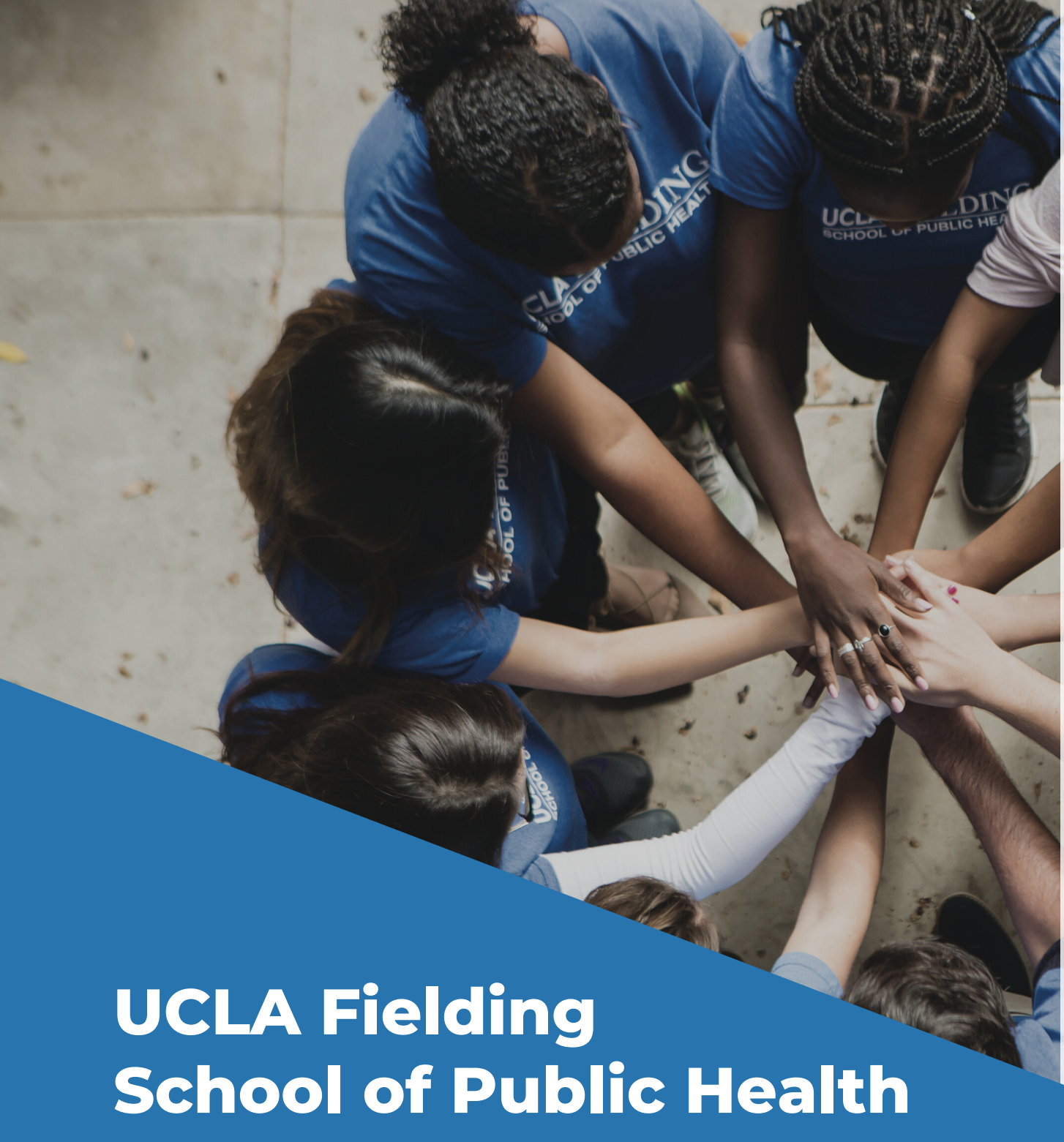

PREPARED FOR THE COUNCIL ON EDUCATION FOR PUBLIC HEALTH

UCLA Fielding School of Public Health

Self-Study Report
April 2021

UCLA Fielding School of Public Health

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Abbreviations and Acronyms

ACA	Affordable Care Act
APE	Applied Practice Experience
APHA	American Public Health Association
APM	UCLA's Academic Personnel Manual
ASPH	Association of Schools of Public Health
AY	Academic Year
BIOS	Department of Biostatistics
BIPOC	Black, Indigenous, People of Color
BOL	Bruin OnLine
CAHME	Commission on Accreditation Healthcare Management Education
CAT	Center for the Advancement of Teaching
CCLE	Common Collaboration and Learning Environment
CDC	Centers for Disease Control and Prevention
CDL	California Digital Library
CE	Continuing Education
CEILS	Center for Education Innovation and Learning in the Sciences
CEPH	Council on Education for Public Health
CHIS	California Health Interview Survey
CHPR	UCLA Center for Health Policy Research
CHS	Department of Community Health Sciences
CHS Building	Center for Health Sciences Building
CME	Continuing Medical Education
COEH	Center for Occupational & Environmental Health
CPD	Career and Professional Development
DAT	Dental Admission Test
DRC	Democratic Republic of the Congo
DrPH	Doctor of Public Health
EDI	Equity, Diversity, and Inclusion
EHS	Department of Environmental Health Sciences
EMPH	Executive Master of Public Health
EPA	Environmental Protection Agency
EPCC	Educational Policy and Curriculum Committee
EPI	Department of Epidemiology
ERC	Southern California NIOSH Education and Research Center
ESLPE	English as a Second Language Placement Examination
FEC	Faculty Executive Committee
FSPH	UCLA Jonathan and Karin Fielding School of Public Health
FTE	Full-Time Equivalent
FY	Fiscal Year
GCC	Graduate Career Consortium
GMAT	General Management Aptitude Test
GPA	Grade Point Average
GRE	Graduate Record Examination
GSI	Graduate Student Instructor
GSR	Graduate Student Researcher
HBCUs	Historically Black Colleges and Universities
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HM	Health Management concentration
HP	Health Policy concentration
HPM	Department of Health Policy and Management
HPMAA	Health Policy and Management Alumni Association
HRSA	Health Resources and Services Administration

HSI	Hispanic Serving Institution
ICR	Indirect Cost Recovery
IELTS	International English Language Testing System
ILE	Integrative Learning Experience
LA	Los Angeles
LACDPH	Los Angeles County Department of Public Health
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning and Others
LMS	Learning Management System
LOSH	Labor Occupational Safety and Health Program
MACS	Multicenter AIDS Cohort Study
MCAT	Medical College Admission Test
MCH	Maternal and Child Health
MCP	Mobile Clinic Project
MHA	Master of Healthcare Administration
Mol Tox	Interdepartmental PhD in Molecular Toxicology
MPH	Master of Public Health
MPH-HP	Master of Public Health for Health Professionals
MS	Master of Science
MTPCCR	Minority Training Program in Cancer Control Research
NIH	National Institutes of Health
NIOSH	National Institute for Occupational Safety and Health
NPHW	National Public Health Week
NSTP	Negotiated Salary Trial Program
OCR	Optical Character Recognition
OIT	UCLA Office of Information Technology
ORA	Office of Research Administration
PDST	Professional Differential Student Tuition
PH	Public Health
PhD	Doctor of Philosophy
PHAA	Public Health Alumni Association
PHSA	Public Health Student Association
PI	Principal Investigator
PRC	Prevention Research Center
RAND	Research and Development Corporation
RHIG	Reproductive Health Interest Group
RSO	Research Support Office
SAO	Student Affairs Officer
SAS	Statistical Analysis System
SCERC	Southern California Education and Research Center
SCPH	Students of Color for Public Health
SOPHAS	Schools of Public Health Application Service
SPSS	Statistical Package for the Social Sciences
SRPHTC	Southwest Regional Public Health Training Center
TA	Teaching Assistant
TLC	Technology and Learning Center
TOEFL	Test of English as a Foreign Language
UC	University of California
UCI	University of California, Irvine
UCLA	University of California, Los Angeles
UCLA-LOSH	UCLA Labor Occupational Safety and Health Program
UCOP	University of California Office of the President
UCSF	University of California, San Francisco
URG	Underrepresented Minority Groups
URM	Underrepresented Minority
WASC	Western Association of Schools and Colleges
WHO	World Health Organization

Introduction

1) Describe the institutional environment, which includes the following:

a. year institution was established and its type (e.g., private, public, land-grant, etc.)

The University of California, Los Angeles (UCLA) is a public university that was established in 1919 when Governor William D. Stephens signed legislation that converted the facilities of the Los Angeles State Normal School into the Southern Branch of the University of California. After moving its location from Downtown Los Angeles to Westwood in 1927, the campus was renamed UCLA and has since expanded to become a leading world university. Because the campus is on a public and land-grant institution, UCLA resides on land provided by the state that was historically the homeland of Indigenous peoples. UCLA acknowledges our presence on the traditional, ancestral and unceded territory of the Gabrielino/Tongva peoples.

b. number of schools and colleges at the institution and the number of degrees offered by the institution at each level (bachelor's, master's, doctoral and professional preparation degrees)

UCLA offers 140 undergraduate majors in seven academic divisions, 132 master's and professional programs, and 128 doctoral programs. The UCLA campus is home to one college and 12 professional schools.

c. number of university faculty, staff and students

As of October 2020, UCLA has 4,322 faculty members, 30,570 staff, and 44,589 students.

d. brief statement of distinguishing university facts and characteristics

UCLA is known worldwide for its academic, research, healthcare, cultural, continuing education and athletics programs. UCLA's primary purpose as a public research university is the creation, dissemination, preservation and application of knowledge for the betterment of Los Angeles, California, the nation, and the global community. With more than 135,000 undergraduate applicants annually, UCLA is the most applied-to university in the nation.

UCLA receives about $1 billion each year in competitively awarded grants and contracts, and approximately 6,000 funded research projects are underway at any given time. UCLA endeavors to integrate education, research, and service so that each enriches and extends the others. This aligns with the Fielding School of Public Health's (FSPH's) mission in advancing health equity in Los Angeles and beyond.

The university is committed to offering students a unique combination of excellent, cutting-edge academics coupled with a diverse and enriching student life. Because of the high caliber of education, research, and service, people all over the world feel the positive impact of the discoveries and advancements created at UCLA.

e. names of all accrediting bodies (other than CEPH) to which the institution responds. The list must include the regional accreditor for the university as well as all specialized accreditors to which any school, college or other organizational unit at the university responds

Initial WASC Senior College and University Commission (WSCUC) accreditation was granted in 1949 and last reaffirmed in 2019 for 10 years. This link lists the accreditation bodies for each school at UCLA.

f. brief history and evolution of the school of public health (SPH) and related organizational elements, if applicable (e.g., date founded, educational focus, other degrees offered, rationale for offering public health education in unit, etc.)

Founded in 1961, the UCLA Fielding School of Public Health (FSPH) aims to build and protect health and equity, and to drive positive change for all people. The school realizes this mission through initiatives in three core areas: education, research, and service. In each of these realms, the school affirms its commitment to developing leaders and evidence-based solutions and working in partnership with communities to promote health and well-being in ways that are innovative, respectful, and inclusive.

FSPH has five academic departments and one interdepartmental degree program. The five departments are Biostatistics (BIOS), Community Health Sciences (CHS), Environmental Health Sciences (EHS), Epidemiology (EPI), and Health Policy and Management (HPM); the interdepartmental program is Molecular Toxicology (Mol Tox). Students may gain specialized knowledge through matriculating in concurrent or articulated degrees and certificates in areas such as global health, reproductive health, and food studies. The school also offers a public health minor for undergraduate students, and is working to expand its degree offerings to include a BS and BA in public health in the next two years. FSPH will begin its first cohort of an online Master of Healthcare Administration in summer 2021.

Los Angeles is a unique setting to address public health challenges confronting our global community. In fact, LA County has the largest population of any county in the United States and is one of the most populous metropolitan areas in the world. More importantly, the school is positioned in a location where a myriad of cultures, industries, and urban issues provides unparalleled opportunities for teaching, research, and service.

2) Organizational charts that clearly depict the following related to the school:

a. the school's internal organization, including the reporting lines to the dean

FSPH's organizational chart can be found in ERF A0.2.1.

b. the relationship between school and other academic units within the institution. Organizational charts may include committee structure organization and reporting lines

UCLA's organizational chart can be found in ERF A0.2.2.

c. the lines of authority from the school's leader to the institution's chief executive officer (president, chancellor, etc.), including intermediate levels (e.g., reporting to the president through the provost)

The University of California system is governed by a Board of Regents whose regular members are appointed by the governor of California. The regents appoint the president of the university, the 10 chancellors, and the directors, provosts, and deans who administer the affairs of the individual campuses and divisions of the university. The regents set broad general policy and make budgetary decisions for the UC system. The dean directly reports to the executive vice chancellor and provost.

d. for multi-partner schools and schools (as defined in Criterion A2), organizational charts must depict all participating institutions

Not applicable.

3) An instructional matrix presenting all for the school's degree schools and concentrations including bachelor's, master's, and doctoral degrees, as appropriate. Present data in the format of Template Intro-1.

Table A0.3.1 Instructional Matrix – Degrees and Concentrations

				Categorized as public health	Campus based	Execu-tive	Distance based
Master's Degrees		**Academic**	**Professional**				
Biostatistics (BIOS)		MS	MPH	X	MPH, MS		
Community Health Sciences (CHS)		MS	MPH	X	MPH, MS	MPH-HP	
Environmental Health Sciences (EHS)		MS	MPH	X	MPH, MS		
Epidemiology (EPI)		MS	MPH	X	MPH, MS		
Health Policy and Management (HPM); Health Policy (HP)		MS	MPH	X	MPH, MS	EMPH	
Health Policy and Management (HPM); Health Management (HM)		MS	MPH	X	MPH, MS	EMPH	
Master of Healthcare Administration (*Summer 2021)*							MHA
Doctoral Degrees		**Academic**	**Professional**				
Biostatistics		PhD		X	PhD		
Community Health Sciences		PhD		X	PhD		
Environmental Health Sciences		PhD		X	PhD		
Epidemiology		PhD		X	PhD		
Health Policy and Management		PhD		X	PhD		
Molecular Toxicology		PhD			PhD		
Joint Degrees		**Academic**	**Professional**				
2nd Degree Area	**Public Health Concentration**						
Law	BIOS, CHS, EHS, EPI, HP, HM		JD/MPH	X	JD/MPH		
Business	HP, HM		MBA/MPH	X	MBA/MPH		
Social Welfare	CHS		MSW/MPH	X	MSW/MPH		
Public Policy	HP, HM		MPP/MPH	X	MPP/MPH		
Urban Planning	CHS, EHS		MURP/ MPH	X	MURP/ MPH		
African Studies	CHS		MA/MPH	X	MA/MPH		
Asian American Studies	CHS		MA/MPH	X	MA/MPH		
Latin American Studies	CHS		MA/MPH	X	MA/MPH		
Medicine	BIOS, CHS, EHS, EPI, HP, HM		MD/MPH	X	MD/MPH		

4) Enrollment data for all of the school's degree schools, including bachelor's, master's and doctoral degrees, in the format of Template Intro-2. Schools that house "other" degrees and concentrations (as defined in Criterion D19) should separate those degrees and concentrations from the public health degrees for reporting student enrollments.

Table A0.4.1 Enrollment Data for All Degrees, Winter 2021

Degree	Current Enrollment
Master's	**402 (339 MPH, 63 MS)**
MPH	
Biostatistics	9
Community Health Sciences	154
Environmental Health Sciences	24
Epidemiology	42
Health Policy	13
Health Management	97
MS	
Biostatistics	29
Community Health Sciences	3
Environmental Health Sciences	4
Epidemiology	16
Health Policy and Management	11
Doctoral (PhD)	**211**
Biostatistics	44
Community Health Sciences	36
Environmental Health Sciences	15
Epidemiology	51
Health Policy and Management	47
Molecular Toxicology	18

A1. Organization and Administrative Processes

The school demonstrates effective administrative processes that are sufficient to affirm its ability to fulfill its mission and goals and to conform to the conditions for accreditation.

The school establishes appropriate decision-making structures for all significant functions and designates appropriate committees or individuals for decision making and implementation.

The school ensures that faculty (including full-time and part-time faculty) regularly interact with their colleagues and are engaged in ways that benefit the instructional school (e.g., participating in instructional workshops, engaging in school-specific curriculum development and oversight).

1) List the school's standing and significant ad hoc committees. For each, indicate the formula for membership (e.g., two appointed faculty members from each concentration) and list the current members.

