interdisciplinary centers including the USC Norris Comprehensive Cancer Center, the Institute for Global Health, the Institute for Health Promotion and Disease Prevention Research, the Southern California Clinical Translational Sciences Institute, the USC Tobacco Center of Regulatory Science and the Southern California Environmental Health Sciences Center. Site visitors noted the high degree of interdisciplinary collaboration among faculty.
1.5 Governance.

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

This criterion is met with commentary. The program has four standing committees: the Admissions Committee, MPH Steering Committee, MPH Curriculum Committee and the Community Leadership Advisory Council. The Self-study Committee is the program’s only ad hoc committee.

The Admissions Committee carries out its business electronically, and does not hold in-person meetings. The Steering Committee, Curriculum Committee and Community Leadership Advisory Committee meet once or twice a year and have responsibility for planning and evaluation, curriculum oversight and providing external perspectives and advice to the program. The Community Leadership Advisory Council meets once every one to two years, and council members who met with site visitors said that their feedback was seriously considered by the program.

A student with voting rights serves on the Steering Committee, Curriculum Committee and Community Leadership Advisory Council. In addition, students belong to the Master of Public Health Student Association (MaPHSA), which provides some independent input into program governance. A recent alumnus who was the past president of MaPHSA, provided examples during the site visit of effective student input through the organization during her tenure. An online student found that MaPHSA did not function as well in providing a voice for students in the online program. As a result, this student is now working with faculty, online students and the online program director to determine a more effective means of providing a forum for online students to participate in program governance.

Program committees provide input on planning and evaluation, and the program directors ultimately implement program-specific planning and evaluation activities as appropriate, with some plans being forwarded to the department level as necessary. Curriculum changes must be approved by university-level committees. Budget and resource allocation decisions are ultimately made by the PM department chair, though the program director, online director and the PM Department’s senior administrative director have collaborative input in the process. Student admissions decisions are made by the MPH Admissions Committee. Degrees are awarded by the USC Office of Graduate Affairs after the program determines that a student has met degree requirements. Faculty evaluation, promotion and tenure processes are supervised by the department chair and division chiefs. Faculty research and service expectations are established at the university and SOM levels.
The MPH program follows university policies and procedures for student and faculty conduct and relies on university documents to communicate these expectations. Program faculty participate in a broad array of university, school and department level committees and activities.

The commentary relates to stakeholder involvement in program governance. Standing program committees meet relatively infrequently, which seemed to lead to decision making that was not consistently inclusive. Program information was often received passively by stakeholders, such as student and community partner involvement with the self-study. When input was sought more formally, as during meetings with the Community Leadership Advisory Council, the input did seem to influence program decisions and operations.

1.6 Fiscal Resources.

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

This criterion is met. The MPH program's budget is drawn from PM Department funds. Departmental funds include tuition dollars, indirect cost recovery and extramural grants and contracts. Indirect cost recovery and extramural grants are not used to support the MPH Program. Tuition dollars are returned to the department minus SOM and university administration taxes. Eighty-five percent of the tuition dollars received by the SOM go to the department, who aims to return 60% of these funds to support program activities. Beginning in fiscal year (FY) 2012, additional funds have been provided by the program's online vendor, Pearson Embanet, who provides financial support for a portion of the staff and faculty salary expenses related to the program.

After FY 2009-2010, funds allocated to student support decreased by 92%, 72% and 69% each year through FY 2012-2013. This decrease in allocation to student support was due to an SOM policy prohibiting master’s-level students from receiving teaching assistantships with stipend and tuition remission. In FY 2013-2014, the program increased its allocation to student support by nearly 400% from FY 2012-2013, as it began offering scholarships to students in the online MPH program, which enrolled its first cohort in January 2013.

The overall program budget is developed by the program directors and the PM Department senior administrative director and negotiated with the Finance Office of the SOM by the PM Department chair and senior administrative director. Faculty note that this budgetary process, which is negotiated annually, has resulted in limited resources for program growth. The department chair stated his support to find a new funding formula that can provide for program enhancements and additional demands associated with increased enrolment. Faculty commented that additional funds would be beneficial to help create student stipends for international practicum experiences and to offer uniform faculty salary support or release time for the development of new tracks and online courses.
Table 1 presents the program’s budget for FY 2009-2010 through FY 2013-2014.

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<tbody>
<tr>
<td>Tuition &amp; Fees</td>
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<td>Grants/Contracts²</td>
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<td>Indirect Cost Recovery³</td>
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<td>Endowment¹,⁵</td>
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<td>Other (explain)⁶</td>
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<td>-</td>
<td>-</td>
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<td>Total</td>
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<td>$4,981,112</td>
<td>$6,966,827</td>
<td>$9,294,319</td>
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<tr>
<td>Faculty Salaries &amp; Benefits</td>
<td>$840,796</td>
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<td>Staff Salaries &amp; Benefits</td>
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<td>Operations²</td>
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<td>Travel</td>
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<td>Student Support⁸</td>
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<td>University Tax³</td>
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<td>Total</td>
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<td>$3,937,380</td>
<td>$5,026,621</td>
<td>$7,028,729</td>
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</tbody>
</table>

¹ The reorganization of the PM Department took place in 2011-2012, in which the administrative responsibility for the MPH program moved from the Division of Health Behavior Research to the PM Department, resulting in a new set of procedures both for allocation of funds to the MPH program and accounting of those funds.
² Represents the total amount of direct extramural funds generated by faculty contracts and grants with MPH faculty as PI, Co-PI, or Co-I. These funds do not impact the operations of the MPH program, are not considered income for the program, and therefore are not included in the total income row.
³ These funds are a source of income for the PM Department. They affect the MPH program only indirectly (eg, salaries for administrative staff).
⁴ Total amount of endowment awarded to the Institute for Prevention research, which is not considered income for the program (and not included in the total income row).
⁵ Total amount of endowment awarded to the PM Department, which is not considered income for the program (and not included in the total income row).
⁶ Total amount contributed by the Keck SOM to the operating budget of the PM Department, to establish the online MPH program. Included in this amount are funds provided by Pearson Embanet, the third-party vendor that is facilitating the development of the online MPH program, via a contract with the Keck SOM. Pearson Embanet provides financial support for a portion of the staff and faculty salary expenses related to the program.
⁷ Decline in funds in operations from 2009-2010 to 2011-2012 is due reorganization of the PM Department and new accounting procedures that were implemented when the department centralized operations. Some funds that were previously shown in the operations category were moved to travel and student support.
⁸ Decline from FY 2009-2010 to FY 2010-2011 is due to Keck SOM implementation of a policy stating that academic departments within the Keck SOM could not award teaching assistantships, with stipends and tuition remission, to master’s-level students. Further, the policy stated that research assistantships that are supported by external funds can be awarded to doctoral students only. Other funds in this category support student travel to the American Public Health Association conference, other conferences and student-sponsored events. In FY 2013-2014, funds were allocated to scholarship support for online students.
⁹ University taxes include taxes of the Keck SOM plus taxes of the overall university administration.
1.7 Faculty and Other Resources.