The University of California has a tradition of shared governance that was established in 1920. Under "shared governance," the faculty and administration share responsibility for all activities within the university. A brief description of each committee in FSPH is listed below, along with its membership list in ERF A1.1.1. Part-time/adjunct faculty are not included in the committees below.

Committee	Composition	Responsibilities
Faculty Executive Committee (FEC)	• Chair is elected by all Academic Senate faculty in FSPH • One Academic Senate faculty member elected by each of the five departments • Three ex-officio members: the dean, senior associate dean for academic programs, and co-presidents of the Public Health Student Association (PHSA)	• Brings in faculty voices to the FSPH decision-making process, oversees other schoolwide committees, and creates an engaging campus body • Provides general oversight of the academic programs in FSPH • Serves as an advisory body on matters concerning the welfare of faculty and students in the school • Reviews and approves FSPH curricular requirements • Reviews and proposes changes to FSPH regulations • Consults with faculty members and makes recommendations to the deans based on established Academic Senate policies about FSPH's allocation of educational resources, academic priorities, and planning and budget issues
Educational Policy and Curriculum Committee (EPCC)	• Five faculty, each representing one of the five departments • Up to two nonvoting student representatives nominated by the PHSA • The senior associate dean for academic programs as an ex-officio member • The associate dean for student affairs	• Review and approve new courses and program changes proposed by FSPH faculty • Review and approve new degree requirements in FSPH

Integrated MPH Core Committee (EPCC Subcommittee)	• One faculty representative from each department and one student representative	• Develops integrated core courses for the MPH program, PUB HLT 200A and 200B
Student Affairs Committee (EPCC Subcommittee)	• One faculty representative from each department • Up to two nonvoting student representatives nominated by PHSA • One ex-officio member: associate dean for student affairs as an ex-officio member	• Represents the faculty on all matters pertaining to students and provides liaison between the faculty, the administration, and formal and informal groups of students • Determines allocation of schoolwide annual financial awards for students
Undergraduate Programs Committee (EPCC Subcommittee)	• One faculty representative from each department	• Develops undergraduate major proposal • Handles matters pertaining to undergraduate education within FSPH
Evaluation Committee	• Faculty from each department • Associate dean for research • An alumni representative • A community representative	• Evaluates FSPH regarding its mission and goals • Assesses FSPH's educational quality • Makes recommendations to the dean and faculty concerning school responses to feedback from internal and external evaluations of the school
Sustainability Committee	• Faculty from each department and students	• Reviews, proposes, and discusses programs, efforts, and outcomes of FSPH sustainability efforts • Issues quarterly updates via email and web to the school
Equity, Diversity, and Inclusion (EDI) Committee	• Faculty from each department, staff, and students	• Generates ideas and initiatives towards promoting EDI within FSPH • Evaluates progress toward EDI objectives

Faculty, staff, and students exchange ideas and make advancements for FSPH. Faculty in particular play a primary role in setting admissions criteria; authorizing, approving, and supervising all courses, curricula, and academic programs; determining degree requirements; advising the administration on faculty appointments and promotions; and advising the administration on budget and financial planning. The administration is responsible for resource allocation, including hiring, promotions, and firing; creating and sustaining the infrastructure; and financial issues, including the budget, spending, and accountability. Together, faculty and administration collaborate in developing policy, procedures, and organization.

2) Briefly describe which committee(s) or other responsible parties make decisions on each of the following areas and how the decisions are made:

a. degree requirements

The UC systemwide **Academic Senate** determines academic policy for the University of California as a whole. The senate is composed of faculty members and key administrative officers and determines the

conditions for admission and granting of degrees; authorizes and supervises courses and curricula; and advises university administrators on faculty appointments and promotions.

In the UC system, the Academic Senate functions as the voice of the faculty. In accordance with the tenets of shared governance, the senate's responsibilities include authorizing, approving, and supervising all courses and determining the conditions for admissions, certificates, and degrees. In other areas of university life, the senate exercises an active advisory role. It has specific authority from the regents to advise the president and chancellors on budget matters. Campus and systemwide officials regularly seek advice and review from the senate on a wide variety of issues affecting faculty welfare and the academic environment. The senate also participates in searches for deans, chancellors, and the president. Within FSPH, the FEC chair convenes a full faculty meeting once a quarter to discuss administrative and academic matters of concern to the faculty as a whole. All faculty who are members of the Academic Senate are eligible to vote on issues related to the school using a confidential balloting process.

In addition to the UCLA campus-wide Academic Senate, the FSPH **Educational Policy and Curriculum Committee (EPCC)** reviews and approves new courses and degree requirement changes. This committee ensures the schoolwide degrees are in accordance with Graduate Council regulations, and communicates with the administration and faculty.

b. curriculum design

EPCC is responsible for any matters related to curriculum design. EPCC regularly reviews and recommends revisions in the curricula and core courses. Decisions to change course sequences and offerings are also often made based on student performance in courses and their feedback regarding the learning experience, as well as other programmatic factors such as faculty availability. In 2018, the **Integrated MPH Core Committee** was established to revise the MPH core curriculum through a two-part integrated course taught to all day-time MPH students in the schoolwide program. The ad hoc committee is comprised of faculty from each department, with two co-chairs.

c. student assessment policies and processes

At the school level, the EPCC and the Student Affairs Committee represent the faculty on all matters pertaining to students, including policies on student assessment. The student handbooks provide information about the required courses and course sequences, as well as other policies and expectations. Every year, each department works with the student affairs officers (SAOs) and department chairs to review and update the student handbooks.

d. admissions policies and/or decisions

Admissions policies are set by the Academic Senate. Each department has an admissions committee, which makes admissions decisions that are then forwarded to the UCLA Graduate Division for approval. After review by the Student Affairs Office at the school level, the application is forwarded to the UCLA Graduate Division for final admission offer. Policies and recommendations for admission, including a minimum GPA, are established by the UCLA Graduate Division.

e. faculty recruitment and promotion

Faculty recruitment and promotion policies are established systemwide by the UC Academic Council, the administrative arm of the UC systemwide Academic Senate. Search committees for faculty positions are appointed by the department chair, approved by the dean, and operate in accordance with university guidelines.

Each search committee member must undergo training to promote equitable and inclusive hiring. Faculty on search committees must have taken the training within four years. The training includes seven implicit bias videos and an in-person training session focusing on evidence-based tools and techniques. A

department must complete a search plan that explains how it will identify potential candidates and make an appointment. The structured plan contains the job description, required job qualifications, advertising strategy, selection criteria, and selection process. The plan is reviewed by the campus Academic Personnel Office and the Office of the Vice Chancellor for EDI. Full details of the faculty search process policy can be found through this link and at ERF A1.2.1.

While reviewing the applicant pool, the department aggregates demographic data into a report that is reviewed and approved by FSPH associate dean for EDI, FSPH dean, and UCLA vice chancellor for EDI. After selecting and interviewing candidates, the search committee makes a recommendation to the department for the new appointment, and the department forwards a recommendation to the dean. Search committees are traditionally charged by departments, but on some occasions, searches expand across multiple departments. Final approval must be made by the department chair, dean, and vice chancellor for academic personnel.

Advancement policies are defined by the UC Regents and campus, as described in detail in the UCLA CALL. Briefly, faculty qualify for merit review every two (assistant professors) or three (associate and full professor) years, where they are evaluated holistically on their contribution to the school. Considerations for promotion are based on their teaching, research, service, and contribution to EDI. Faculty promotions are recommended by the departments to the dean, who, in turn, recommends these academic personnel actions to the vice chancellor for academic personnel for approval.

f. research and service activities

Faculty make decisions about the research and service activities. As a resource, the FSPH Research Support Office (RSO) is responsible for overseeing research-related activities at the school, including coordination of pre-award contract and grant processing for all departments, centers, and facilitating research activities. This office provides guidance, resources, and interpretation of university policies regarding research, and handles all award submissions.

3) A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty and students in governance of the school.

- ERF A1.3.1 – FSPH Bylaws
- ERF A1.3.2 – Academic Senate Bylaws
- ERF A1.3.3 – Student Handbooks
- ERF A1.3.4 – UCLA Standards and Procedures for Graduate Study

4) Briefly describe how faculty contribute to decision-making activities in the broader institutional setting, including a sample of faculty memberships and/or leadership positions on committees external to the unit of accreditation.

The Academic Senate faculty support UCLA on the broader level by being a part of one of the 23 faculty-run Academic Senate Committees. The committees' tasks range from establishing policy for the undergraduate education to consulting with the university administration on policies to advance faculty diversity. Various FSPH faculty are involved with these committees and regularly contribute to the university community. As an example, Biostatistics professor **Dr. Dorota Dabrowska** served on the Council on Planning and Budget in AY 19-20, and HPM professor **Dr. Roshan Bastani** now serves on the committee for AY 20-21. This committee is charged with making recommendations on the campus budget and education resources. Other faculty with leadership positions in the broader institutional setting include:

Faculty	Council and Committees
Dr. Hiram Beltran-Sanchez (CHS)	Assembly of the Academic Senate
Dr. Susan Cochran (EPI)	Committee on Data, Information Technology and Privacy
Dr. Beth Ann Glenn-Mallouk (HPM)	Graduate Council

Dr. Ninez Ponce (HPM)	Committee on Teaching
Dr. Kirsten Schwarz (EHS)	Committee on Student Welfare
Dr. Catherine Sugar (BIOS)	Undergraduate Council

5) Describe how full-time and part-time faculty regularly interact with their colleagues (self-study document) and provide documentation of recent interactions, which may include minutes, attendee lists, etc.

Departments hold regular faculty meetings to discuss departmental business and develop departmental policies. Both full-time and part-time faculty participate in the meetings. Sample meeting minutes from each department are found at ERF A1.5.1 – A1.5.5.

All faculty, regardless of appointment, are invited and encouraged to attend schoolwide events, including town halls, teaching workshops, seminars, symposia, lunch and learns, and monthly Coffee & Conversations with the dean. These events provide opportunities for faculty to interact and learn from each other. Furthermore, full-time and part-time faculty often collaborate on research projects, teaching, and serving as mentors for students.

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: FSPH faculty have multiple opportunities to participate in shared governance activities throughout the school and university. FSPH's committee structure and responsibilities are well articulated and fully established. Committees meet regularly and have representatives from each department, including faculty, staff, and students wherever appropriate, allowing for a diversity of perspectives in decision-making processes.

Weaknesses: Faculty participation in shared governance activities is unevenly distributed among faculty.

Plans for Improvement: The FEC chair, the FEC, and the senior associate dean for academic programs have started to review data on which faculty have served on which committee over the past five years and will start to use this database to distribute the committee workload more equitably among faculty in AY 20-21.

A2. Multi-Partner Schools

Not applicable.

A3. Student Engagement

Students have formal methods to participate in policy making and decision making within the school, and the school engages students as members on decision-making bodies whenever appropriate.

1) Describe student participation in policy making and decision making at the school level, including identification of all student members of school committees over the last three years, and student organizations involved in school governance. Schools should focus this discussion on students in public health degree programs.

Student participation is essential in FSPH's policy making, programming, and school governance. FSPH students have formal methods to participate in policy making and decision making within the school. In particular, students serve on various schoolwide committees as student representatives as well as assume leadership roles in student associations at FSPH.

The **Student Leadership Council** is comprised of student leaders from student organizations at FSPH. This includes departmental student associations and schoolwide and special-interest student groups. Leadership and/or representatives from each of the student organizations meet monthly to discuss and collaborate on key issues and programming at FSPH. The Student Leadership Council meets with the school administrative leaders regularly, including the dean, associate dean for student affairs, and others.

The **Public Health Student Association** (PHSA) serves as a key link between the students, administration, faculty, and staff at FSPH. All FSPH students are automatically members of PHSA and are encouraged to attend the monthly General Council meetings to stay involved and up to date on events and happenings on campus and in the community. All officers are elected annually through a schoolwide election involving all PHSA students. Through PHSA, students may serve on various FSPH schoolwide or UCLA campus committee, such as the school's Educational Policy and Curriculum Committee (EPCC) and Undergraduate Curriculum Committee, or UCLA Graduate Student Association at upper campus. This past year, PHSA served on ad hoc committees, such as the UCLA Graduate Student Association COVID-19 Student Grant Committee and FSPH COVID-19 Emergency Grant Committee; both of which reviewed student applications for emergency funding.

PHSA Annual Survey – Every year, PHSA surveys the entire student body to collect information on student experience and suggestions for improvement. PHSA's survey committee works with stakeholders, the EDI Committee, the leadership team, and SAOs to develop, implement, and analyze surveys. The committee then presents and discusses the results to senior leadership, which includes the dean and associate deans, and in a schoolwide town hall with students, staff, and faculty, annually. In the past, student feedback from the survey has led to student recommendations being implemented schoolwide, such as creating the Common Hour, a one-hour block on Tuesdays and Wednesdays when no classes are scheduled to allow a shared time for students, staff, and faculty to meet and participate in school programming. Student input has been informative in making programmatic changes in regard to policies, course offerings, professional development opportunities, and equity, diversity, and inclusion initiatives. Some of the programmatic changes resulting from the PHSA surveys are further discussed in section B6. Use of Evaluation Data.

PHSA representatives are actively engaged in the following schoolwide committees (detailed in section A1. Organization and Administrative Processes):

- Faculty Executive Committee (FEC)
- Educational Policy and Curriculum Committee (EPCC)
- Student Affairs Committee
- Undergraduate Programs Committee
- Evaluation Committee
- Integrated MPH Core Committee

- Sustainability Committee
- Equity, Diversity and Inclusion (EDI) Committee

Although students do not formally vote in these roles, they participate fully in the discussions, providing valuable input into matters pending before the committee.

Department-Specific Student Associations – Each of the school's five departments has its own department-specific student association. Representatives from the departmental student association attend departmental meetings to share student perspectives and feedback. Additionally, some departmental student associations administer surveys at the end of each academic year to collect feedback on the curriculum, experience with internships and advisors, availability of resources, etc. Student representatives then present the results to the department chair and at faculty meetings.

Faculty and Leadership Position Searches – Students are involved in the school's faculty and leadership position searches. Each search includes a community town hall to which students are invited and asked to provide feedback on the candidates. Students were involved in the recent dean search in early 2019.

Course Evaluation – At the conclusion of each quarter, students complete a course evaluation for each of their courses. These evaluations are then reviewed by the department chair and course instructor and are used for curriculum planning and improvement.

Student Surveys (Fall, Exit, and Alumni Survey) – The school administers surveys at multiple time points during the student's academic career at FSPH. In 2020, the school began administering an annual fall survey to gather information on FSPH students' financial and academic needs, which is used to determine resources and school programming for students. The exit survey is administered to graduating students in May. The comprehensive survey assesses student experience, job placements or continuing education, and overall satisfaction in their student life at FSPH. One year after graduation, alumni receive a post-graduate outcome survey, where alumni provide their job outcomes, feedback on applying competencies to their current job placement, mentorship availability, and experience at FSPH.

Student-Initiated Courses – Graduate students have advocated for and developed student-initiated courses to supplement school offerings. As an example, eight students developed a course that explored racism as a cause of health disparities. This course, overseen by CHS professor **Dr. Gilbert Gee**, received the 2018 Award for Innovative Public Health Curriculum from Delta Omega.

Table A3.1.1 Student Members on Schoolwide Committees

	2018-2019	2019-2020	2020-2021
Faculty Executive Committee	M. Alsay (MPH) I. Barragan (MPH)	E. Delgadillo (MPH) T. Lim (MPH)	M. Mata (MPH) N. Benitez Santos (MS)
Educational Policy and Curriculum Committee	M. Agahi (MPH)	E. Abrahams (MSW-MPH)	J. Wright (MPH) N. Neuman (MPH)
Student Affairs Committee	S. Ramirez (MPH)	T. Galindo (MPH)	R. Swan (MS) F. Kabir (MPH)
Undergraduate Programs Committee	P. Khinda (MPH)	C. Williams (MPH)	L. Espinoza (MPH) A. Washington (MPH)

Evaluation Committee	I. Barragan (MPH)	J. Huynh (PhD)	L. Chen (MPH) A. Barrall (PhD)
Integrated MPH Core Committee	A. Ter-Bersegyan (MPH) A. Goodyear (MPH)	A. Viloria (MPH)	N. Shah (MPH) N. Nguyen (MPH)
Sustainability Committee	N/A*	N/A*	M. Curtin (MPH) E. Hernandez (MPH)
EDI Committee	M. Alsay (MPH)	S. Ramirez (MPH)	G. Lazalde (PhD)

*N/A because the committee did not exist until 2020-2021

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: FSPH provides many opportunities for students to participate in decision-making at the school through schoolwide committees, PHSA and departmental student associations, and community town halls. The central Student Affairs Office and departmental Student Affairs Officers (SAOs) work closely with the student associations to support their activities and encourage student participation. Additionally, FSPH students participate in various campus-wide committees.

Weaknesses: Despite the various opportunities for students to participate in policy-making for the school, student engagement could be improved. For some students, time constraints resulting from long commutes, work, and other responsibilities make it challenging to participate and attend meetings.

Plans for Improvement: The school is focused on improving student engagement by developing more accessible ways to provide feedback and incentivizing opportunities to engage. Further, if students had more funding, they would potentially have fewer competing demands on their time/energy (e.g., working part-time, applying for scholarships). To remedy this, the school has started to promote funding and job opportunities earlier in the students' enrollment through orientation in AY 20-21. FSPH has started working with PHSA to actively share the importance of student representation at the different committees they can join. Similarly, starting in fall 2020, extra effort has been made to encourage executive-style MPH students to participate in PHSA and its networking events. This was a recommendation from the PHSA student survey results.

A4. Autonomy for Schools of Public Health

A school of public health operates at the highest level of organizational status and independence available within the university context. If there are other professional schools in the same university (e.g., medicine, nursing, law, etc.), the school of public health shall have the same degree of independence accorded to those professional schools. Independence and status are viewed within the context of institutional policies, procedures and practices.

1) Briefly describe the school's reporting lines up to the institution's chief executive officer. The response may refer to the organizational chart provided in the introduction.

As indicated in the organizational chart in the Introduction section (see ERF A0.2.1), the dean of FSPH reports to the executive vice chancellor and provost and the chancellor.

2) Describe the reporting lines and levels of autonomy of other professional schools located in the same institution and identify any differences between the school of public health's reporting lines/level of autonomy and those of other units.

FSPH has the same autonomy as other units on campus. The school is governed by its own bylaws; sets its own strategic goals; develops its own comprehensive infrastructure to support scholarly work and professional activities; manages its own budgetary matters; recruits and supports world-class faculty members; and sets its own priorities in the education, research, and service missions. As with all other schools at UCLA, FSPH must have university-level approval to create departments, start or discontinue degree programs and concentrations, add courses to the curriculum, and appoint or promote faculty. All professional schools, including FSPH, are required to follow university policies, procedures, and practices. As shown in the organizational chart, all units report to the executive vice chancellor and provost and the chancellor, with the exception of the David Geffen School of Medicine at UCLA, which reports to the executive vice chancellor and the vice chancellor of health sciences.

The University of California (UC) system is governed by a Board of Regents whose regular members are appointed by the governor of California. The regents appoint the president of the university system, the 10 chancellors, and the directors, provosts, and deans who administer the affairs of the individual campuses and divisions of the university. The regents set broad general policy and make budgetary decisions for the UC system.

The dean of UCLA FSPH is the chief executive and academic officer of the school. The dean provides strategic vision for and operational leadership of the school. The dean works to advance education, scholarship, and civic engagement, promoting initiatives within and outside of the school; enhancing excellence through diversity in educational programs and faculty and student recruitment; and linking the work of the school's faculty and students to other disciplines, communities, and interests within and outside of the academy. In addition, the dean is responsible for the academic, research, administrative, development, financial, and general oversight aspects of FSPH. The dean serves as the school's public voice, articulating its contributions to local, state, regional, national, and international communities, and pursuing an aggressive development program to build the school's resources. Reporting to the executive vice chancellor and provost, the dean serves on both the university deans' council and the council of professional school deans, and collaborates with various leaders across UCLA and the UC system. The dean's leadership team includes department chairs as well as associate and assistant deans. The dean regularly meets with the executive vice chancellor and provost, vice chancellors, vice provosts, and other deans at UCLA.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: The school has the same level of independence and status as other professional schools at UCLA. Because of UCLA's collaborative environment, FSPH has dual degree offerings with other schools, such as the UCLA Anderson School of Management and the UCLA School of Law.

Weaknesses: None.

Plans for Improvement: None.

A5. Degree Offerings in Schools of Public Health

A school of public health offers a professional public health master's degree (e.g., MPH) in at least three distinct concentrations (as defined by competencies in Criterion D4) and public health doctoral degree programs (academic or professional) in at least two concentrations (as defined by competencies in Criterion D4). A school may offer more degrees or concentrations at either degree level.

1) Affirm that the school offers professional public health master's degree concentrations in at least three areas and public health doctoral degree programs of study in at least two areas. Template Intro-1 may be referenced for this purpose.

FSPH currently offers four degrees: the MPH, MS, PhD, and MHA. Each balances coursework, research, and practical experiences tailored to meet students' professional development goals. Template Intro-1, or Table A0.1.1, outlines the degrees and specializations offered.

The schoolwide **Master of Public Health (MPH)** is designed to broadly train students to solve public health problems by applying professional disciplinary approaches and methods in a professional environment. Students apply for admission to a concentration in Biostatistics, Community Health Sciences, Environmental Health Sciences, Epidemiology, Health Policy, or Health Management.

Two department-based **executive-style MPH** degree programs are designed for health professionals seeking to advance their careers while continuing to work. The executive programs are the Master of Public Health for Health Professionals (MPH-HP), housed in the Department of Community Health Sciences, and the Executive Master of Public Health (EMPH), housed in the Department of Health Policy and Management.

In the schoolwide MPH, students may apply to any of the seven **concurrent degree programs** or two **articulated degree programs**. Concurrent programs allow a specified amount of credit to apply toward both degrees, while articulated programs do not allow any credit overlap. The concurrent degrees are: JD/MPH, MBA/MPH, MSW/MPH, MA/MPH with African Studies, MA/MPH with Asian American Studies, MPP/MPH, and Master of Urban and Regional Planning (MURP)/MPH. The two articulated degree programs are the MD/MPH and MA/MPH with Latin American Studies. The MD/MPH offers a PRIME-LA program, in which students can complete an MPH in Epidemiology in one year while focusing on leadership and advocacy.

Each department also offers **MS and PhD degrees**, which are academic, research-oriented programs, in Biostatistics, Community Health Sciences, Environmental Health Sciences, Epidemiology, and Health Policy and Management. An interdepartmental PhD in Molecular Toxicology (Mol Tox) Program is also offered through the school.

Unique to the UC system, the online **Masters in Healthcare Administration (MHA)** program will admit its first cohort and begin in summer 2021.

FSPH has recently discontinued the schoolwide DrPH program, with the last two DrPH students graduating in 2020. Due to the declining number of DrPH students in recent years, the school decided to eliminate the program to devote more energy toward its existing MPH, MS, and PhD programs.

2) An official catalog or bulletin that lists the degrees offered by the school.

UCLA's Graduate Division official listing of graduate degrees offered by FSPH - https://grad.ucla.edu/programs/school-of-public-health/

B1. Guiding Statements

The school defines a vision that describes how the community/world will be different if the school achieves its aims.

The school defines a mission statement that identifies what the school will accomplish operationally in its instructional, community engagement and scholarly activities. The mission may also define the school's setting or community and priority population(s).

The school defines goals that describe strategies to accomplish the defined mission.

The school defines a statement of values that informs stakeholders about its core principles, beliefs and priorities.

1) A one- to three-page document that, at a minimum, presents the school's vision, mission, goals and values.

Vision
Building healthy futures...in greater Los Angeles, California, the nation, and the world.

Mission
The mission of the UCLA Fielding School of Public Health is to enhance the public's health by training future leaders and health professionals from diverse backgrounds, conducting innovative research, translating research into policy and practice, and serving our local communities and those of the nation and the world.

Core Values
Within our community and in all activities related to teaching, research, and service, we hold ourselves accountable to the following core values:

Collaboration	Evidence	Inclusion
Commitment	Equity	Innovation
Courage	Excellence	Integrity
Diversity	Impact	Respect

The school has organized its goals within three strategic pillars:

1. Excellence in Education
Develop leaders and a diverse workforce that creates transformational change to improve the health of populations.

Goal 1: Transform and expand graduate and undergraduate public health education to further promote innovation and interdisciplinary collaborations while maintaining core areas of strength.

Goal 2: Promote equity, diversity, and inclusion in public health education.

2. Impactful Public Health Research
Develop new knowledge, evidence, and pioneering solutions to markedly improve the health of populations locally and globally.

Goal 1: Promote innovative, cross-disciplinary, and entrepreneurial efforts that nourish new lines of research and bold public health collaborations.

Goal 2: Communicate public health research effectively to increase impact.

3. Effective Partnerships with Communities and Organizations
Develop meaningful and authentic community partnerships and collaborations to build healthy futures and reduce health inequities.

Goal 1: Nurture enduring partnerships with communities and organizations.

Goal 2: Strengthen public health practice training opportunities**.**

2) If applicable, a school-specific strategic plan or other comparable document.

FSPH conducts strategic plans on a regular basis. The most recent strategic planning process was undertaken in spring, summer, and fall 2020. The process included an all faculty retreat, a retreat with senior school leadership including department chairs and the faculty executive committee, a town hall with faculty, a staff retreat, meetings with students, and consultations with the FSPH Board of Advisors. The prior 2015-2020 and the 2021-2025 strategic plans may be viewed at ERF B1.2.1 and ERF B1.2.2, respectively.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: FSPH will soon mark its 60th anniversary. Assembling the self-study over the past year and a half has allowed the faculty, staff, students, stakeholders, and administration to reflect on and reaffirm FSPH's values and priorities. The strategic plan was developed in broad consultation through multiple retreats with faculty and staff, meetings and discussions with students, and input provided by the FSPH Board of Advisors. The school completed the 2021-25 strategic plan in November 2020 which is timely, given the appointment of Ron Brookmeyer as dean in January 2020, and the re-accreditation process with the Council on Education for Public Health (CEPH).

Weaknesses: None.

Plans for Improvement: The COVID-19 pandemic has presented many challenges during the strategic planning process, as faculty-time is in high demand combined with the need to move in-person meetings, town halls, and retreats to remote formats. Nevertheless, excellent retreat facilitators and use of available technology helped make the virtual retreats effective and successful. FSPH will implement the strategic plan in AY 21-22.

B2. Graduation Rates

The school collects and analyzes graduation rate data for each public health degree offered (e.g., BS, MPH, MS, PhD, DrPH).

The school achieves graduation rates of 70% or greater for bachelor's and master's degrees and 60% or greater for doctoral degrees.

1) Graduation rate data for each degree in unit of accreditation. See Template B2-1.

Graduation rate data are provided in the tables below. FSPH's time to degree for MPH and MS degrees is five years and eight years for the PhD or DrPH degree.

Table B2.1.1 MPH Students by Cohort, Entering Between 2016-2017 and 2020-2021

Maximum Time to Graduate: 5						
	Cohort of Students	**2016-2017**	**2017-2018**	**2018-2019**	**2019-2020**	**2020-2021**
2016-2017	# Students entered	139				
	# Students withdrew, dropped, etc.	3				
	# Students transferred to other degree (-)	0				
	# Students transferred from other degree (+)	*4*				
	# Students graduated	4				
	Cumulative graduation rate	3%				
2017-2018	# Students continuing at beginning of this school year (or # entering for newest cohort)	136	174			
	# Students withdrew, dropped, etc.	1	0			
	# Students transferred to other degree (-)	*0*	*9*			
	# Students transferred from other degree (+)	*0*	*0*			
	# Students graduated	114	18			
	Cumulative graduation rate	81%	11%			
2018-2019	# Students continuing at beginning of this school year (or # entering for newest cohort)	21	149	167		
	# Students withdrew, dropped, etc.	0	2	1		
	# Students transferred to other degree (-)	*1*	*1*	*1*		
	# Students transferred from other degree (+)	*3*	*0*	*0*		
	# Students graduated	17	122	10		
	Cumulative graduation rate	93%	84%	6%		

2019-2020	# Students continuing at beginning of this school year (or # entering for newest cohort)	6	24	155	175	
	# Students withdrew, dropped, etc.	1	0	1	7	
	# Students transferred to other degree (-)	*0*	*0*	*1*	*0*	
	# Students transferred from other degree (+)	*0*	*2*	*0*	*4*	
	# Students graduated	4	25	138	14	
	Cumulative graduation rate	96%	99%	89%	8%	
2020-2021	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	1	15	158	178
	# Students withdrew, dropped, etc.	1	0	4	1	2
	# Students transferred to other degree (-)	*0*	*0*	*0*	*0*	*0*
	# Students transferred from other degree (+)	*0*	*0*	*1*	*0*	*0*
	# Students graduated	0	1	4	5	0
	Cumulative graduation rate*	96%	99%	92%	11%	0%

*The MPH denominator for each year accounts for those that entered the cohort and those that transferred out. The denominators for the consecutive years beginning with 2016-17 are 145, 167, 166, 179, and 178.

Table B2.1.2 MS Students by Cohort, Entering Between 2016-2017 and 2020-2021

Maximum Time to Graduate: 5						
	Cohort of Students	**2016-2017**	**2017-2018**	**2018-2019**	**2019-2020**	**2020-2021**
2016-2017	# Students continuing at beginning of this school year (or # entering for newest cohort)	38				
	# Students withdrew, dropped, etc.	0				
	# Students transferred to other degree (-)	*9*				
	# Students transferred from other degree (+)	*0*				
	# Students graduated	1				
	Cumulative graduation rate	3%				
2017-2018	# Students continuing at beginning of this school year (or # entering for newest cohort)	28	54			
	# Students withdrew, dropped, etc.	0	1			
	# Students transferred to other degree (-)	*0*	*0*			
	# Students transferred from other degree (+)	*1*	*0*			
	# Students graduated	21	5			

	Cumulative graduation rate	69%	9%			
2018-2019	# Students continuing at beginning of this school year (or # entering for newest cohort)	8	48	53		
	# Students withdrew, dropped, etc.	0	0	0		
	# Students transferred to other degree (-)	*0*	*8*	*3*		
	# Students transferred from other degree (+)	*1*	*7*	*0*		
	# Students graduated	8	42	1		
	Cumulative graduation rate	93%	84%	2%		
2019-2020	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	5	49	50	
	# Students withdrew, dropped, etc.	0	0	0	3	
	# Students transferred to other degree (-)	*0*	*0*	*1*	*1*	
	# Students transferred from other degree (+)	*1*	*3*	*0*	*0*	
	# Students graduated	2	5	37	4	
	Cumulative graduation rate	100%	93%	84%	9%	
2020-2021	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	3	11	42	27
	# Students withdrew, dropped, etc.	0	0	0	0	1
	# Students transferred to other degree (-)	*0*	*0*	*3*	*4*	*0*
	# Students transferred from other degree (+)	*0*	*0*	*2*	*0*	*0*
	# Students graduated	0	2	9	3	0
	Cumulative graduation rate*	100%	96%	98%	16%	0%

*The MS denominator for each year accounts for those that entered the cohort and those that transferred out. The denominators for the consecutive years beginning with 2016-17 are 32, 56, 48. 45, and 27.

2) Data on doctoral student progression in the format of Template B2-2.