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

This criterion is met. The program possesses the requisite number of faculty for each of its concentrations. The program has 58 primary faculty and 31 secondary faculty. Secondary faculty, as a whole, contribute 6.75 FTE (full-time equivalent). These faculty support a student body of 398, with approximately 50% of students enrolled online and 50% enrolled on-campus. The three concentrations offered in both the online and on-campus formats enroll the largest portion of the students (biostatistics/epidemiology enrolls 149 students, global health leadership enrolls 77 students and health education/promotion enrolls 116 students). With its primary and secondary faculty complement combined, the program has sufficient faculty resources and student/faculty ratios of 10:1 or less. Each track exceeds the minimum requirement of three primary faculty. The primary faculty associated with each track are as follows: 19 faculty for biostatistics/epidemiology, six for global health leadership, nine for health education/promotion, five for child/family health, seven for environmental health, five for health communications and seven for public health policy. The first three tracks are offered both online and on-campus.

From AY 2013-2014 to 2014-2015, four tracks experienced growth of one primary faculty member (biostatistics/epidemiology, environmental health, health communication and health education/promotion). The public health policy track added two faculty in AY 2014-2015. Primary faculty numbers in the child and family health track have fluctuated slightly over the past three academic years and decreased by one faculty member in AY 2014-2015. The global health track’s primary faculty numbers have remained stable during the reporting period.

The program has nine staff members who contribute a total of 8.6 FTE.

The program’s outcome measures are as follows: 1) a student/faculty ratio of less than 7:1 (the program met this target each year except in AY 2013-2014); 2) annual involvement of five or more part-time or secondary faculty members with applied public health experience (the program has consistently exceeded this target); 3) a total faculty FTE of 40.0 or greater dedicated to the program annually (the program has consistently met this target); and 4) each track will maintain a minimum of 3.0 faculty FTE annually (the program has consistently met this target).

The MPH program is located in the newly built, 120,000 square foot Soto Street Building on USC’s Health Sciences Campus (HSC). Five classrooms are available to the MPH program, along with 21 conference rooms. Several conference rooms, a student lounge and open work areas are available for student use. Students indicated on site that the Norris Medical Library on the HSC provides additional study space.
This nearly 38,000 square foot library houses 50,000 books, 120,000 journal volumes and 1,000 multimedia and software programs, in addition to providing access to online databases, journals and catalogs.

Information technology support is provided to students and university employees by USC’s Information Technology Services Department. All MPH faculty and staff are provided with personal computers and a workstation equipped with wireless capability. In addition, the Soto Street Building contains a 40-station computer lab. Students and faculty may also use the computer lab in Norris Medical Library.

The Soto Street Building contains three dry labs, and PM department faculty have access to 12 additional dry labs and 17 wet labs in other buildings.

On site, program constituents expressed the need for smaller class sizes, indicating that some classes may have as many as 60 students. Faculty indicated that class sizes of 25 or less would be ideal. Program constituents also indicated that larger classroom spaces may be needed to provide adequate seating for on-campus courses with large student enrollment. In response to this need, SOM administrators informed site visitors that on the horizon is the remodeling of classrooms on the HSC, which would provide larger classrooms for use by the MPH program. Positively, the program does not plan to expand enrollment in its on-campus concentrations.

1.8 Diversity.

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

This criterion is met. Los Angeles, CA is racially, ethnically and linguistically diverse. The program strives to contribute to a public health workforce that resembles the state and local populations. In that regard, the program designates Latinos/Hispanics, American Indians/Native Americans and African Americans/Blacks as under-represented student population groups. In the past three years, these groups have represented 30-32% of the MPH student body. The overall university student body is 33% Caucasian, 23% international, 18% Asian, 12% Hispanic, 9% other and 5% African American.

The university has an Office of Equity and Diversity that oversees and enforces policies that protect against discrimination and harassment. The university's strategic plan includes a goal of “appreciation of diversity” that provides the context in which the program operates. Goals to increase faculty diversity are driven by university and departmental activities that are guided by university policies. The university has an assistant dean for faculty diversity in the Office of Faculty Affairs, who assists faculty in accessing campus-wide diversity resources.
The program aims to promote student, staff and faculty diversity and provide an education that honors diversity and teaches cultural competence. Program representatives attend fairs and other various events to reach prospective students from under-represented groups. The program plans to establish a Diversity Committee in 2015-2016 to develop stronger diversity plans and policies and to increase efforts on monitoring program diversity.

The program has established four outcome measures. The program aims for 20% of its student population to be from an under-represented population, which the program has exceeded for the last three academic years. A second objective is for 10% of students to be from international locals, which the program has exceeded for the last two academic years. An objective related to staff is for 10% to be from under-represented populations, of which the program has consistently exceeded over the last three academic years. The program’s objective on faculty is for at least 50% of the MPH faculty complement to be female. The program exceeded this goal in AY 2013-2014.

The program’s curriculum includes core and track courses that build skills in cultural competence and raise awareness about health disparities. Several competencies address diversity. Community partners expressed the view that education on cultural competence was a strength of the program. Students who met with site visitors indicated that education on cultural competence was not consistent across all tracks. Discussions with faculty also demonstrated that some tracks provided more emphasis on cultural competence.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is met. The public health program at USC offers the MPH degree in eight concentrations: child and family health; environmental health; health communication; public health policy; geohealth; biostatistics/epidemiology; global health leadership; and health education/promotion. The latter three concentrations are offered both on-campus and online, while the first four are offered solely on campus. The geohealth track is offered in an online only format.

In addition to its standalone MPH degree, the program offers five joint degrees with medicine (MD), pharmacy (PharmD), clinical psychology (PhD), social work (MSW) and planning (MPL). All joint programs are offered solely on campus.

Students in the MD/MPH may pursue any of the program’s concentrations. Students in the MSW/MPH must select either the MPH concentration in health education/promotion or child and family health, and
they must likewise select the health concentration in the MSW program. Students in the MPL/MPH must select the MPH concentration in health education/promotion.

Table 2 presents the program’s degree offerings.

<table>
<thead>
<tr>
<th>Table 2. Instructional Matrix – Degrees &amp; Specializations</th>
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<tbody>
<tr>
<td><strong>Master’s Degrees</strong></td>
</tr>
<tr>
<td>Specialization/Concentration/Focus Area</td>
</tr>
<tr>
<td>Biostatistics/Epidemiology</td>
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<td>Health Education/Promotion</td>
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<tr>
<td>Global Health Leadership</td>
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<tr>
<td>Child and Family Health</td>
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<td>Environmental Health</td>
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<td>Health Communication</td>
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<td>Public Health Policy</td>
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<td>GeoHealth</td>
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<th>Joint Degrees</th>
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<tbody>
<tr>
<td>Medicine</td>
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<tr>
<td>Pharmacy</td>
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<tr>
<td>Clinical Psychology</td>
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<tr>
<td>Social Work</td>
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<td>Planning</td>
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The 2014-2015 MPH Student Handbook is thoroughly comprehensive and user-friendly. It clearly outlines the program’s mission, goals, objectives, committees, faculty, staff, competencies, curricular requirements and course descriptions. Another source for curricular requirements and program descriptions is the Keck SOM Catalogue.

All students, regardless of concentration, are required to take 23 credit hours of core courses to gain an introduction to the five core areas of public health knowledge. Students must also complete a two credit hour practicum and a two credit hour capstone. In total, students take 27 credit hours of core program requirements.

Concentration and elective options are relevant to the concentration. Though some concentration-related electives can be taken by students in most concentrations, each track has designated coursework that supports discipline-specific competency development.

Students in the health education/promotion concentration take the following three concentration-specific courses: Organizing and Mobilizing Communities for Global Health; Program Design and Evaluation; and either Communications in Public Health or Intervention Approaches for Health Promotion and Disease Prevention. Students also take four credit hours of concentration-related elective coursework, chosen
from a list of eight courses. Concentration-related electives for the health education/promotion track include topics such as international perspectives on sexually transmitted diseases, culture and health, quality research methods in public health and program evaluation and research, among others.

Students in the health communication concentration take eight credits of concentration-specific courses, eight credits of concentration-related electives and one additional four-credit hour graduate-level elective course, which may be taken throughout the university. Through the health communication concentration’s required and elective courses, students could essentially end up taking the same courses as students in the health education/promotion concentration. Faculty and program administrators on site indicated that it is highly unlikely that students in these separate concentrations will take identical courses because students in the health communication concentration primarily take all of their elective courses at USC’s Annenberg School for Communication and Journalism.

The child and family health concentration requires three four-credit hour concentration-specific courses: Program Design and Evaluation; Foundations of Child Health; and Child Health Policy. Students select one four-credit hour concentration-related elective, which includes courses such as Maternal and Child Nutrition; Epidemiology and Prevention of Pediatric Injury; Foundations of Early Childhood Mental Health; and Systems of Care for Children with Special Needs.

In the biostatistics/epidemiology concentration, students are required to take two four-credit hour courses: SAS Data Analysis and Stata Data Analysis. To complete the concentration-specific courses, students choose one of the following: Program Evaluation and Research; Infectious Disease Epidemiology; or Chronic Disease Epidemiology. In addition, students take a minimum of four credit hours of concentration-related electives. Students choose from a list of 15 preselected courses, which include topics such as design of clinical studies, environmental epidemiology and social network analysis. To finish the curriculum, students must take four credit hours of general electives.

Students in the impending geohealth track will complete concentration courses offered by the Spatial Sciences Institute (SSCI). Students are required to take two four-credit hour courses: Concepts for Spatial Thinking and Spatial Analysis courses. Students choose eight credit hours of concentration-related elective courses from the following four-credit hour courses: Spatial Modeling, Remote Sensing for GIS and Cartography and Visualization. Students finish out the requirements by taking four credit hours of general electives.

According to the Keck SOM Catalogue, elective courses are selected based on the student’s needs and interests and must be approved by the student’s graduate advisor.
Students who met with site visitors were pleased with the core and track course offerings, and site visitors concur that the program offers breadth and depth of content in each discipline.

2.2 Program Length.

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

This criterion is met. All MPH concentrations require a minimum of 47 credit hours for degree completion, which exceeds CEPH’s minimum requirement. The program has stringent policies in place to approve course waivers for courses taken at other accredited public health programs or schools of public health.

One credit hour is equivalent to 50 minutes of classroom time per week, for the length of the semester. Most courses in the MPH program are four credit hours and meet for 50 hours per semester.

Students take courses in the fall, spring and summer semesters. In the fall semester, classes are held for 15 weeks (with one week off for the Thanksgiving holiday), and one additional week is used for exams. In the spring semester, classes are held for 15 weeks (with one week off for spring break), and one additional week is used for exams. In the summer semester, classes are held for 12 weeks.

In the joint degree program, students take 43 credit hours of public health courses. Joint degree students receive a four credit hour waiver, from the 47 credit hour degree, for an elective course. Students can also count courses/credits from their corresponding joint degree to the MPH degree.