Table B2.2.1 PhD Students by Cohort, Entering Between 2013-2014 and 2020-2021

Maximum Time to Graduate: 8									
	Cohort of Students	**2013-2014**	**2014-2015**	**2015-2016**	**2016-2017**	**2017-2018**	**2018-2019**	**2019-2020**	**2020-2021**
2013-2014	# Students entered	33							
	# Students withdrew, dropped, etc.	1							
	# Students transferred to other degree (-)	*0*							
	# Students transferred from other degree (+)	*3*							

	# Students graduated	0							
	Cumulative graduation rate	0%							
2014-2015	# Students continuing at beginning of this school year (or # entering for newest cohort)	35	27						
	# Students withdrew, dropped, etc.	1	0						
	# Students transferred to other degree (-)	*0*	*0*						
	# Students transferred from other degree (+)	*0*	*2*						
	# Students graduated	0	0						
	Cumulative graduation rate	0%	0%						
2015-2016	# Students continuing at beginning of this school year (or # entering for newest cohort)	34	29	45					
	# Students withdrew, dropped, etc.	0	1	0					
	# Students transferred to other degree (-)	*0*	*0*	*0*					
	# Students transferred from other degree (+)	*1*	*0*	*2*					
	# Students graduated	3	2	0					
	Cumulative graduation rate	8%	7%	0%					
2016-2017	# Students continuing at beginning of this school year (or # entering for newest cohort)	32	26	47	35				
	# Students withdrew, dropped, etc.	0	2	0	0				
	# Students transferred to other degree (-)	*0*	*0*	*0*	*0*				
	# Students transferred from other degree (+)	*0*	*0*	*3*	*0*				
	# Students graduated	5	3	2	1				
	Cumulative graduation rate	21%	17%	4%	3%				
2017-2018	# Students continuing at beginning of this school year (or # entering for newest cohort)	27	21	48	34	40			
	# Students withdrew, dropped, etc.	2	0	0	2	0			
	# Students transferred to other degree (-)	*0*	*0*	*0*	*0*	*1*			
	# Students transferred from other degree (+)	*0*	*1*	*0*	*0*	*3*			
	# Students graduated	7	4	6	1	0			
	Cumulative graduation rate	38%	30%	16%	6%	0%			

2018-2019	# Students continuing at beginning of this school year (or # entering for newest cohort)	18	18	42	31	42	42		
	# Students withdrew, dropped, etc.	0	0	0	1	3	0		
	# Students transferred to other degree (-)	*0*	*0*	*0*	*0*	*0*	*0*		
	# Students transferred from other degree (+)	*1*	*0*	*0*	*1*	*5*	*0*		
	# Students graduated	13	10	12	2	1	0		
	Cumulative graduation rate	72%	63%	40%	11%	2%	0%		
2019-2020	# Students continuing at beginning of this school year (or # entering for newest cohort)	6	8	30	29	43	42	41	
	# Students withdrew, dropped, etc.	0	1	5	1	1	4	3	
	# Students transferred to other degree (-)	*0*	*0*	*0*	*0*	*0*	*0*	*0*	
	# Students transferred from other degree (+)	*1*	*0*	*0*	*0*	*0*	*1*	*5*	
	# Students graduated	1	3	8	2	2	2	0	
	Cumulative graduation rate	74%	73%	56%	17%	6%	4%	0%	
2020-2021	# Students continuing at beginning of this school year (or # entering for newest cohort)	6	4	17	26	40	37	38	51
	# Students withdrew, dropped, etc.	0	0	3	1	5	0	1	1
	# Students transferred to other degree (-)	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
	# Students transferred from other degree (+)	*0*	*0*	*0*	*0*	*0*	*5*	*4*	*0*
	# Students graduated	0	2	8	6	3	2	0	0
	Cumulative graduation rate*	74%	80%	72%	33%	13%	8%	0%	0%

*The PhD denominator for each year accounts for those that entered the cohort and those that transferred out. The denominators for the consecutive years beginning with 2016-17 are 39, 30, 50, 36, 47, 48, 45, and 51.

Table B2.2.2 DrPH Students by Cohort, Entering Between 2013-2014 and 2019-2020

Maximum Time to Graduate: 8									
	Cohort of Students	**2013-2014**	**2014-2015**	**2015-2016**	**2016-2017**	**2017-2018**	**2018-2019**	**2019-2020**	**2020-2021**
2013-2014	# Students entered	3							
	# Students withdrew, dropped, etc.	2							
	# Students graduated	0							
	Cumulative graduation rate	0%							

2014-2015	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	2						
	# Students withdrew, dropped, etc.	0	1						
	# Students graduated	0	0						
	Cumulative graduation rate	0%	0%						
2015-2016	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	1	2					
	# Students withdrew, dropped, etc.	0	0	1					
	# Students graduated	0	0	0					
	Cumulative graduation rate	0%	0%	0%					
2016-2017	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	1	1	0				
	# Students withdrew, dropped, etc.	0	0	0	0				
	# Students graduated	0	0	0	0				
	Cumulative graduation rate	0%	0%	0%	0%				
2017-2018	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	1	1	0	0			
	# Students withdrew, dropped, etc.	0	0	0	0	0			
	# Students graduated	0	0	0	0	0			
	Cumulative graduation rate	0%	0%	0%	0%	0%			
2018-2019	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	1	1	0	0	1		
	# Students withdrew, dropped, etc.	0	0	0	0	0	0		
	# Students graduated	0	0	0	0	0	0		
	Cumulative graduation rate	0%	0%	0%	0%	0%	0%		
2019-2020	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	1	0	0	0	1	0	
	# Students withdrew, dropped, etc.	1	0	0	0	0	1	0	
	# Students graduated	0	1	0	0	0	0	0	

	Cumulative graduation rate*	0%	100%	0%	0%	0%	0%	0%	
2020-2021	# Students continuing at beginning of this school year (or # entering for newest cohort)	DrPH program suspended							
	# Students withdrew, dropped, etc.								
	# Students graduated								
	Cumulative graduation rate								

*The DrPH denominator for each year accounts for those that entered the cohort and those that transferred out. The denominators for the consecutive years beginning with 2013-14 are 0, 1, 0, 0, 0, and 0. No new applications were accepted for the following years.

3) Data on doctoral student progression in the format of Template B2-2.

Doctoral student progress degree is available below in Table B2.3.1.

Table B2.3.1 Doctoral Student Data for AY 20-21

	PhD Biostatistics	PhD Community Health Sciences	PhD Environmental Health Sciences	PhD Epidemiology	PhD Health Policy and Management	PhD Molecular Toxicology
# Newly admitted in 2020-21	11	7	3	17	13	2
# Currently enrolled (total) in 2020-21	44	36	15	51	47	18
# Completed coursework during 2019-20	19	6	6	22	12	11
# In candidacy status (cumulative) during 2019-20	7	18	0	4	11	2
# Graduated in 2019-20	3	5	1	11	10	1

4) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

The graduation rate data for each degree accounts for those who transferred in and out of the degree. The shaded rows added to Tables B2.1.1, B2.1.2, and B2.2.1 show the transfers between degree programs. A list of students who have switched degrees can be viewed at ERF B2.4.1, and a list of students who enrolled after fall quarter may viewed at ERF B2.4.2.

The MPH program, which is the largest degree program at FSPH, consistently graduates over 92% of students within three years and over 96% within five years. Similarly, the MS program graduates over 93% of students in three years and 100% within five years. In 2013, the PhD program has a 74% graduation rate within eight years.

Among our PhD student cohorts, for fall 2013, four students are currently enrolled and two are on official leave.

Over the last several years FSPH has seen a decrease in the number of students applying to the DrPH programs. As discussed in section A5, the school discontinued student admission into the DrPH program.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: All degree programs meet or exceed the graduation rate guidelines. FSPH has formal procedures and policies to carefully monitor student progress. FSPH recently hired a data analyst who has helped manage and create a system for analyzing data that previously did not exist.

Weaknesses: None.

Plans for Improvement: The data analyst will continue to develop and implement databases that are efficient and accurate. Departments will regularly monitor student progression in the degree programs and report back to the associate dean for student affairs.

B3. Post-Graduation Outcomes

The school collects and analyzes data on graduates' employment or enrollment in further education post-graduation, for each public health degree offered (e.g., BS, MPH, MS, PhD, DrPH).

The school achieves rates of 80% or greater employment or enrollment in further education within the defined time period for each degree.

1) Data on post-graduation outcomes (employment or enrollment in further education) for each degree. See Template B3-1.

Post-graduation outcomes for FSPH graduates are presented in Tables B3.1.1 – B3.1.3. As described below, employment data are collected from a triangulation of data, including alumni surveys distributed one year after graduation. The Central Student Affairs Office is responsible for populating data and triangulation of data.

Table B3.1.1 Post-Graduation Outcomes for MPH Students

Post-Graduation Outcomes	2017 Number and Percentage	2018 Number and Percentage	2019 Number and Percentage
Employed	118 (72%)	106 (71%)	107 (72%)
Continuing education/training (not employed)	14 (8%)	27 (18%)	22 (15%)
Not seeking employment or not seeking additional education by choice	6 (4%)	1 (0%)	1 (0%)
Actively seeking employment or enrollment in further education	9 (5%)	9 (6%)	13 (9%)
Unknown	18 (11%)	7 (5%)	6 (4%)
Total graduates (known + unknown)	165 (100%)	150 (100%)	149 (100%)

Table B3.1.2 Post-Graduation Outcomes for MS Students

Post-Graduation Outcomes	2017 Number and Percentage	2018 Number and Percentage	2019 Number and Percentage
Employed	19 (59%)	22 (65%)	36 (69%)
Continuing education/training (not employed)	7 (22%)	9 (26%)	12 (23%)
Not seeking employment or not seeking additional education by choice	0 (0%)	0 (0%)	0 (0%)
Actively seeking employment or enrollment in further education	1 (3%)	1 (3%)	2 (4%)
Unknown	5 (16%)	2 (6%)	2 (4%)
Total graduates (known + unknown)	32 (100%)	34 (100%)	52 (100%)

Table B3.1.3 Post-Graduation Outcomes for PhD Students

Post-Graduation Outcomes	2017 Number and Percentage	2018 Number and Percentage	2019 Number and Percentage
Employed	24 (65%)	30 (75%)	37 (69%)
Continuing education/training (not employed)	8 (22%)	8 (20%)	15 (28%)
Not seeking employment or not seeking additional education by choice	0 (0%)	0 (0%)	0 (0%)
Actively seeking employment or enrollment in further education	1 (3%)	1 (3%)	0 (0%)

Unknown	4 (11%)	1 (3%)	2 (4%)
Total graduates (known + unknown)	37 (100%)	40 (100%)	54 (100%)

Table B3.1.4 Post-Graduation Outcomes for DrPH Students

Post-Graduation Outcomes	2017 Number and Percentage	2018 Number and Percentage	2019 Number and Percentage
Employed	2 (100%)	1 (100%)	1 (100%)
Continuing education/training (not employed)	0 (0%)	0 (0%)	0 (0%)
Not seeking employment or not seeking additional education by choice	0 (0%)	0 (0%)	0 (0%)
Actively seeking employment or enrollment in further education	0 (0%)	0 (0%)	0 (0%)
Unknown	0 (0%)	0 (0%)	0 (0%)
Total graduates (known + unknown)	2 (100%)	1 (100%)	1 (100%)

2) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

Employment data one year post-graduation are compiled through multiple data collection processes. Data collection occurs through online surveys that are administered to graduates and alumni, personal communication with staff at the department level, and through the Career and Professional Development (CPD) Office. The school makes every effort to minimize the number of unknowns by using LinkedIn, Facebook, and other social media platforms to collect information about the employment status of graduates who do not respond to emails or surveys.

Toward the end of spring quarter, graduating students receive an exit survey a few weeks prior to completing their degree. Ten months later a follow-up survey is sent. Multiple reminders are sent to those who do not respond. For those students who are unresponsive, the school triangulates data with the CPD Office, Alumni Affairs, Development, and departmental SAOs to help identify the most recent job outcomes.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: The CPD Office works nationally and locally with key agencies and stakeholders. Beginning at orientation, the CPD Office introduces students to various assessments to assist students in discovering their innate talents and developing their potential.

Weaknesses: None.

Plans for Improvement: The central Student Affairs Office will continue to work with departments and faculty to encourage students to complete surveys prior to graduation. Furthermore, the office will work in partnership with the Alumni Affairs Office and CPD Office to increase engagement with alumni to help improve alumni response rates. The Office of Public Health Practice is also working with departments in creating more diverse opportunities for internships, which may lead to employment possibilities and increase employment outcomes.

B4. Alumni Perceptions of Curricular Effectiveness

For each public health degree offered, the school collects information on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements.

The school defines qualitative and/or quantitative methods designed to maximize response rates and provide useful information. Data from recent graduates within the last five years are typically most useful, as distal graduates may not have completed the curriculum that is currently offered.

1) Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation.

FSPH collects quantitative and qualitative data on alumni perceptions of the school's success in achieving defined competencies and on their ability to apply the competencies in their post-graduation placements. Alumni perception data are predominantly collected through alumni surveys and focus groups. Alumni surveys are collected one year after graduation and three years after graduation, while focus groups occur annually.

Quantitative Data

In June 2020, FSPH conducted an alumni survey to assess how confident alumni are in their ability to apply the MPH and program-specific competencies in their professional work. A total of 258 MPH, MS, PhD, and DrPH alumni (response rate of 37%) who graduated in 2017, 2018, and 2019 participated in the survey. The responses indicate that the vast majority of MPH graduates (response rate of 37%) are *very confident*, *mostly confident*, or *somewhat confident* in their ability to apply the program competencies in a professional setting, as follows:

- 99% are confident in their ability to analyze data and interpret results to inform public health practice
- 99% are confident in their ability to identify how structural bias, social inequities, and racism create challenges in achieving health equity
- 99% are confident in their ability to assess population needs in order to prioritize public health programming
- 98% are confident in their ability to identify community stakeholders and build partnerships for influencing public health
- 99% are confident in their ability to develop or implement policies, programs, or services to improve population health
- 98% are confident in their ability to evaluate policies, programs, or services for their impact on public health or health equity
- 98% are confident in their ability to apply leadership or management skills in a public health setting
- 100% are confident in their ability to work effectively in a team setting with professionals outside of public health
- 100% are confident in their ability to communicate effectively to promote health within diverse populations

Similarly, the vast majority of MS graduates (response rate of 30%) are very or mostly confident in their ability to apply their program competencies:

- 100% of MS alumni from BIOS, HPM, EPI, and CHS are confident in their ability to apply every one of their program-specific competencies.
- 86% of MS alumni from EHS are confident in their ability to apply all of their program-specific competencies.

Lastly, 100% of all PhD alumni (response rate of 39%) are confident in their ability to apply all of the program-specific competencies from their respective departments.

Qualitative Data

In May 2020, FSPH alumni were invited to participate in focus groups to explore alumni's perceptions of (1) the skills and competencies needed in the public health workforce, and (2) the extent to which FSPH graduates are equipped with these skills. Additionally, because alumni and their organizations are community stakeholders, they were also asked to comment on ways to strengthen engagement and collaboration between FSPH and its community stakeholders.

With regard to the skills and competencies needed by professionals in the field and imparted by FSPH, several themes emerged:

- Alumni agreed that FSPH graduates are well regarded by community organizations for their analytical skills.
- Alumni stressed the importance of data analysis and data manipulation skills. Many referred to specific courses, such as introductory SAS and STATA, which they found particularly helpful in their own careers.
- Program and project management skills were mentioned by several alumni who agreed that several of the core courses in different departments provide comprehensive and rigorous preparation in this regard. The required internship field experience was also cited as an important avenue to practice and deepen this skillset.
- Other "soft" skills that were brought up as critical for public health professionals were communication, leadership, cultural proficiency, and critical thinking. While some commented these skills are more likely to be developed after being exposed to the workplace, there is room to more deliberately hone in on these critical skills throughout the program.
- MPH alumni expressed overall satisfaction with their educational experience at FSPH, but many highlighted that they wished they worked across MPH concentrations.
    - Some felt siloed and some believed that MPH concentrations other than their own had an edge in networking or other resources

As an internal requirement by UCLA, individual departments collect alumni-specific assessments through a departmental eight-year review. Alumni feedback has led to revising the curriculum and creating new courses. Some departmental curricular changes include:

- HPM: In preparation for its eight-year review, the EMPH and campus-based programs worked together to analyze the existing curriculum and make recommendations on potential changes. In addition to focus groups with current students, the department surveyed almost 100 alumni and other stakeholders (i.e., managers and preceptors) to gather their input. Based on this feedback, the department restructured the curriculum to allowed students to develop additional quantitative skills and, in the schoolwide program, increase the number of electives so that the students could delve into public health topics of interest.
- EPI: In preparation of its eight-year review, the EPI department surveyed its alumni about their experience with their epidemiology education from their perspective now in their respective jobs. The majority of alumni reported that more programming courses and courses preparing them with applied tools would have been beneficial. As a result, the EPI department developed and introduced two courses: EPIDEM 401: Applied Epidemiologic Analysis and EPIDEM 410: Management of Epidemiologic Data.
- EHS: In preparation for its eight-year review, EHS faculty have asked alumni about their perspectives on the courses they took and suggestions for improvement. The department also sponsors job information panels featuring alumni, who are then asked about their suggestions for curriculum improvement from their job position perspective. After reviewing feedback from the exit survey data, student course evaluations, and faculty peer review comments, the EHS department developed ENV HLT 200D: Policy Analysis for Environmental Health Science.

The school is currently collecting additional alumni data through the *FSPH State of Public Health Employment Survey* that was distributed in spring 2021. The survey invites employers, many of which are alumni, to share their perception of preparedness for the workforce and the in-demand skillsets in their workplace. The results from the survey will support FSPH's academic, EDI, and career and professional development training initiatives for interns, new graduates and recent alumni.

2) Provide full documentation of the methodology and findings from alumni data collection.

FSPH conducts alumni surveys to collect employment information and to assess graduates' perceived impact of the education they received. An exit survey is distributed at graduation, an alumni survey is administered one year after graduation, and another alumni survey is distributed three years after graduation. To encourage participation in surveys, key FSPH leaders, such as the dean, the associate dean for student affairs, and the director of career and professional development, send reminder emails. The central Student Affairs Office also hires student workers to help collect and analyze quantitative and qualitative data.