2.3 Public Health Core Knowledge.

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

This criterion is met. The public health core areas are addressed through five required courses. The learning objectives for these courses adequately provide a foundation for students to understand and engage in the broad practice of public health. The seven core public health competencies identified by the program are appropriately matched to these required courses. Course waivers are only granted with approval by the program director, who reviews the syllabus of a comparable course. Course waivers are not granted for work experience. The program director reports that requests for course waivers occur infrequently.
Table 3 presents the required core courses for MPH students.

<table>
<thead>
<tr>
<th>Core Knowledge Area</th>
<th>Course Number &amp; Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>Biostatistics</td>
<td>PM 510: Principles of Biostatistics</td>
<td>4</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>PM 512: Principles of Epidemiology</td>
<td>4</td>
</tr>
<tr>
<td>Environmental Health Sciences</td>
<td>PM 529: Environmental Health – An Epidemiological Approach</td>
<td>4</td>
</tr>
<tr>
<td>Social &amp; Behavioral Sciences</td>
<td>PM 501: Foundations of Health Education and Promotion</td>
<td>4</td>
</tr>
<tr>
<td>Health Services Administration</td>
<td>PM 508: Health Service Delivery in the U.S.</td>
<td>4</td>
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<tr>
<td></td>
<td>PM 509: Comparative Health Care Systems</td>
<td>4</td>
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</tbody>
</table>

The core knowledge area of health services administration is covered in the Health Service Delivery in the U.S. course, which is taken by students in all tracks. Students in the global health leadership track are permitted to take the Comparative Health Care Systems course as a substitute.

2.4 Practical Skills.

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

This criterion is met. In AY 2013-2014, the program modified its practicum experience to respond to faculty recommendations and student feedback. The practicum contact hours were reduced from 400 to 300, and a grant writing course requirement was removed. Further, the culminating experience was separated from the practicum and placed in a capstone course. Since 2013, program faculty no longer serve as preceptors.

An orientation session offered by the practicum coordinator is held each semester. Students on site indicated that the orientation was helpful with practicum logistics and preparation but that more information about work expectations would have been helpful.

The program maintains an extensive list of practicum sites, from which students are encouraged to use as a resource to find their placement sites. The practicum director and coordinator work with students, faculty and site supervisors on site selection and approval. Agencies participating as sites must complete an application and contract – outlining that the agency agrees to provide a wide range of public health experiences, a setting for collaborative work between the preceptor and student and a preceptor with an advanced degree in a field related to public health. The preceptor’s resume is used to determine qualifications.
During the site visit, preceptors indicated that they expect students to demonstrate self-direction and initiative; they were very satisfied with the performance of USC MPH students during the practicum.

Students must complete core and track courses before embarking on the practicum. In the students’ practicum experience, they select two core and two track competencies to demonstrate. Students complete a learning contract, reflective journals, electronic verification of contact hours and an electronic portfolio that includes a self-evaluation and work products. The practicum director monitors student progress and activities during the practicum. At the conclusion of the practicum, preceptors evaluate students on their performance and demonstration of competencies. The practicum director gives a grade of credit/no credit.

Both on-campus and online students complete the practicum, and no complete waivers are granted. However, dual degree students and students with at least three years of public health experience complete half the number of practicum hours (ie, 150 hours for the same number of credits as students who complete 300 hours of field work). Program constituents explained on site that this is allowable because of the extensive applied work that students complete in their non-public health joint degree. When asked onsite about students receiving the same number of credit hours for a reduced experience, program faculty and staff indicated that this has been a longstanding policy that preceded their appointments with the MPH program. Waivers for prior public health experience are granted based on documentation of the experience and competencies gained by the student. Examples of partial waiver applications from professionally experienced students were provided. Waiver requests are evaluated on a case-by-case basis. In the previous three years, 27 students received partial waivers for the practicum; six of those students were waived based on prior professional experience, and the remaining students were in the joint degree program.

2.5 Culminating Experience.

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

This criterion is met. All MPH students are required to complete a culminating experience that is most commonly derived from the students’ practicum experience. Students take the culminating experience through the PM 597: Public Health Capstone course. This is the second academic year that the culminating experience has been offered in this format.

The capstone is taken in the subsequent semester to the practicum. Students should not choose a capstone project that will require longer than one semester to complete. The final deliverable is a project report, a research paper or a grant proposal. Other deliverables for the capstone are a report on the integration of competencies and a poster presentation.
2.6 Required Competencies.

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

This criterion is met with commentary. The program has identified seven core public health competencies that address the five core public health knowledge areas, as well as the cross-cutting area of leadership. Each track has identified six to 14 competencies, with the exception of the geohealth concentration, which has identified four competencies. The self-study provides a matrix of program competencies mapped to the core and concentration-specific coursework, except for the geohealth concentration. The program has identified whether each course addresses the competency in a primary or reinforcing manner.

While the self-study document states that the MPH Curriculum Committee reviews syllabi each semester to assure that each syllabus identifies the measurable objectives and competencies covered in the course, the provided course syllabi inconsistently identify the competencies that are attained through the course learning activities (e.g., the Foundations of Health Education and Promotion course, the Principles of Biostatistics course and the Principles of Epidemiology course, among others). Competencies are reviewed by the MPH Curriculum Committee, and they periodically consider perspectives from public health organizations and feedback from alumni and public health practitioners. Community partners were aware of the program’s competencies and reflected one instance where they were able to provide feedback on the development of the competencies. In fall 2015, the program plans to establish a subcommittee to reexamine the content of the competencies within each track based on the recent update from the Council on Linkages between Academia and Public Health Practice.

The commentary is related to the competencies and courses identified for the health communication track. Six of the 10 competencies for the track are addressed in primary fashion only through the PM 526: Communications in Public Health course. The site visit team is concerned that if a student were to receive a grade of “C” in this course he or she would not have a clear opportunity to address potential competency deficits in other coursework other than the practicum and the capstone. While these six competencies may be addressed in other electives, a system to address how these competencies are reinforced through other coursework is lacking.

2.7 Assessment Procedures.

There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.
This criterion is met with commentary. The program has mechanisms for assessing and documenting the extent to which each student has demonstrated achievement of the program's core and track competencies. Student attainment of competencies is assessed, in part, using a self-assessment. In the self-assessments, students rank themselves as not competent, somewhat competent, competent or not sure. The assessment asks students to rate themselves on all core and track-specific competencies. Students do the competency self-assessment in the capstone course. Students also produce a competency integration report during the capstone, as discussed in Criterion 2.5.

The program also uses the practicum to assess specific core and track competencies. The student chooses two core and two track-specific competencies in the practicum and the preceptor rates the student's attainment on these competencies. The preceptor has access to a competency inventory and is asked to rate the student as competent, somewhat competent or not competent. The preceptor is asked to discuss by what means he or she can determine that each competency was achieved.

The maximum allowable time to graduate from the MPH program is five years. For cohorts reaching the maximum allowable time, the program has exceeded CEPH's 70% graduation threshold. The online MPH program has only been enrolling students since January 2013, therefore no cohorts have reached the maximum allowable graduation time.

To collect job placement information, the program disseminates a job placement survey six months after graduation. The program's exit survey also asks students about employment status. The program asks alumni if they work in an organization serving underserved populations (i.e., populations below the poverty level, those with a shortage of primary care physicians and/or those with a high percentage of senior citizens). This allows the program to gauge its success in attaining the component of its mission related to underserved populations.

The program has attained feedback from the Community Leadership Advisory Council on current workforce needs and potential program improvements. Council members indicated that the program administrators have valued the feedback of this group and have demonstrated a number of improvements as a result of the group’s feedback. Further, alumni on site indicated that they are surveyed at six months to one year post-graduation for feedback on the program. The alumni survey asks the following question regarding competency attainment: “Looking back on your MPH education at USC, how well did it prepare you to perform the competencies required in public health jobs?” Students are asked to provide a rating on a scale from 1 (not at all well) to 10 (very well).

The commentary relates to the fact that while the program does collect feedback from alumni and preceptors on programmatic improvements and current needs in the public health workforce, it does not
appear that the program has systematically gathered input from employers on graduates’ ability to perform competencies in an employment setting. The practicum coordinator has acted based on personal volition to informally gauge student performance in the workplace from employers at the Los Angeles County Health Department. This sort of information gathering and feedback from employers of graduates has not been routinely incorporated into programmatic functions. Employers who attended the site visit indicated that feedback on graduates’ performance has not been solicited.

2.8 Bachelor’s Degrees in Public Health.

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

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

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

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

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor’s degree at the parent university. The experience may be tailored to students’ expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

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

This criterion is not applicable.

2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is not applicable.
2.11 Joint Degrees.

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

This criterion is met. In collaboration with other degree-granting units of USC, the MPH program offers five joint degree programs. The MSW/MPH has consistently been the program’s highest enrolling joint degree, with 24 students currently enrolled. There is currently one student in the MPL/MPH, 10 in the MD/MPH and one in the PhD/MPH. To date, no students have enrolled in the PharmD/MPH degree. Upon review of curricula and syllabi, site visitors conclude that the public health component of the joint degree is comparable to the curriculum of the standalone public health degree.

In the MSW/MPH joint degree, SOWK 611 (Leadership in the Social Work Profession and Organizations) substitutes for the required MPH course, PM 564: Public Health Leadership and Management. SOWK 631 and 636 (Advanced Theories and Clinical Interventions in Health Care and Policy in the Health Care Sector) together satisfy a four-credit hour concentration-related MPH elective course. SOWK 686a and 686b (social work field practicum) together satisfy the four credit hours of general electives for the MPH program. MPH students still earn 43 credit hours of coursework related to public health competencies.

In the MD/MPH program, an MD course may substitute for a four-credit hour concentration-specific MPH elective (eg, students may take INTD 572 (Systems Physiology and Disease) as an elective). Students also waive PM 564. Students may use two MD courses to fulfill public health electives. Overall, in total, students substitute seven MPH credit hours.

In the MPL/MPH program, PPD 500 and PPD 501a (Intersectoral Leadership and Economics for Policy, Planning and Development) satisfy PM 564. Students may substitute the health education/promotion concentration-related elective course (four credits) for a relevant MPL course, such as Community Health Planning; Health Information Systems; or Legal Issues in Health Care and Delivery. Overall, seven credit hours of MPH coursework is substituted.

In the PharmD/MPH program, a PharmD related course may substitute for a four-credit hour concentration-related elective (students likely use PHRD 507: Health Care Delivery Systems and PHRD 607: Nutrition). Also, PHRD 553 and PHRD 509 (Management within Healthcare Organizations and Pharmacy Practice and Experience I) satisfy PM 564. In total, students substitute seven MPH credits.

In the PhD/MPH program, students substitute the PM 510: Principles of Biostatistics core course with PSYC 500: Quantitative Methods in Psychology. The syllabus for PSYCH 500 was reviewed by the site team and found to be equivalent to PM 510. Students can use PSYC 660 (Health Psychology) to satisfy an MPH concentration-related elective. Students use PSYC 619 (Psychological Intervention) to satisfy
PM 562: Intervention Approaches for Health Promotion/Disease. Based on these allowable substitutions, PhD/MPH students can gain a concentration in either health education/promotion or health communication. Overall, PhD/MPH students substitute 12 MPH credit hours.

2.12 Distance Education or Executive Degree Programs.

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

This criterion is met. The MPH program currently offers four tracks in an online format: biostatistics/epidemiology, global health leadership, health education/promotion and geohealth, which will enroll its first students in fall 2015. The online format was implemented to address the documented public health workforce shortage as well as the university’s strategic plan and vision to expand educational access through technology. Discussions are also underway with the School of Public Policy regarding the launch of an online version of the public health policy track.

Students in the online program receive a welcome packet and watch a welcome webinar to familiarize themselves with the course tools. There is a MPH Student Handbook designed specifically for online students. The online program is supervised by a faculty program director and supported by administrative positions including the following: program manager, admissions counselor, advisor and practicum coordinator and computer services consultant.