An infographic illustrating the methodology can be found at ERF B4.2.1.
The exit survey and findings are available at ERF B4.2.2.
The alumni survey and findings are available at ERF B4.2.3.
Results from the alumni focus group are available at ERF B4.2.4.
FSPH State of Public Health Employment survey is available at ERF B4.2.5.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: FSPH has conducted two focus groups and revised and administered alumni surveys to evaluate graduates' perceptions of curricular effectiveness.

Weaknesses: Several students have echoed the importance of data analysis and programming skills. It was noted that these courses are offered as electives that might not fit into every student's schedule.

Plans for Improvement: Based on alumni feedback, FSPH has added more quantitative analysis and skills-based training into courses, such as EPIDEM 401: Applied Epidemiologic Analysis and EPIDEM 410: Management of Epidemiologic Data. In addition, the required PUB HLT 200A and 200B as of fall 2020 introduces all MPH students to R statistical programming. Furthermore, the newly developed course, PUB HLT 401: Public Health as a Profession, which will start in fall 2021, will address a number of skills identified by alumni as important for public health professionals. The school's curriculum will continue to evolve to meet accreditation requirements, with an emphasis on integrating alumni feedback.

B5. Defining Evaluation Practices

The school defines appropriate evaluation methods and measures that allow the school to determine its effectiveness in advancing its mission and goals. The evaluation plan is ongoing, systematic and well documented. The chosen evaluation methods and measures must track the school's progress in 1) advancing the field of public health (addressing instruction, scholarship and service), and 2) promoting student success.

1) Present an evaluation plan that, at a minimum, lists the school's evaluation measures, methods and parties responsible for review. See Template B5-1.

The evaluation plan draws from FSPH's two most recent strategic plans from 2015 and 2020, which may be viewed at ERF B5.1.1 and ERF B5.1.2.

Table B5.1.1 Evaluation Plan and Measures

Evaluation measures	Data collection method	Responsibility for review
Excellence in Education		
Transform and expand graduate and undergraduate public health education to further promote innovation and interdisciplinary collaborations while maintaining core areas of strength		
Percentage of FSPH alumni placements in the public health workforce (i.e., academia, public and private healthcare organizations) or pursuing higher education	The Student Affairs Office develops and administers the Exit survey annually and the alumni survey that is sent one year and three years post-graduation. Student Affairs also produces an Executive Summary report based on the surveys	The Student Affairs Office reviews Exit and alumni survey annually in fall of the following academic year. The report is provided to all departments, the dean, Career and Professional Development (CPD) Office, Evaluation Committee, and the Associate Dean for Public Health Practice and EDI
Percent of students receiving financial support and average funding each student receives, including TAs, GSRs, fellowships, travel stipend, and awards	The Director of Admissions and Financial Aid, Development Office, and Senior Data Analyst maintain the System for Award Management (SAM) database (financial aid data); Data drawn from sources such as UCLA Graduate Division, Registrar Office, and campus finance office	Data reviewed by Departments, Dean, Senior Associate Dean for Academic Programs, Director of Admissions and Financial Aid, and Alumni Affairs annually
Percent of students who have published peer-reviewed articles or given a professional presentation	The Student Affairs Office administers Exit survey	Data compiled and reviewed annually by departments and Student Affairs Office
Percentage of students who have received Career and Professional Development services	CPD Office manages CPD database; Student Affairs Office administers exit survey annually	Student Affairs compiles Exit survey data and shares with Development and Alumni Affairs; CPD Office reviews CPD database continuously
Promote equity, diversity, and inclusion in public health education		
BIPOC faculty, staff, and students as % of the FSPH faculty, staff and student population, respectively	The Director of Academic & Staff Human Resources generates a report on faculty and staff from HR records;	Departments, Dean, EDI Committee, EDI Program Manager, Associate Dean for EDI, Director of Admissions and Financial Aid review data annually

	Director of Admissions and Financial Aid from Central Student Affairs Office compiles student enrollment data	
Number of participants in events and activities promoting diversity and inclusion	Office of EDI, Student Affairs Office, and CPD Office record attendance through sign-in sheets	EDI Program Manager, Associate Dean for EDI, Director of CPD, and Associate Dean for Student Affairs compile and review data annually
Impactful Public Health Research		
Promote innovative, cross-disciplinary, and entrepreneurial efforts that nourish new lines of research and bold public health collaborations.		
Number of national and international awards FSPH faculty receives	Communications Office tracks awards in their database	Dean, Senior Associate Dean for Academic Programs, and Associate Dean for Communications and Marketing review data annually
Grant/contract submissions and awards	FSPH Research Support Office (RSO) generates reports from their database	Departments, Dean, Associate Dean for Research, and Director for Research Administration review data annually
Communicate public health research effectively to increase impact		
Number of peer reviewed research papers, books, and proceedings published by faculty	Faculty merit review through teaching, research, and service	Faculty merit review occurs with Department Chair and Senior Associate Dean for Academic Programs every 2-3 years; Departments, Dean, Senior Associate Dean for Academic Programs, Associate Dean for Research, and Director for Research Administration review publication data annually
Number of media interviews involving FSPH faculty	Communications Office records media interviews in their database	Associate Dean for Communications and Marketing continuously review data
Effective Partnerships with Communities and Organizations		
Nurture enduring partnerships with communities and organizations		
Percent of faculty who serve on local, national, or global leadership boards	Faculty merit review through teaching, research, and service;	Faculty merit review with Department Chair, Dean, and Senior Associate Dean for Academic Programs every 2-3 years

Strengthen public health practice training opportunities		
Number of students working with community partners serving underserved communities	The Practice Office compiles the field studies (APE) placement list and produces summary	Departments and Associate Dean for Public Health Practice review data annually; Public Health Practice Office shares lists with departments annually. Departments share list on CCLE website for students and at internship events January - May
Number of individuals who participate in professional learning opportunities offered by FSPH	Centers and CPD Office track attendance in professional learning opportunities and produce summary report	CPD Office, Center Directors, and Program Directors review data annually

2) Briefly describe how the chosen evaluation methods and measures track the school's progress in advancing the field of public health (including instruction, scholarship and service) and promoting student success.

The evaluation plan is designed to track FSPH's progress in achieving its mission. The mission will be accomplished through advancing the field of public health and training the next generation of public health practitioners and scholars. FSPH's 2020 strategic plan identified three strategic pillars: *excellence in education; impactful public health research;* and *effective partnerships with communities and organizations*. Equity, diversity and inclusion (EDI) are identified as core values of the school. Accordingly, FSPH's evaluation measures are designed to track progress across the three pillars as well as in the core values of equity, diversity and inclusion. By collecting these indicators and measures, the school can ensure that it is achieving its mission.

Education: The education evaluation plan is designed to measure student success through data from the integrated core curriculum, amount of student funding for education, and students' preparedness for the workforce. The methods used to assess education include enrollment data, surveying students and alumni, APE placements, and post-graduation placements. After analyzing data, the school has modified the MPH curriculum, as detailed in section B6. Alumni provide valuable information about their experiences acquiring skills and utilizing skills when they enter the workforce. Similarly, data are collected through focus groups to identify the needs in public health. To ensure students are receiving quality education, FSPH plans on reviewing evaluations from the core curriculum and making revisions as necessary, mid-quarter and at the end of quarter.

The school has been making great strides in promoting EDI, which includes increasing Black, Indigenous, People of Color (BIPOC) student, staff, and faculty, and hosting events, workshops, and activities regularly. Enrollment data track the student demographics, and the school administers climate surveys for staff and faculty. The FSPH Office of EDI analyzes enrollment data annually and tracks the yield rate of BIPOC students, staff, and faculty. The climate survey indirectly informs how the school will recruit and retain BIPOC individuals.

Research: The research evaluation plan measures the school's impact in advancing the field of public health. Most research data are from the FSPH Research Support Office (RSO), which maintains and examines research productivity throughout the year. The director of research administration is responsible for overseeing the submission of proposals for the school. The data are primarily generated by faculty who submit their grants and extramural funding each year. The Communications and Marketing Office also tracks FSPH's success in advancing the field of public health through the number of publications, presentations, and media interviews that feature faculty research.

Service: The service evaluation plan seeks to measure the school's significant contributions to the practice of public health. The school promotes service in public health by disseminating new knowledge, translating research into practice, providing technical assistance, and serving communities near and far. Because service is one of the factors evaluated for promotion at UCLA, faculty reviews track faculty members' involvement in public health scholarship through activities such as leadership roles on journal editorial teams and in professional organizations.

3) Provide evidence of implementation of the plan described in Template B5-1. Evidence may include reports or data summaries prepared for review, minutes of meetings at which results were discussed, etc. Evidence must document examination of progress and impact on both public health as a field and student success.

Evidence of implementation of FSPH's evaluation plan is available in ERF B5.3. The ERFs include reports of the PUB HLT 200 surveys, communications from the dean and administration regarding FSPH's programming plans, and PowerPoint presentations in which data are shared at meetings. All of these pieces of evidence document the examination of progress and impact on student's success in education, research, practice, and diversity at FSPH.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: FSPH has identified the key elements and components of the school's mission that require evaluation and assessment in order to gauge progress and inform future decision-making processes.

Weaknesses: None.

Plans for Improvement: In 2021, the evaluation plan will be refined with additional evaluation measures for specific initiatives, as detailed in the strategic pillars, goals, and initiatives section of the strategic plan (see ERF B5.1.2). The senior data analyst has been streamlining data collection efforts into Tableau and developing data visualization boards. The data collected and synthesized by the senior data analyst will be used to guide future initiatives for the school.

B6. Use of Evaluation Data

The school engages in regular, substantive review of all evaluation findings, as well as strategic discussions about the implications of evaluation findings.

The school implements an explicit process for translating evaluation findings into programmatic plans and changes and provides evidence of changes implemented based on evaluation findings.

1) Provide two to four specific examples of programmatic changes undertaken in the last three years based on evaluation results. For each example, describe the specific evaluation finding and the groups or individuals responsible for determining the planned change, as well as identifying the change itself.

FSPH conducts in-depth assessment and evaluations of education, research, and service, and uses findings to guide program modifications. Many of the changes are based on student survey results and input from community members, faculty, staff, and students. Data primarily are drawn from the PHSA survey (administered by students annually in winter quarter), exit survey (distributed annually to graduating students at the end of spring quarter by administration), and alumni survey (distributed in the summer one year after graduation by Alumni Affairs). The PHSA and FSPH evaluation committees review data and make recommendations.

The following examples highlight evaluation findings to programmatic changes.

Revamp Core Curriculum

Student and alumni in focus groups and surveys have repeatedly expressed enthusiasm for collaboration with other departments. Alumni have also shared that they faced obstacles forming relationships across departments. As a result, in 2018, the school developed a two-part integrated course, PUB HLT 200A and PUB HLT 200B: Foundations of Public Health. FSPH formed the Integrated MPH Core Committee, which encompasses a faculty member from each department, thus bridging the concentrations. Designed as a “flipped classroom” with several real-world cases, the course provides opportunities for MPH students to collaborate with peers across all departments and to approach cases with diverse perspectives from all disciplines. The integrated course aims to teach public health in interdisciplinary teams, integrating knowledge and practice across the five departments to address complex health challenges, with effective leadership, management, innovation, and partnership capabilities.

The development of PUB HLT 200A and 200B also reflects the changes in the national public health academic environment. In 2016, the Council on Education for Public Health (CEPH) adopted new competency-based accreditation criteria. Over the years, FSPH faculty have introduced incremental changes in our existing MPH core course offerings to meet accreditation requirements. The process of incorporating changes into introductory 100-level core classes that are offered at the departmental level has proven to be increasingly inefficient, giving more justification to updating the FSPH MPH curriculum and creating the integrated core courses.

To ensure cohesiveness for the courses and that students can successfully demonstrate mastery of the foundational competencies, the Integrated MPH Core Committee collected data and suggested adjustments for the course. The integrated two-part course launched in fall 2019, with faculty from each department teaching the course using hybrid-teaching methods. The PUB HLT 200 series was a result of ongoing collaborations, vibrant discussions, insightful feedback, and most importantly, evaluation results. Major themes that emerged in survey responses from AY 19-20 were (a) students’ favorable views toward interdisciplinary collaboration; (b) the need to strengthen communication and coordination processes; and (c) the need to further assess how materials, lectures, and activities build on each other and enhance student learning. Specific suggestions for improvement are to (a) map out what foundational knowledge and skills students will obtain from each case study; (b) develop mechanisms for collaboration that include focal persons for coordination and communication between the teaching team and students; and

(c) augment opportunities for faculty to build relationships with students. Based on the feedback, the Integrated MPH Core Committee has made important revisions to the curriculum.

Similarly, given the Black Lives Matter movement in 2020, the Integrated MPH Core Committee re-examined the PUB HLT 200 courses to ensure content and delivery are centered on racial equity. To this end, the committee incorporated an anti-racism lens in all of the cases for fall 2020. The school believes that increasing equity is a cornerstone of public health and thus must be foundational to everything we do at FSPH. Since reducing inequity is foundational to FSPH, the team intentionally included it as a criterion for success in the core courses.

The school will review end of quarter survey results annually and revise the PUB HLT 200 course, as necessary (see ERF B6.3.1 and ERF B6.3.2).

Enhance Public Health Practice

Exit and alumni surveys have indicated that graduates would have liked more practice experience. To meet the increasing demands and needs for the public health workforce, FSPH appointed Dr. Alina Dorian as the associate dean for public health practice and associate dean for equity, diversity and inclusion (EDI). As the associate dean for public health practice, her main responsibilities include enhancing professional development opportunities for FSPH students and providing lifelong learning opportunities for alumni and community members. This position works across all five departments and provides oversight for fieldwork and professional development. Furthermore, Dr. Dorian oversees internship coordinators for each department to bolster field practice across the school. As the associate dean for EDI, Dr. Dorian's main responsibilities include promoting a diverse, equitable, and respectful environment for faculty, staff, and students.

Dr. Dorian played a leading role in revising the core curriculum and developing the PUB HLT 401: Public Health as a Profession (4 units) course specifically for MPH students. The overall goal of this course is to develop a strong skill set and practice important collaborative skills that are essential to students' success in the public health workforce. The course introduces students to interprofessional collaboration, team building, leadership, communication, cultural humility, and implicit bias, while supporting the professional development and growth of students. Taking the course in the fall of the second year, students attend lectures, complete assignments, and participate in select portions of the Systems-Based Healthcare course currently offered by the schools of medicine, dentistry, and nursing. The development of this course was in response to students' request for active engagement with students in other professional programs outside of public health (e.g., medicine, nursing, and dentistry). The goal is for students to gain knowledge and practical skills that will enable them to join other professionals in making positive change and transforming health.

Launching the PUB HLT 200A, 200B, and 401 courses has provided an integrated approach, active teaching, and an interdisciplinary learning style for all MPH students in FSPH.

Support Research

The FSPH Research Support Office (RSO) was established in the summer of 2017 to increase the submission of school-related training grants and large center grants, as these submissions are often complex and require a significant amount of administrative work. The RSO was developed based on faculty feedback gathered during the strategic planning process and at retreats. Faculty stated that they were reluctant to submit these grants, as the additional administrative support was not available. Examining all training/center grant submissions, which included both new submissions, as well as competitive renewals of existing training/center grants, submissions doubled after the RSO was established — increasing from an average submission of five to 10 proposals per year. Between fiscal years 2014 and 2017, the average number of new training or large center grant applications submitted was three per year. After the RSO was established, the average number of new training or large center grant applications submitted doubled to six per year. Two new training grants were awarded during the

last three years, and many of those submissions not initially funded received positive review comments, with encouragement to resubmit, which increases funding chances in future years.

Create New EDI Program Office

FSPH is committed to supporting diversity and equal opportunity in its education, services, and administration, as well as research and creative activity. PHSA student surveys had indicated that students overall feel connected at FSPH, but would like programming support surrounding inclusion and diversity. Based on this feedback, the school established the FSPH Office of EDI, appointed Dr. Dorian as the associate dean for EDI in 2019, and hired an EDI program manager in February 2020. The program manager's responsibility is to provide a safe space for students to meet and to enhance diversity and community at FSPH. The Office of EDI has led monthly newsletters, community conversations, LGBTQ+ Lunch Hours, and EDI weekly office hours. The office assesses the school's EDI progress through the climate survey for faculty and staff, and the PHSA survey for students.