The online concentrations offer identical courses to the on-campus versions. Students are required to complete a practicum and capstone project identical in structure to the on-campus program. The online program director meets with faculty and instructional designers during the development process. The program ensures that 2/3 of distance courses are taught by full-time MPH faculty. The online program director holds official sessions once a semester for students to provide feedback but is also available to students as needed to receive course feedback. Online courses are evaluated at the end of each semester. Data provided suggest that the overall effectiveness of online courses is rated at or above those courses taught on-campus. The online vendor, Pearson Embanet, provides a team of admissions
counselors, instructional designers, marketing staff, IT help desk and a student support representative who are supervised by the online program director.

Moodle (the learning management system) and Adobe Connect (the web conferencing platform) are utilized to host asynchronous and synchronous interactions between students and faculty. Each course requires regular live sessions throughout the semester. Students log onto courses using official USC ID usernames and passwords. During the live sessions, students’ faces appear on the webcam, enabling faculty to see students and match students to profiles displayed in Moodle. Each live session is recorded, and attendance and participation is documented. Online exam proctoring is provided through Kryterion, which first verifies student identity via webcam and by system log-ins.

The self-study document discussed challenges with online technology, which were reiterated by faculty, staff and students on site. Program constituents attributed these challenges to the newness of the online platform and the fact that kinks still need to be identified and worked out. Students agreed that the technological issues, while frustrating, did not present an impediment to learning. Students commented on their overall satisfaction with the online program and appreciated the reduced tuition of the online program. The SOM dean, vice dean for faculty affairs and associate dean for undergraduate, masters and professional programs expressed commitment to growth of the online program, as long as expansion does not negatively impact the learning experience and student/instructor interactions.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. The PM Department has a robust research culture. The self-study lists 94 faculty members affiliated with the program during the self-study period, with a portfolio of grants and contracts of approximately $29.5 million in direct costs. Many of the faculty raise 80% or more of their salaries through grants and contracts. Approximately 85% of primary faculty are involved in funded public health research. Current research is ongoing in key public health areas including genetics and epigenetics, health disparities, community-based participatory research, addictions, health communications, social networks, air pollution and exposure assessment, tobacco control, global health and childhood obesity. The presence of university-wide initiatives such as the Norris Cancer Center and the Clinical and Translational Sciences Institute foster collaborative research activities. During AY 2013-2014, 47% of faculty were involved with research through interdisciplinary centers.
Primary faculty engage in research with agencies at the local, state, national and international levels. Examples of agencies include the Los Angeles County Health Department, California Department of Health, National Institutes of Health, American Cancer Society and the Zumberge Fund.

Students are encouraged to participate in research as volunteers, as part of classes (including independent study projects) and as part of their capstone projects. Each year, seven to nine students work directly with faculty on research projects. Students mentioned that they are made aware of research opportunities via program emails and by occasional outreach directly from faculty. Students stated that they wished there was a more systematic approach to informing them of research opportunities and a means to offer a small stipend for their work. In the self-study, the withdrawal of funding for master’s-level research assistants was cited as a key obstacle to engaging more students in research. Currently, a proposal to implement a competitive master’s internship is under review at the university level, and this would provide much needed compensation for students engaging in research. Faculty also identified the need to overcome barriers to engaging online students in research. The SOM dean expressed a commitment to increasing the number of students engaged in public health research.

3.2 Service.

The program shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.

This criterion is met with commentary. The program demonstrates a commitment to service, as faculty and students are involved in a variety of activities. The list of faculty service involvement is extensive and includes activities such as consultation and technical assistance, grant and journal article review and editing and board/committee service with community organizations and professional associations. There is an expectation of service by faculty for advancement and tenure, but it is not given the weight of instruction and research in faculty evaluations.

The self-study indicated that students engage in service activities through specific courses, MaPHSA, the university’s volunteer center and school and department activities. The list of student service activities, both personal and those sponsored by MaPHSA, is extensive and varied. Students’ service activities have enabled them to engage, both direct and indirectly, in community-based projects, programs and policies.

Students and faculty explained to the site visit team that service activities performed in courses include assignments such as interviewing agency employees or job shadowing. Students expressed interest in more substantive community engagement projects as part of coursework. Community partners also said that more work exposure and experience would benefit program graduates.
The commentary relates to student opportunities for community engagement during coursework, other than the practicum. Many program faculty members are involved with community organizations that provide students with some opportunities for service and engagement as a component of specific courses, but these opportunities do not seem to be project-driven. Both community partners and students indicated that more experience in practice settings might be beneficial. One faculty member told site visitors of a recent class field trip to a community organization with which he worked. After the visit, students wanted to become more involved with the organization. The faculty member is currently exploring ways in which this could happen.

The program has four outcome measures for service engagement, all of which were met in the previous three years. The program plans to develop instruments to measure student and faculty service activities more systematically.

3.3 Workforce Development.

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

This criterion is partially met. The program seeks to serve the Los Angeles public health workforce and uses several ad hoc methods to determine needs, which include feedback from the Community Leadership Advisory Council, periodic assessments of public health providers and information from other programs and departments at USC. The MPH program has provided some workforce development programs in response to the needs identified using these methods.

In the past three years, there have been several continuing education programs, and most have been attended by practitioners as well as students and faculty. The most recent programs have not provided continuing education units (CEUs) for training activities. Participants complete an evaluation form that seeks input on their perceived training needs.

It was apparent to the site visit team that program and department faculty are well known throughout the greater Los Angeles public health community and provide many local presentations about their work.

There are several academic public health programs in the region, with which the program has collaborated with to avoid duplication in workforce development efforts. The program plans to form a public health workforce collaborative with Claremont Graduate University and Charles R. Drew University of Medicine and Science. Site visitors learned that this initiative is in the early stages of discussion among program administrators.

The concern relates to the lack of systematic assessment of workforce development needs. While program faculty have responded to workforce development needs (eg, cultural competency training, etc.),
these activities have largely been planned and managed by individual faculty members’ with particular research and professional interests in a related topic, rather than driven and supported by the MPH program. The self-study indicated that the program intends to develop and conduct a survey of local public health employers in 2015.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The program’s faculty complement is extensive in both quantity and interdisciplinary public health expertise. All have terminal degrees in disciplines relevant to core public health and/or track disciplines. Faculty devoted to the MPH program represent a mixture of tenure track, clinical and research faculty, with the majority receiving training from CEPH accredited schools and programs of public health. The program’s faculty have a demonstrated knowledge base and skill set that can fully support the program’s mission, goals and objectives. Students and alumni commented favorably on the knowledge and expertise of the MPH faculty.