Improve Student Services

FSPH values the input of students and encourages students to participate in the annual PHSA surveys to influence FSPH programming. Major themes emerging from the PHSA surveys were additional student services, such as financial support, career advising, and a more inclusive environment. As an example, survey results have resulted in restructuring the student services office and hiring a director of admissions and financial aid to inform students of any financial aid and scholarship opportunities. This has led to increased opportunities for GSRs, fellowships, and other scholarships for students. The percentage of MPH students receiving overall financial support rose from 75% in AY 15-16 to 93% in AY 19-20, and the proportion serving in TA positions rose from 10% to 35%. The proportion of MS students receiving financial support rose from 59% in AY 15-2016 to 86% in AY 19-20. The admissions counselor originally juggled both roles, but due to demand for financial support, FSPH hired a Director of Admissions and Financial Aid to manage all aspects of student financial support and to promote student success.

FSPH also hired additional personnel for the CPD Office in April 2016. At that time, exit surveys had indicated career advising needs were not meeting students' expectations. This has led to expanding career services for students and alumni, as well as outreach and internship/career opportunities. The Development and Alumni Affairs offices work closely with the mentioned teams to secure funding opportunities for students and alumni. Because of the overwhelming positive feedback, FSPH hired a second position in this office in October 2018.

FSPH is also working to improve the space for our students. For overall increased visibility and access to these services, FSPH moved the central Student Affairs Office to the first floor from the lower level in September 2019. FSPH is now in the design stage for renovating space to build a new more spacious modernized public health student lounge on the first floor that will be a space for collaboration and making connections.

Redesign Website

FSPH, especially the Office of Communications and Marketing, has received input from various surveys among students and alumni as well as input from faculty at regular faculty meetings that the school website needs to be redesigned. A new website will enhance communication with external groups, including prospective students, prospective faculty, alumni, community partners, donors, and more. Additionally, it will serve as a communication tool for current faculty, students, and staff. Accordingly, the school obtained support to redesign the website and recently signed a contract with an outside vendor for the redesign in October 2020. A discovery process was just completed, where information was gathered from various constituencies (students, faculty, staff, alumni) about key desired features of the new FSPH website. The new website is expected to launch in spring 2022. The school is also exploring options to host a powerful visualization tool that tracks post-graduation outcomes and other evaluation data on the website.

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: FSPH has made significant improvements from evaluation and community feedback. FSPH is committed to creating an educational experience that resonates with the community. The school will continue to utilize the evaluation tools and will review data periodically.

Weaknesses: None.

Plans for Improvement: Starting in 2020, the school has distributed an executive summary of surveys to the FSPH community to encourage discussion on evaluation data (see ERF B6.2.3). The school has started to create incentives and develop ways to increase participation in evaluation. As an example, the Student Affairs Office dispersed gift cards starting AY 20-21. PHSA will also provide incentives to focus group participants this year. Complete surveys will drive administrative decision-making and improve programming within FSPH.

C1. Fiscal Resources

The school has financial resources adequate to fulfill its stated mission and goals. Financial support is adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees and ongoing operations.

1) Describe the school's budget processes, including all sources of funding. This description addresses the following, as applicable:

FSPH fiscal resources are comprised of state support, tuition, gifts and endowments, contracts and grants, indirect cost recovery (ICR), professional degree supplemental tuition (PDST), and donor funds.

The current university-wide UCLA budget model has been an incremental process whereby the chancellor provides consistent annual operational support. The amount of the resources provided is impacted by the activities that generate the funding and the commitments made by the campus. In addition to the incremental budget support, there is an annual process that provides an opportunity for each school to request additional permanent or temporary funding from the chancellor's office. This year's budget (AY 20-21) was allocated using the incremental method.

UCLA is in the process of transitioning to the Bruin Budget Model (BBM) for academic and administrative organizations. It is a hybrid of commonly used budget models since it utilizes activity-based, historical/incremental, and priorities-based factors in order to determine budget allocations. While the model is informed by the best practices of peer organizations, it has been tailored and designed specifically to support academic excellence at UCLA.

UCLA's Office of Academic Planning and Budget (APB) is working with the UCLA Senate's Council of Planning and Budget to design an oversight and assessment of the BBM.

a) Briefly describe how the school pays for faculty salaries. If this varies by individual or appointment type, indicate this and provide examples.

Ladder-rank faculty nine-month salaries are fully guaranteed by state funds. Faculty are expected to self-fund their three-summer-month salaries through extramural funding. FSPH receives state funds that are appropriated to the UC System by the State Legislature and are then allocated to each campus by the UC Office of the President. More than 70% of the state funds received by FSPH are used for full-time, ladder-rank faculty salaries and benefits.

In-residence and adjunct faculty must raise extramural funding to support at least 49% of their base and summer salary. Other adjunct faculty whose primary appointment is outside of UCLA are appointed as "without salary" and may be paid for specific activities such as teaching or research from departmental funds or external grants and contracts. Extramural funding can be generated from a combination of contracts and grants, gifts and endowments, and other approved sources.

Ladder-rank faculty and in-residence faculty are also able to participate in a program where they may augment their salary by up to 30% above their total negotiated annual salary with approved extramural funding, which is called the Negotiated Salary Trial Program (NSTP).

b) Briefly describe how the school requests and/or obtains additional faculty or staff (additional = not replacements for individuals who left). If multiple models are possible, indicate this and provide examples.

Faculty – There are campus recruitment guidelines that must be followed no matter the appointment type or level. FSPH is provided a certain number of full-time equivalent (FTE) faculty ladder-rank positions. If there are open positions, after consultation with the department chairs, the dean may submit an annual

faculty hiring plan to the chancellor's office. If approved, the school may move forward with the search and must follow specific university faculty search guidelines and policies.

FSPH may hire non-ladder rank faculty without pre-approval from the campus. Depending on the position, the department chair must first obtain permission to search for a non-ladder rank faculty position from the dean. All university guidelines must be followed and ultimately the candidate's appointment may be approved at the dean's or chancellor's office level, depending on the type of position being filled.

The university is currently considering a new budget model in which funding allocations will be more closely tied to student credit hours. The details and timeline for implementation of the new budget model are still under discussion at the university level.

Staff – UC and Campus Human Resources define all staff HR policies and procedures. Position descriptions and salaries must be approved by Campus Human Resources to ensure that staff positions and salaries align with similar positions across the university. After approval from all stakeholders, a job posting will be added to the UCLA Careers webpage. Recruitment, selection, and hiring is conducted by the hiring supervisors and in some cases, the offer must be approved by the associate dean for administration or the dean.

c) Describe how the school funds the following:

a. operational costs (schools define "operational" in their own contexts; definition must be included in response)

Operational costs are expenses associated with the daily maintenance and administration of the school, including faculty and staff salaries, supplies, travel, equipment, and programmatic expenses. The costs are funded using the school's operational budget that is allocated to FSPH by the campus.

b. student support, including scholarships, support for student conference travel, support for student activities, etc.

FSPH recognizes the importance of financial considerations in making graduate school decisions and is committed to helping students achieve and afford their goals. Thirty-three percent of the professional degree supplemental tuition (PDST) for MPH students (currently $7,200 for California residents and $7,656 for nonresidents) is set aside for student financial aid and the remaining revenue is used to provide additional student services and support for professional degree students, such as practicum funding, library access, computer lab services, and career counseling and professional development at the department and school levels. Newly admitted students are automatically considered for many of the departmental and schoolwide scholarships for which they are eligible. Some scholarships are funded from tuition revenue, while others are paid from gift and endowment funds. The Fielding Fellowships are funded by generous philanthropic gifts of up to $40,000 per year in specific fields such as mental health, environmental health, health policy, maternal and child health, and nutrition. Qualified students in all degree programs (MPH, MS, and PhD) receive stipends or tuition remissions as a graduate student researcher (GSR) or teaching assistant (TA). Similarly, students may apply for funding opportunities offered at the UC level, such as the UC-wide GloCal Health Fellowship.

Each eligible new and continuing UCLA doctoral student will be provided up to $1,000 total reimbursement that can be used, in whole or in part, at any time through the student's seventh year in the doctoral program to present at conferences, as long as the student follows eligibility requirements details of the UCLA Fellowships and Financial Services and the Campus Graduate Division. FSPH departments and the central Student Affairs Office have various amounts of funds available to assist students who are presenting research at a professional conference. All FSPH students can contact their department for information and instruction on how to receive assistance. In addition, FSPH covers up to $500 for posters and/or $600 for paper presentations per student per year until funds are exhausted.

c. faculty development expenses, including travel support. If this varies by individual or appointment type, indicate this and provide examples.

Dean's discretionary gifts and endowments, as well as some operating funds, are used to provide faculty development initiatives and seed grants. All faculty may utilize university resources, such as the UCLA Center for the Advancement of Teaching, which is discussed in detail in E3. Faculty Instructional Effectiveness. Financial support for Academic Senate faculty is available through a campus-wide offers travel grant for research and scholarly meetings. Faculty may apply as long as they follow the application guidelines.

At the school level, FSPH is a member of the American Public Health Association (APHA), which provides reduced membership fees and benefits for faculty and staff who wish to attend academic conferences.

d) In general terms, describe how the school requests and/or obtains additional funds for operational costs, student support and faculty development expenses.

The annual campus budget process includes an opportunity to request additional funds for operational, student, and other support. As an example, over the past four years, the campus has provided support to the school for undergraduate courses taught by FSPH faculty.

Gifts and endowments are an important revenue component and the generosity of donors enables the school to support students and faculty. In 2012, FSPH received an extraordinary gift from faculty member and public health leader Dr. Jonathan Fielding and his wife, Karin Fielding. The gift is used to provide student services and scholarships, to support faculty, and to provide educational infrastructure. The gift has provided for the establishment of five student fellowships and one endowed chair in health equity to develop innovative ways to solve persistent public health disparities and strengthen FSPH's role as a leader in advancing health equity. In the last two years, FSPH has received gifts to establish three new endowed faculty chairs. The endowed chairs provide additional annual resources to the faculty chair holders to support their research and professional development.

e) Explain how tuition and fees paid by students are returned to the school. If the school receives a share rather than the full amount, explain, in general terms, how the share returned is determined. If the school's funding is allocated in a way that does not bear a relationship to tuition and fees generated, indicate this and explain.

Student tuition is provided in three forms:

1. **Campus tuition and fees paid by students**. The campus distributes a percentage of this tuition to each FSPH department in the form of block grants that are used to provide student financial aid. The block grants allocation is based on the number of students enrolled in FSPH using the following formula: $2,150/master's student and $5,800/doctoral student.
2. **PDST**. The PDST is an additional fee paid by professional students (MPH) and all funds are allocated directly to the school. Thirty-three percent is set aside for financial aid and the remaining revenue is used for maintaining academic quality, such as practicum funding, additional MPH programming, library access, computer lab services, and MPH career services.
3. **Executive-style MPH education tuition**. The self-supporting executive-style MPH programs offered within CHS and HPM set their own tuition, which covers all programmatic, administrative, and overhead expenses. Any remaining balances are used to support student-related or one-time programmatic costs.

f) Explain how indirect costs associated with grants and contracts are returned to the school and/or individual faculty members. If the school and its faculty do not receive funding through this mechanism, explain.

Contracts and grants funding represents 59% of FSPH's revenues. These funds generate ICR that is used to support the school's infrastructure. Changes in the federal budget impact UCLA's growth in

federal grants and contracts. The FSPH has been receiving approximately 43% of indirect expenses generated in the previous year from the central campus. The exact percentage depends on the portfolio of contracts and grants, and the specific indirect costs that are generated. This revenue is a significant operating resource that is used to fund grants management staff, fund managers, and other infrastructure needs.

If the school is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the responses must make clear the financial contributions of each sponsoring university to the overall school budget. The description must explain how tuition and other income is shared, including indirect cost returns for research generated by the school of public health faculty appointed at any institution.

Not applicable.

2) A clearly formulated school budget statement in the format of Template C1-1, showing sources of all available funds and expenditures by major categories, for the last five years.

Table C1.2.1 Sources of Funds and Expenditures by Major Category, 2015 to 2020

	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Source of Funds					
Tuition & Fees	5,764,263	5,251,773	5,803,039	6,629,362	6,714,578
State Appropriation	13,657,915	14,099,700	21,347,813	17,711,717	19,034,187
University Funds[1]	183,319	1,545,121	580,823	2,810,161	3,225,504
Contracts & Grants[2]	45,747,301	41,488,477	50,165,625	43,436,896	53,711,152
Indirect Cost Recovery	2,996,577	3,173,587	2,872,104	3,035,285	3,036,234
Gifts & Endowments	3,621,526	4,502,804	3,474,064	4,086,536	4,489,446
Other[3]	1,994,208	1,575,292	1,425,214	1,974,790	1,559,098
Total	**73,965,109**	**71,636,754**	**85,668,682**	**79,684,747**	**91,770,199**
Expenditures					
Academic Salaries	17,237,282	19,195,191	19,262,481	19,845,622	20,863,350
Staff Salaries	13,164,721	13,386,189	13,917,501	14,920,770	14,658,848
Employee Benefits (Academic & Staff)	10,689,624	11,473,494	11,986,817	12,181,720	12,937,398
Operations	21,751,268	23,846,222	24,454,021	25,771,465	24,376,291
Travel & Entertainment	1,251,392	1,344,656	1,197,071	1,603,186	982,959
Student Support	6,086,606	6,104,491	6,055,867	5,739,121	5,941,939
University Tax (OP Tax)	402,584	402,584	439,537	452,710	466,304
Total	**70,583,477**	**75,752,827**	**77,313,295**	**80,514,593**	**80,227,089**

[1]The amount differs across the years due to additional temporary funding provided by the Chancellor's Office (undergraduate funding, FTEs, temporary base budget support, etc.). In the past few years, the school has received funding the from the Chancellor's Office, resulting in significant growth in the category balances over the past two years.

[2]The amount per year is actual revenue and expense numbers, not awards or submissions. These numbers come from the general ledger.

[3]This source of funding is the schoolwide amount received for sales and service funds and recharges. This amount includes rent that is recharged to state grants for research centers associated with FSPH.

If the school is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the budget statement must make clear the financial contributions of each sponsoring university to the overall school budget.

Not applicable.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: Despite shifts in funds, FSPH has been able to move forward with revenue generated from research and professional student fees. To meet costs, the school has bolstered its alumni affairs and development team to generate donor funds. For the past several years, the school has been focusing on increasing efficiencies, reducing costs, and creating revenue-generating programs that will provide student-related support and services, as well as academic and research infrastructure.

Weaknesses: The primary financial challenge has been the reduction of funds provided from UCLA to FSPH, due to state budget cuts. This reduction has created increasing reliance on soft funding, such as tuition, ICR, and donor funds.

Plans for Improvement: FSPH is creating a plan to reduce certain administrative budgets by increasing efficiencies and containing costs. In addition, FSPH is starting its new online Master of Healthcare Administration (MHA) in summer 2021 and is in the process of developing an undergraduate major in public health (BS and BA programs). FSPH also has plans to develop a new Master of Health Data Science program. These programs will provide new and important sources of revenue to the school.

C2. Faculty Resources

The school has adequate faculty, including primary instructional faculty and non-primary instructional faculty, to fulfill its stated mission and goals. This support is adequate to sustain all core functions, including offering coursework and advising students. The stability of resources is a factor in evaluating resource adequacy.

Students' access to a range of intellectual perspectives and to breadth of thought in their chosen fields of study is an important component of quality, as is faculty access to colleagues with shared interests and expertise.

All identified faculty must have regular instructional responsibility in the area. Individuals who perform research in a given area but do not have some regular expectations for instruction cannot serve as one of the three to five listed members.

1) A table demonstrating the adequacy of the school's instructional faculty resources in the format of Template C2-1.

Table C2.1.1 Adequacy of the School's Instructional Faculty

CONCENTRATION	MASTER'S			DOCTORAL	ADDITIONAL FACULTY
	PIF 1	PIF 2	FACULTY 3	PIF 4	
Biostatistics MPH MS PhD	Thomas Belin 1.0	Weng Kee Wong 1.0	Damla Senturk 1.0	Christina Ramirez 1.0	PIF: 11 Non-PIF: 0
Community Health Sciences MPH MS PhD	Chandra Ford 1.0	Dawn Upchurch 1.0	Deborah Glik 1.0	Gilbert Gee 1.0	PIF: 15 Non-PIF: 11
Environmental Health Sciences MPH MS DrPH	Niklas Krause 1.0	Irwin Suffet 1.0	Miriam Marlier 1.0	Lara Cushing 1.0	PIF: 9 Non-PIF: 2
Epidemiology MPH MS PhD	Liwei Chen 1.0	Susan Cochran 1.0	Pamina Gorbach 1.0	Anne Rimoin 1.0	PIF: 14 Non-PIF: 8
Health Policy MPH MS PhD	Linda Rosenstock 1.0	Jody Heymann 1.0	Gerald Kominski 1.0	Roshan Bastani 1.0	PIF: 9 Non-PIF: 3
Health Management MPH MS PhD	Arturo Bustamante 1.0	Frederick Zimmerman 1.0	Patricia Ganz 1.0	Ninez Ponce 1.0	PIF: 4 Non-PIF: 5
TOTALS:	Named PIF	24			
	Total PIF	86			
	Non-PIF	19			

2) All primary instructional faculty, by definition, are allocated 1.0 FTE. Schools must explain the method for calculating FTE for any non-primary instructional faculty presented in C2-1.

Primary instructional faculty – As discussed in section A1, FSPH defines primary instructional faculty as faculty who are employed at 100% effort by UCLA. This includes full-time regular faculty (Academic Senate membership, tenure and tenure-track for the assistant rank), in-residence faculty (Academic Senate membership, with no security of employment), and adjunct faculty (Non-Academic Senate membership, with no security of employment) who are employed by UCLA at 100% effort. The FTE for primary instructional faculty is based on the percent of appointment. Primary instructional faculty with split

appointments (split between two different departments, in other schools) are indicated by less than 100%.

Non-primary instructional faculty – Other faculty are defined as those with "without salary" joint appointments, adjunct faculty with primary responsibilities outside the university, and emeriti faculty. The FTE is based on the weight the individual department confers on the following categories: teaching, service/committee, and research. Although faculty have an adjunct title, they can make substantial contributions and be instrumentally involved with the school.

3) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates.

Besides the primary and non-primary instructional faculty defined above, FSPH has several academic appointees whose primary responsibilities are within the FSPH with 100% effort under the title of academic administrator. While these academic appointees are not listed in the template, they make substantial contributions and are instrumentally involved in fulfilling FSPH's stated mission and goals. Faculty listed under the "Faculty 3" column are all PIF in their respective concentration.

4) Data on the following for the most recent year in the format of Template C2-2. See Template C2-2 for additional definitions and parameters.

All students are assigned to a faculty advisor and may consult with any faculty member in the school. General advising for students is performed by 102 faculty members. The tables below summarize the number of students advised by faculty at each degree level. On average, faculty advise four master's students and three doctoral students. Raw data for the tables below may be viewed at ERF C2.4.1.

Table C2.4.1 General Advising and Career Counseling by Degree Level, AY 20-21

Degree level	Average	Min	Max
Master's (MPH + MS)	4[1]	1	14 (61)[2]
Doctoral	3	1	10

[1]HPM advising numbers are omitted from the average because one faculty member advises all schoolwide HPM MPH students and one faculty member advises all EMPH students.
[2]61 includes HPM advising, where one individual advises all students in the department. The HPM department opted for this unique arrangement because it is more effective to have program directors dedicate their efforts to the requirements of the program, internships, or capstone project, which are the bulk of advising requests.

Table C2.4.2 Advising for the MPH Integrative Learning Experience, AY 20-21

Average	Min	Max
4	1	14

Table C2.4.3 Advising on Dissertations, AY 20-21

Degree	Average	Min	Max
PhD	3	1	10
MS	2	1	6

5) Quantitative data on student perceptions of the following for the most recent year. Schools should only present data on public health degrees and concentrations.

a. Class size and its relation to quality of learning

Full student survey results can be found at ERF C2.5.1.

FSPH has managed to keep class size relatively small to allow for engaging and fruitful discussion. From the 2020 exit survey:

- Across all degrees, 93% of students felt FSPH class sizes were very conducive or mostly conducive to their learning
    - **MPH** students – 91%
    - **MS** students – 94%
    - **PhD** students – 90%

The sizes of my FSPH classes were…	**MS** (*N=32*)		**MPH** *(N=147)*		**PhD** *(N=19)*		**Total** *(N=198)*	
Very conducive to my learning	9	28%	77	52%	7	37%	93	47%
Mostly conducive to my learning	21	66%	60	41%	10	53%	91	45%
Somewhat conducive to my learning	2	6%	8	5%	2	11%	12	6%
Not at all conducive to my learning	0	0%	2	1%	0	0%	2	1%

b. Availability of faculty (i.e., Likert scale of 1-5, with 5 as very satisfied)

- 79% of respondents were very satisfied and satisfied with faculty availability
    - **MPH** students – 78%
    - **MS** students – 78%
    - **PhD** students – 79%

	MS (*N=32*)		**MPH** (*N=151*)		**PhD** (*N=19*)		**Total** (*N=202*)	
Very satisfied	9	28%	51	34%	5	25%	65	32%
Satisfied	16	50%	67	45%	10	53%	93	47%
Neutral	3	9%	21	14%	3	16%	27	13%
Unsatisfied	3	9%	9	6%	1	5%	13	6%
Very unsatisfied	1	3%	2	1%	0	0%	3	1%
Missing	0	0%	1	0%	0	0%	1	0%

6) Qualitative data on student perceptions of class size and availability of faculty. Only present data on public health degrees and concentrations.

Class Size – Open-ended responses indicate that the majority of students were satisfied with the class size at FSPH, as these were generally small and conducive to learning. However, some students noted that the class size for the former introductory departmental courses (100 series) were larger than anticipated. Notably, these courses are no longer part of the MPH curriculum given the introduction of the integrated core series. Students also provided positive comments on the student support and resources

offered by the school.

Faculty Availability – Most students considered faculty to be accessible and responsive, noting that faculty were available and accommodating to students' requests to meet outside of class. Some students commented that availability and responsiveness varied depending on the faculty, with some faculty being less available due to multiple responsibilities outside of teaching. Other comments indicate that students found the career counseling offered by the CPD Office to be a helpful source of support to explore career opportunities outside of academia.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: FSPH has sufficient and qualified faculty to instruct the educational programs and advise students. Faculty teaching evaluations are consistently collected and reviewed as part of faculty merit increases and promotions to ensure that student concerns are heard and acted on.

Weaknesses: None.

Plans for Improvement: None.

C3. Staff and Other Personnel Resources

The school has staff and other personnel adequate to fulfill its stated mission and goals. The stability of resources is a factor in evaluating resource adequacy.

1) A table defining the number of the school's staff support for the year in which the site visit will take place by role or function in the format of Template C3-1. Designate any staff resources that are shared with other units outside the unit of accreditation.

FSPH employs 256 staff who support the school's mission and goals. Table C3.1.1 displays staff head count by function.

Table C3.1.1 Staff Count

Staff Role/Function	Head Count	FTE
Accreditation and Evaluation	1	1.0
Admissions	2	1.5
Alumni Relations	1	1.0
Career Services	2	2.0
Development	3	3.0
Finance and Admin	15	13.1
Human Resources	5	5.0
Information Technology	13	8.2
Institutional Research and Effectiveness	1	1.0
Communications and Marketing	7	6.5
Other Non-Instructional Staff	37	29.1
Public Health Practice and Training	16	11.5
Research Administration – Post-Award	21	14.2
Research Administration – Pre-Award	10	3.9
Research Support	108	88.4
Student Affairs	14	10.1
Total FSPH Staff as of 4/6/21	**256**	199.5

2) Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel.

In addition to the full-time support staff, other personnel such as part-time GSRs and temporary employees are hired as needed. Student positions, such as TAs and GSRs, are limited to 20 hours per week. In total, 111 employees fall under the other non-instructional staff category, which are positions that are not research related. Examples include program coordinators and program managers for academic programs, such as the executive-style MPH programs.

FSPH also relies on student support services available for all UCLA students, including the Office of Financial Aid, University Registrar's Office, UCLA Dashew Center for International Students, Arthur Ashe Student Health & Wellness Center, Dean of Students, Disabilities and Computing Program, and more.

3) Provide narrative and/or data that support the assertion that the school's staff and other personnel support is sufficient or not sufficient.

As indicated by Table C3.1.1, FSPH has sufficient staff to effectively operate all aspects of the school. In addition to hiring staff, FSPH employs graduate students as teaching and research assistants who play a vital role in supporting the school's instructional and research missions. They work closely with faculty on a range of activities, such as administrative support, conducting research, writing literature reviews,

collecting data for research projects, analyzing data, developing learning materials for courses, supporting classroom activities, and grading papers.

As the school expands with the new MHA and undergraduate offerings, FSPH anticipates the need for additional staff support. Regardless, the two programs will bring additional revenue that can be used to hire the required staff support as needed.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: FSPH has a supportive environment and sufficient staff to effectively operate all aspects of the school. As faculty research has grown, additional staff have been hired in key support areas such as research, pre- and post-award administration, and administrative support to handle the increased work demands. Because there are many opportunities within FSPH, if a contract or grant has ended, staff are often able to apply or switch to other open positions within the school or in different units at UCLA.

Weaknesses: None.

Plans for Improvement: None.

C4. Physical Resources

The school has physical resources adequate to fulfill its stated mission and goals and to support instructional schools. Physical resources include faculty and staff office space, classroom space, student shared space, and laboratories, as applicable.

1) Briefly describe, with data as applicable, the following. (Note: square footage is not required unless specifically relevant to the school's narrative)

- **Faculty office space**
- **Staff office space**
- **Classrooms**
- **Shared student space**
- **Laboratories, if applicable to public health degree school offerings**

The school was built in 1961 as a separate building attached to a group of existing buildings now known as the Center for Health Sciences (CHS), which currently houses the schools of medicine, nursing and dentistry on UCLA's main campus. The FSPH building spans across eight floors on the north-west side of the CHS complex, and houses all five academic departments.

In addition to the FSPH building, the school has administrative space, lecture halls, and faculty and research space in the David Geffen School of Medicine, the Life Sciences Building, the Reed Building, and off-site space in Westwood.

The school also includes two large research centers in locations outside of the CHS building. These centers house multiple staff and faculty, and support large grant activities. Other smaller centers are located in various offices in the FSPH building or nearby. There are also virtual centers that do not require physical space because the faculty and researchers are located outside the school or campus and/or the center may consist of only one large grant.

Faculty office space – Each full-time ladder-rank faculty member has an office in the FSPH building. Other full-time faculty also have offices within the building. As space needs have grown, the school has been able to acquire an additional 2,000 square feet in the CHS complex near the FSPH building for administrative and faculty offices. The school has also renovated space on the seventh floor of the FSPH building to create space for 10 faculty offices, research staff desks, a conference/multipurpose room, and a department administrative suite.

Staff office space – Staff are housed in departmental, school and research space, depending upon their responsibilities. Student support services are provided in departments and central Student Affairs Office, located on the first floor as students enter the FSPH building. Department and school administrative units are located in the FSPH or nearby CHS space. Depending upon the job functions, they may be provided offices or cubicles. Center administrative staff are generally located within center space, if it has a physical presence. Research staff may be located in a lab, offices near the faculty researcher, or in an independent space, depending upon the needs of the researcher and/or space availability.

Offices in the FSPH building are fully equipped with computer, telephone, filing space, and where requested, a local printer. Each employee is provided with a desktop and/or laptop of their choice.

Classrooms – Classrooms located in the FSPH building range in size from 22 to 48 seating capacity. The school also has two upgraded lecture halls that can accommodate class sizes of 117 and 122. All classrooms are projector and screen compatible. The school also has access to classrooms on campus, including the Health Systems buildings, through an online booking system called Ad Astra, which allows for the school to create multiple groupings of rooms for classrooms or conference room usage. Ad Astra gives FSPH more flexible classroom usage and course sizes.

The computer lab in FSPH is used to teach various required courses and is equipped with 23 student PCs and an instructional computer that is connected to an overhead LCD projector. Microsoft Office, SPSS, STATA, SAS, R, and ArcGIS, are installed on all systems. If faculty need additional computers for exams, they may book a computer lab at the Biomedical Library. This facility offers a location that can accommodate a large number of students to sit down simultaneously at computers connected to the Internet. In addition, students use these computers during exams to ensure there is fairness, consistency, reliability, and security.

Shared student space – Students, staff, and faculty also have access to book any of the conference rooms or classrooms in the CHS building. Each conference room varies in space, but the majority are equipped with a projector and Wi-Fi. To reserve a room, the individual would access the Ad Astra system.

In addition, the PHSA maintains two student lounges, one for master's students and one for doctoral students. The lounges are available during normal school hours. Both rooms have couches, tables, refrigerators, and microwaves. The student lounge room has four PC computers, a conference table, a sink, a lactation room, and two refrigerators.

The Department of Biostatistics has its own computer lab equipped with five PCs and printers. This lab is designated for Biostatistics students to complete research work or dissertations.

Finally, the CafeMed cafeteria located in the CHS building is open for students in the schools of medicine, nursing, dentistry, and public health. FSPH students have access to resources on the main campus as well, including any of the 11 libraries, restaurants, patios, and a recreation center.

Laboratories – FSPH's laboratory program is located in the FSPH building as well as in locations in the CHS, Life Sciences building, and in Westwood. These labs include general-use and specialized facilities in support of the faculty's research and teaching interests. The laboratories include designated space and equipment for research surrounding air pollution, HIV/AIDS, industrial hygiene, water quality, toxicology, and more. Some of the wet labs are in need of renovation due to their age and locations, but partnerships with other campus units to use their labs have helped to accommodate our growing needs. The school's "dry" labs have expanded over the years, providing excellent research and teaching opportunities for FSPH students in Biostatistics, Global Health, Health Policy, and Cancer Prevention.

2) Provide narrative and/or data that support the assertion that the physical space is sufficient or not sufficient.

As the FSPH community has expanded over the years, the administration has been developing plans to address growing space needs. Since the last self-study, the school acquired and renovated two lecture halls, worked with multiple programs to procure bigger classrooms to accommodate large classes, and utilized a new classroom allocation system that provides a broader choice of campus-wide options, including the new Geffen Hall built by the School of Medicine, which has a variety of classrooms and multipurpose rooms. In 2019, FSPH obtained new space on the fourth floor of the CHS building and adjacent to FSPH to provide offices for administrative staff and some faculty. The space has been renovated.

FSPH has received input from various student and alumni surveys that the school's physical space needs to be improved. Accordingly, in the past two years, FSPH has made significant efforts to improve the space for the community. For example, the central Student Affairs Office was previously located in an office suite in the basement of the CHS building. In 2019, in response to student feedback and for more access and visibility, the central Student Affairs Office relocated to the first floor of the building. In 2020, FSPH started renovating the seventh floor to create new faculty and GSR office space from underutilized space that was in disrepair. The seventh floor renovation project includes building a new schoolwide conference room to enhance collaborations and serve as a venue for various meetings. The renovation project is in its final stages and will be completed before summer 2021. The school has also worked with the campus to acquire space near the FSPH building for new faculty to begin building their research programs, ultimately expanding opportunities for students to develop research skills and knowledge.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: FSPH has brought innovative ideas to meet facility and space needs, such as scheduling activities during off-hours and building relationships with other campus units to utilize their classrooms.

Weaknesses: None.

Plan for Improvement: FSPH is excited that the seventh floor renovation project is near completion and will be open before summer 2021. The new space will house 10 new faculty offices, GSR space, a departmental office suite, and a new schoolwide conference room. In addition, the school in now designing a new public health student lounge to be housed on the first floor of FSPH. Administrative offices currently housed on the first floor will be moved to new acquired space on the fourth floor of the CHS building. The new public health student lounge will be a significant upgrade from the current lounge, which is located in a small windowless space on the lower level of the building. The new public health student lounge space will have large windows, high ceilings, communal work tables for collaboration, comfortable seating, and digital monitors. The new public health student lounge project is expected to be completed by summer 2022. With the completion of the lounge, the first floor near the entrance of the building will be transformed to a student focused space and house the career and professional development office and Central Student Affairs Office. A cafeteria for food and coffee is a very short distance away along the first floor corridor.

C5. Information and Technology Resources

The school has information and technology resources adequate to fulfill its stated mission and goals and to support instructional schools. Information and technology resources include library resources, student access to hardware and software (including access to specific software or other technology required for instructional schools), faculty access to hardware and software (including access to specific software required for the instructional schools offered) and technical assistance for students and faculty.

1) Briefly describe, with data if applicable, the following:

- **library resources and support available for students and faculty**

The UCLA libraries create a vibrant nexus of ideas, collections, expertise, and spaces in which users illuminate solutions for local and global challenges. The libraries constantly evolve to advance UCLA's mission of research, education, and public service by empowering and inspiring communities of scholars and learners to discover, access, create, share, and preserve knowledge. There are 11 libraries across the campus, with the Biomedical Library being the primary library used by FSPH faculty, staff, and students who may also utilize any of the 11 libraries and can make reservations for small meeting rooms.