The self-study noted that only 10% of MPH faculty have held a position in a public health practice setting outside of academia. A few students on site raised the concern that they were potentially not learning enough technical skills to be competitive in the workforce. This may be reflective of the challenge of a predominantly research-oriented department seeking to prepare students for a professional degree. Program administrators did mention the recent hiring of two clinical faculty members with public health practice-based experience. Alumni felt that course instructors had been able to adequately prepare them for the workforce.

4.2 Faculty Policies and Procedures.

The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

This criterion is met with commentary. Program faculty are governed by policies and procedures outlined in the USC Faculty Handbook, which addresses issues such as faculty government, appointments, promotion and tenure and policies relating to the integrity of the academic environment and faculty grievances. Additionally the University Committee on Appointment, Promotion and Tenure (UCAPT) has a manual that addresses the tenure and promotion process. Faculty classifications include tenure track and non-tenure track (research and clinical). Non-tenure track appointments are for 12 months.
Faculty development opportunities in research are provided through the USC Center for Excellence in Research, which include trainings on funding sources, proposal development and writing, responsible conduct of research and management of research grants, among others. Faculty can receive training to improve their teaching skills through the USC Center for Excellence in Teaching (CET). The PM Department has hosted a workshop with a CET fellow to help improve interactivity in teaching. The department has a well-defined mentoring system for all categories of faculty which includes a three-person mentoring committee for each faculty member below the rank of professor. Each faculty member has an annual meeting with the department chair to also give feedback on mentoring needs.

Evaluation of faculty competence and performance occurs through individual course evaluations and an annual review by the department chair. The MPH program director does not participate in the review of faculty but does provide feedback to the department chair and vice chair for education on the progress and performance of MPH faculty. Course evaluations for on-campus courses are administered by the Provost’s Office, while online courses are evaluated through the Moodle learning management system. Online evaluations for the MPH courses were modified and will be implemented in spring 2015.

Faculty promotion is based on excellence in teaching, scholarly research and university/community service. Faculty who want to be promoted are reviewed by the department’s Appointment and Promotion Committee. If the faculty member is 100% dedicated to the MPH program, the MPH program director provides feedback to the committee. The decision of the committee is presented to the SOM dean and if approved is forwarded to the USC Committee on Appointments and Promotions and finally to the provost.

The commentary relates to the fact that site visitors’ on-site conversations with constituents suggested that track directors did not seem to be aware that there were problems with the public health core courses within their tracks. The site visit team notes that systematic approaches appear to be lacking to 1) routinely seek student feedback prior to mid-course for early detection of teaching issues, 2) ensure track directors are aware of courses within their tracks where faculty are below target and 3) assure faculty are supported to improve their teaching skills and mentored appropriately to enhance teaching effectiveness.

4.3 Student Recruitment and Admissions.

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

This criterion is met. The program seeks individuals with the educational prerequisites, interest and motivation for undertaking and advancing in public health careers. The program enrolls students at a variety of educational and professional levels. Many students in the online program are working professionals, and many on-campus students are matriculates directly from undergraduate studies. A
large number of students are simultaneously enrolled in other degrees on campus, such as the MSW, MPL and MD. The program has seen a steady increase in the total number of applicants over the last four years. The number of applicants in AY 2014-2015 has increased by over 140% since AY 2011-2012.

In AY 2014-2015, the program had 242 students who applied as “undecided,” which was significantly higher than in previous years. Students are required to select a concentration by their first semester, and program staff indicated on site that students sometimes do not select a concentration until after being advised.

The program has two measureable objectives by which it evaluates its success in enrolling a qualified student body. The first objective is that each academic year, the program would like to enroll students with a mean undergraduate GPA of at least 3.0. The program has exceeded this objective for each of the last three years. The second objective is for newly enrolled students to have a mean total GRE score of at least 297. The program has also exceeded this target over the last three years.

The Admissions Committee meets virtually, and faculty select students based on their overall qualifications. If a student does not have the quantitative requisites but demonstrates public health experience or likelihood for success in a public health career, faculty will consider such student for admissions.

4.4 Advising and Career Counseling.

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

This criterion is met. Matriculated students receive an information packet with information on curriculum requirements and course offerings, among other items. Students attend two orientation sessions – one provides information on HSC resources and the other specifically focuses on the MPH program.

There are two staff academic advisors, one for campus and one for online students. Students are encouraged to meet with these individuals at the onset of the program and at least once per semester.

Students are not assigned a specific faculty advisor. Track directors are expected to provide advising on track-specific coursework through individual meetings and informal group advising sessions. During the site visit, students’ assessment of academic advising was uneven. Both faculty and students acknowledged that students who were less assertive about seeking mentoring and advising could fall through the cracks.

Faculty advising is important for mentoring and professional development. The program has assigned specific faculty advisors beginning in the upcoming academic year. The staff practicum coordinator
indicated that career counseling was often sought from her by students. Job opportunities have been posted electronically, and students have been encouraged to use the university’s career planning and placement center for assistance with employment acquisition skills. Both alumni and current students acknowledged the assistance, but feedback from several sources indicated the need for formal career counseling. As a result, the program has hired a 0.6 FTE career counselor. Career preparation information is also now included in the capstone course.

Students are encouraged to seek grievance resolutions informally with the involved party. The university has a formal grievance policy that is available to students when a resolution is not reached through informal means. Grade disputes have been resolved informally. One student complaint against a faculty member was filed with the Office of Equity and Diversity in 2012. The office did not find the allegations to hold up and dismissed the case.
Thursday, April 16, 2015

8:30 am  Site Visit Team Request for Additional Documents
Luanne Rohrbach, PhD, MPH, Associate Professor and Director, MPH Program

8:45 am  Team Resource File Review/Executive Session of the Site Visit Team

9:30 am  Break

9:45 am  Meeting with Program and Department Administrators
Jonathan Samet, MD, MS, Distinguished Professor and Flora L. Thornton Chair, Department of Preventive Medicine
Richard Watanabe, PhD, Professor, Preventive Medicine and Physiology & Biophysics and Vice Chair for Education, Preventive Medicine
Luanne Rohrbach, PhD, MPH Associate Professor, Preventive Medicine and Director, MPH Program
Shubha Kumar, PhD, MPH, Assistant Professor (Clinical), Preventive Medicine and Director, MPH Online Program
Ian Wood, MBA, Senior Administrative Director, Preventive Medicine
Oralia Gonzalez, Program Manager, MPH Program
Lisa Mataczynski, EdD, Program Manager, MPH Online Program
Danielle Ballard, MPH, Senior Academic Coordinator, MPH Program
Rose Park, MPH, Senior Practicum Coordinator, MPH Program

10:45 am  Break

11:00 am  Meeting with Faculty Related to Curriculum and Degree Programs
Jane Steinberg, PhD, MPH, Assistant Professor (Clinical), Preventive Medicine and Director, MPH Practicum
Tess Cruz, PhD, MPH, Assistant Professor (Clinical), Preventive Medicine and Track Director, Health Communications
Thomas Valente, PhD, Professor, Preventive Medicine and Track Director, Health Education & Promotion
Rob McConnell, MDProfessor, Preventive Medicine and Track Director, Environmental Health
Sheela Rao, MD, Instructor, Clinical Pediatrics and Track Director, Child & Family Health
Roberta McKeen-Cowdin, PhD, Assistant Professor (Research), Preventive Medicine and Track Co-Director, Biostatistics-Epidemiology
Michael Cousineau, DrPH, Professor (Clinical), Family Medicine and Track Director, Public Health Policy
Heather Wipfli, PhD Assistant Professor, Preventive Medicine and Track Co-Director, Global Health Leadership
Donna Elliott, MD, EdD, Associate Professor, Pediatrics, Associate Dean for Student Affairs, Keck School of Medicine, Faculty Advisor, MD/MPH Dual Degree
Lisa Mataczynski, EdD, Program Manager, MPH Online Program
Julie Cederbaum, PhD, MSW, MPH, Assistant Professor, Social Work Faculty Advisor, MSW/MPH Dual Degree
Danielle Ballard, MPH, Senior Academic Coordinator, MPH Program
Rose Park, MPH, Senior Practicum Coordinator, MPH Program

12:00 pm  Break

12:15 pm  Lunch with Students
Yash Patel, MPH, Public Health Policy
Sara Abdelhalim, MPH, Biostatistics-Epidemiology
Patricia Damos, MSW/MPH
Teresa de Anda, MPH, Health Education & Promotion
Melissa Estelle, MPH, Health Communications
Alexandra Mack, MPL/MPH
Samia Razak, MPH, Global Health Leadership
Osose Oboh, MPH Online, Global Health Leadership
Courtney Norton, MPH Online, Global Health Leadership
Alicia Fairbrother, MPH, Global Health Leadership
Candice Kim, MPH, Environmental Health
Warren Yamashita, MD/MPH
Jeffrey Yen, MD/MPH

1:15 pm  Break

1:30 pm  Meeting with Faculty Related to Research, Service, Workforce Development and Faculty Issues
Danielle Ballard, MPH, Senior Academic Coordinator, MPH Program
Rose Park, MPH, Senior Practicum Coordinator, MPH Program
Jane Steinberg, PhD, MPH, Assistant Professor (Clinical), Preventive Medicine and Director, MPH Practicum
Michael Cousineau, DrPH, Professor (Clinical), Family Medicine and Track Director, Public Health Policy
Sue Kim, PhD, MPH, Assistant Professor (Clinical), Preventive Medicine
James Gauderman, PhD, Professor, Preventive Medicine Track Co-Director, Biostatistics-Epidemiology
Wendy Mack, PhD, Professor, Preventive Medicine
Josh Millstein, PhD Assistant Professor (Research), Preventive Medicine
Scott Fruin, PhD, Assistant Professor (Research), Preventive Medicine
Ricky Bluthenthal, PhD, Professor (Clinical Scholar), Preventive Medicine
Greg Stevens, PhD Associate Professor (Clinical), Family Medicine
Joel Milam, PhD, Assistant Professor (Research), Preventive Medicine
Claradina Soto, PhD, MPH, Assistant Professor (Clinical), Preventive Medicine

2:30 pm  Break

2:45 pm  Resource File Review and Executive Session

3:45 pm  Break

4:00 pm  Meeting with Alumni, Community Representatives and Preceptors
Matt Feaster, MPH, Alumnus (2009); Pasadena Dept. of Public Health
Roxana Seyedin, MPH, Alumnus (2013); Doctoral Student, USC Sol Price School of Policy
John Chang, MPH, Alumnus (2011); Kaiser Permanente
Mona Desai, MPH Alumnus (2010); Jacobus Consulting
Sheena Nahm, PhD, Preceptor, Para Los Ninos
Lily Fu, MPH, Alumnus; Community Leadership Advisory Council; USC School of Pharmacy
Katrina Kubicek, MS, Community Leadership Advisory Council; Children’s Hospital Adolescent Health Services
Ashwini Lakshman, MD, Preceptor; Children’s Hospital
Lisa Nguyen, MPH, Alumnus (2013); Community Health Partners
Linda Quilizapa, MPH, Preceptor; LA County Department of Public Health
Carla Truax, MPH, Alumnus (2008); USC Environmental Health Center

5:00 pm  Adjourn

Friday, April 17, 2015

8:30 am  Executive Session and Report Preparation

9:15 am  Break

9:30 am  Meeting with Institutional Academic Leadership / University Officials
Carmen Puliafito, MD, MBA, Dean, Keck School of Medicine
Elahe Nezami, PhD Associate Dean, Undergraduate, Masters, and Professional Programs, Keck School of Medicine
Judy Garner, PhD, Vice Dean for Faculty Affairs, Keck School of Medicine

10:45 am  Working Lunch, Executive Session and Report Preparation

12:30 pm  Exit Interview