The Biomedical Library offers a plethora of resources, ranging from consultation to accessing comprehensive collections pertaining to health, life sciences, and psychology. The total collection includes more than 683,778 print volumes and provides access to thousands of electronic resources, such as journals, databases, and other materials. The Biomedical Library is also staffed with full-time employees, where students may consult with a librarian for research assistance. The librarians are available to meet with faculty and students to discuss appropriate search strategies for their research or assignments. During student orientation, the school offers library tours to get students acquainted with the collections, services, and facilities.

In addition to physical resources for the FSPH community, UCLA has negotiated contracts for a large number of electronic resources. Examples include:

- The California Digital Library (CDL) provides access to scholarly materials, databases of journal article abstracts and citations, electronic journals, publishing tools and reference databases for accessing, sharing, manipulating, and integrating scholarly content in all forms.
- UC e-Links provides a way to easily move from an article or book citation in an article database to full text content of the item, or, for print materials, to automatically look for a UC library location of the item. UC e-Links also provides access to collections across the entire UC system (40.8 million print volumes in 100 libraries on 10 campuses)
- EScholarship is a free, open-access repository infrastructure that supports the full range of scholarly output, from pre-publication materials to journals and peer-reviewed series.

The Biomedical Library also serves as a great resource for group study or personal study space. In addition to the 896 reader stations, the third-floor Graduate Reading Room is open 24 hours a day, seven days a week. Outside business hours, students may access the reading room using their Bruin ID.

- **student access to hardware and software (including access to specific software or other technology required for instructional schools)**

Students may access programming software such as R, SAS, STATA, and SPSS at the Technology and Learning Center (TLC) on selected systems located in the Biomedical Library. The computer lab offers 103 workstations, equipped with general software such as Adobe Reader and Microsoft Office, for the schools of medicine, nursing, and public health. The Biomedical Library has a full-time staff dedicated to assisting students in resolving any computing problems. Other services offered include:

- Printing using purchased "debit" cards
- Laptops that can be borrowed for use in the facility

- Access to computer ports throughout the library
- Headphones that can be checked out from the lab assistant
- Scanning equipment
- Group computing rooms for groups of two or more to log in and discuss materials and assignments on a shared computer
- AV equipment rental

Bruin OnLine (BOL) supports campus-wide online services and is available to all active UCLA students, staff, and faculty. These services include:

- Campus Wi-Fi: wireless network access to many buildings on the UCLA campus, including FSPH
- Off-campus access to academic journals via Campus VPN
- Antivirus software
- Google Apps for UCLA: A collection of Google apps, which includes Gmail, Google Calendar, Google Drive, and more
- BOX: A secure platform to share and collaborate on files
- Zoom: A software tool for unlimited remote live academic sessions and meetings
- Ad Astra: An online booking system for classrooms, lecture halls, and conference rooms on campus

While the majority of students own their own laptop, each department also lends laptops if needed. FSPH uses the Common Collaboration and Learning Environment (CCLE) as their learning management system. Students are able to log in and access course materials, assignments, and discussion boards for their classes. Should students need IT support, they may access IT assistance through Bruin OnLine and DGIT's ITConnect.

- **faculty access to hardware and software (including access to specific software or other technology required for instructional schools)**

FSPH has its own team of IT services for faculty and staff only, where they provide hardware and software support. Faculty are provided with up-to-date Windows-based PCs and access to the server.

The Software Central Office of Information Technology is a campus-wide resource for faculty to order software licenses. A full product list is available here.

In addition, each department has laptops, projectors, and speakers available to loan for class lectures.

- **technical assistance available for students and faculty**

DGIT, short for "digital technology," serves the IT needs of several units at UCLA, including FSPH. The IT staff provide services and technical support for a variety of programs, such as Box, Qualtrics, remote/VPN access, and Zoom. Specialists are available 24/7 via phone or a ticketing system, and are also available for walk-up support via ITConnect at the Center for Health Services building by the cafeteria. A list of services available can be found here.

Upon request, specialists provide computer support and audiovisual support. Specific resources for faculty are linked on this page. For example, during the COVID-19 pandemic, DGIT provided resources and consultation for remote learning, including Zoom workshops.

2) Provide narrative and/or data that support the assertion that information and technology resources are sufficient or not sufficient.

In the 2020 exit survey, 143 of the 202 graduating students self-reported that they participated in an online class as a student and 47 participated as a TA. The majority of students in online courses agreed that they had access to the necessary hardware, software, and bandwidth and/or internet speed to

successfully participate in their classes (92%, 98%, and 80%, respectively). Similarly, 83% of teaching assistants felt they had access to the necessary hardware, 100% of teaching assistants had the software, and 65% had access to the bandwidth/internet to properly facilitate classes. More than half of students (66%) and half of teaching assistants felt that the resources provided by FSPH were sufficient to be successful during remote learning. In open-ended responses, most students felt positively about the transition to remote learning and several appreciated the quantity and swift distribution of resources by FSPH. Several teaching assistants also mentioned accessing useful resources made available by UCLA such as from the UCLA Center for the Advancement of Teaching. Some students expressed initial issues with internet access, and the desire for recorded lectures to be made more available.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: UCLA offers a plethora of resources for faculty, staff, and students.

Weaknesses: None.

Plans for Improvement: As the school continues to develop our partnership with DGIT and campus IT, improvements in our email system, security, network, upgrading of hardware and the expansion of available services for faculty, staff, and students will be part of the agreement that has been brokered over the past few years. The implementation of the Ad Astra system and resulting upgraded available classroom space is just an example of the services that are already being provided. The school is looking forward to pooling its resources with both UCLA campus and DGIT to advance future educational applications and instructional tools that will benefit our students and instructors. As a beginning to this effort, DGIT has started to refresh desktops. In addition, UCLA is planning a migration of their primary Learning Management System (LMS) to Canvas starting in 2021 (see ERF C5.3.1). The LMS will be a solution that prioritizes academic and pedagogical needs to elevate the overall faculty and student experience at UCLA, developed in close partnership between Teaching & Learning, IT Services, and the academic units.

D1. MPH and DrPH Foundational Public Health Knowledge

The school ensures that all MPH and DrPH graduates are grounded in foundational public health knowledge.

The school validates MPH and DrPH students' foundational public health knowledge through appropriate methods.

1) Provide a matrix, in the format of Template D1-1, that indicates how all MPH and DrPH students are grounded in each of the defined foundational public health learning objectives (1-12). The matrix must identify all options for MPH and DrPH students used by the school.

MPH students demonstrate mastery of the public health foundational learning objectives through the PUB HLT 200A and 200B courses. These two courses are taken at the beginning of the first year and acquaints students with current public health issues and modern public health policies and practices. Not only does these courses cover the 12 foundational knowledge, but they also cover most of the 22 foundational competencies, as depicted in Table D1.1.1.

Table D1.1.1 Foundational Knowledge Coverage for MPH

Content	Course
1. Explain public health history, philosophy and values	PUB HLT 200A and 200B: Foundations of Public Health
2. Identify the core functions of public health and the 10 Essential Services	
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	
6. Explain the critical importance of evidence in advancing public health knowledge	
7. Explain effects of environmental factors on a population's health	
8. Explain biological and genetic factors that affect a population's health	
9. Explain behavioral and psychological factors that affect a population's health	
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	
11. Explain how globalization affects global burdens of disease	
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health)	

Students in the executive-style MPH take PUB HLT C201: Foundations of Public Health. This is an asynchronous online course that meets the 12 learning objectives, as mapped in Table D1.1.2.

Table D1.1.2 Foundational Knowledge Coverage for Executive-Style MPH Degrees (Executive MPH and MPH-HP)

Content	Course
1. Explain public health history, philosophy, and values	PUB HLT C201: Foundations of Public Health
2. Identify the core functions of public health and the 10 Essential Services	
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	
6. Explain the critical importance of evidence in advancing public health knowledge	
7. Explain effects of environmental factors on a population's health	
8. Explain biological and genetic factors that affect a population's health	
9. Explain behavioral and psychological factors that affect a population's health	
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities	
11. Explain how globalization affects global burdens of disease	
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health)	

2) Document the methods described above. This documentation must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable.

The syllabi for PUB HLT 200A and 200B and PUB HLT C201 are available as ERF D1.2.1 and ERF D1.2.2, respectively.

3) If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.

Strength: By taking the integrated core courses PUB HLT 200A and 200B in their first two quarters, schoolwide MPH students explore introductory content that spans across all of the concentrations (Biostatistics, Community Health Sciences, Environmental Health Sciences, Epidemiology, Health Policy,

and Health Management). Students across disciplines work together on cases to leverage collective expertise. The PUB HLT 200A and 200B courses are taught by five faculty members representing each department, who share their expertise in their discipline. Students accomplish the 12 public health learning objectives and gain 19 out of the 22 foundational competencies simultaneously from the 200 course. The new integrative approach capitalizes on the interdisciplinary roots of the public health profession and allows students to apply “real world” content.

Since the two executive-styled MPH programs are taught over the weekends, FSPH recently developed the PUB HLT C201 course for those students. This online course allows students to complete the modules and quizzes at their own pace. MS, PhD, Mol Tox, and MHA students take the same course to meet the 12 public health learning objectives requirements, which maintains consistency across these programs. Furthermore, adding the online C201 course allows greater flexibility for electives.

Weaknesses: None.

Plans for Improvement: None.

D2. MPH Foundational Competencies

The school documents at least one specific, required assessment activity (e.g., component of existing course, paper, presentation, test) for each competency, during which faculty or other qualified individuals (e.g., preceptors) validate the student's ability to perform the competency.

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the school must assess all MPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc. This requirement also applies to students completing an MPH in combination with another degree (e.g., joint, dual, concurrent degrees). For combined degree students, assessment may take place in either degree school.

1) List the coursework and other learning experiences required for the school's MPH degrees, including the required curriculum for each concentration and combined degree option. Information may be provided in the format of Template D2-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each MPH degree.

Required coursework for the MPH is outlined below.

MPH degree overview
All schoolwide MPH students, including those enrolled in dual-degree programs, must complete three integrated core courses:

- PUB HLT 200A: Foundations in Public Health
- PUB HLT 200B: Foundations in Public Health
- PUB HLT 401: Public Health as a Profession (starting fall 2021)

These courses cover the 12 public health foundational learning objectives and the 22 foundational competencies.

Because PUB HLT 200A, 200B, and 401 are offered only in the day time, students in the executive-style MPH program take select introductory courses to meet the 12 public health foundational learning objectives and the 22 foundational competencies. Thus, there are three matrices presented in D2.2. One is for the schoolwide MPH, and a separate one for each executive-style MPH programs (the Executive MPH and MPH for Health Professionals).

Table D2.1.1 Requirements for MPH Degree, Biostatistics

Course number	Course	Credits
FSPH Core Requirements		
PUB HLT 200A and 200B	Foundations in Public Health	16
PUB HLT 401	Public Health as a Profession	4
Concentration Requirements		
BIOSTAT 200A	Methods in Biostatistics A	4
BIOSTAT 100B or BIOSTAT 200B	Introduction to Biostatistics Methods in Biostatistics B	4
BIOSTAT 406 or BIOSTAT 200C	Applied Multivariate Biostatistics Methods in Biostatistics C	4
BIOSTAT 201A	Topics in Applied Regression	4

BIOSTAT 201B	Topics in Applied Regression	4
BIOSTAT 203A	Introduction to Data Management and Statistical Computing	4
BIOSTAT 400	Field Studies in Biostatistics	4
BIOSTAT 402A	Principles of Biostatistical Consulting	2
BIOSTAT 595	Effective Integration of Biostatistical Concepts in Public Health Research	4
Electives		
	12 units of electives from 200B, 200C, M210 through M238, or 410 through 419	12

Table D2.1.2 Requirements for MPH Degree, Community Health Sciences

Course number	Course	Credits
FSPH Core Requirements		
PUB HLT 200A and 200B	Foundations in Public Health	16
PUB HLT 401	Public Health as a Profession	4
Concentration Requirements		
COM HLT 210	Community Health Sciences	4
COM HLT 211A	Program Planning, Research, and Evaluation in Community Health Sciences	4
COM HLT 211B	Program Planning, Research, and Evaluation in Community Health Sciences	4
COM HLT 400	Field Studies in Community Health Sciences	4
Electives		
	Students select one course from each of the three curricular areas of a) Public Health Practice, b) Populations, and c) Individual and Structural Influences	12
	Four units of graduate-level (200 series and 400 series) coursework	4
	Eight units of upper-division (100 series) and graduate level (200 series and 400 series) coursework	8

Table D2.1.3 Requirements for MPH Degree, Environmental Health Sciences

Course number	Course	Credits
FSPH Core Requirements		
PUB HLT 200A and 200B	Foundations in Public Health	16
PUB HLT 401	Public Health as a Profession	4
Concentration Requirements		
BIOSTAT 100B	Introduction to Biostatistics	4
ENV HLT 101	Fundamentals of Chemistry in Environmental Health (may be waived by passing chemistry exam)	3
ENV HLT C200B	Foundations of Environmental Health Sciences for Public Health Professionals	2
ENV HLT C200C	Foundations of Environmental Health Sciences	6

ENV HLT 200D	Policy Analysis for Environmental Health Sciences	4
ENV HLT C240	Fundamentals of Toxicology	4
ENV HLT C257	Risk Assessment and Standard Setting	4
ENV HLT 400	Field Studies in Environmental Health Sciences	4
ENV HLT 411	Environmental Health Sciences Seminar (taken twice)	2
Electives		
	At least 16 units of upper-division (100 series) or graduate-level (200 series) elective courses	16

Table D2.1.4 Requirements for MPH Degree, Epidemiology

Course number	Course	Credits
FSPH Core Requirements		
PUB HLT 200A and 200B	Foundations in Public Health	16
PUB HLT 401	Public Health as a Profession	4
Concentration Requirements		
BIOSTAT 100B	Introduction to Biostatistics	4
EPIDEM 200A	Methods I: Basic Concepts and Study Designs	4
EPIDEM 200B	Methods II: Prediction and Validity	6
EPIDEM 220	Principles of Infectious Disease Epidemiology	4
EPIDEM 400	Field Studies in Epidemiology	4
EPIDEM 401	Applied Epidemiologic Analysis	4
EPIDEM M403	Computer Management and Analysis of Health Data Using SAS	4
EPIDEM 413	Methods of Scientific Communication	2
	An approved course in chronic disease epidemiology	2 or 4
Electives		
	At least 10 units of graduate-level (200 series and 400 series) coursework	10

Table D2.1.5 Requirements for MD/MPH in Epidemiology

Course number	Course	Credits
FSPH Core Requirements		
PUB HLT 200A and 200B	Foundations in Public Health	16
PUB HLT 401	Public Health as a Profession	4
Concentration Requirements		
BIOSTAT 100B	Introduction to Biostatistics	4
EPIDEM 200A	Methods I: Basic Concepts and Study Designs	4
EPIDEM 200B	Methods II: Prediction and Validity	6
EPIDEM 400	Field Studies in Epidemiology	4
EPIDEM 401	Applied Epidemiologic Analysis	4
EPIDEM M403	Computer Management and Analysis of Health Data Using SAS	4
EPIDEM 413	Methods of Scientific Communication	2
Electives		

	At least eight units of graduate-level (200 series and 400 series) coursework	8

Table D2.1.6 Requirements for MPH Degree, Health Policy

Course number	Course	Credits
FSPH Core Requirements		
PUB HLT 200A and 200B	Foundations in Public Health	16
PUB HLT 401	Public Health as a Profession	4
Concentration Requirements		
HLT POL 200B	Health Systems Organization and Financing	4
HLT POL M233	Health Policy Analysis	4
HLT POL M236 or 230A/B	Microeconomic Theory of Health Sector Health Economics: Low- and Middle-Income Countries' Perspectives	4
HLT POL 286	American Political Institutions and Health Policy	4
HLT POL M287	Politics of Health Policy	4
HLT POL 400	Field Studies in Health Services	4
HLT POL M422	Practices of Evaluation in Health Services: Theory and Methodology	4
HLT POL 439	Data Software for Public Health Professionals	2
HLT POL 441	Data Analytics: Identifying, Collecting, and Analyzing Data in Health Care	4
Electives		
	24 units of graduate-level (200 series and 400 series) coursework	24

Table D2.1.7 Requirements for MPH Degree, Health Management

Course number	Course	Credits
FSPH Core Requirements		
PUB HLT 200A and 200B	Foundations in Public Health	16
PUB HLT 401	Public Health as a Profession	4
Concentration Requirements		
HLT POL 200B	Health Systems Organization and Financing	4
HLT POL 234	Health Services Organization and Management Theory	4
HLT POL M236 or 230A/B	Microeconomic Theory of Health Sector Health Economics: Low- and Middle-Income Countries' Perspectives	4
HLT POL 400	Field Studies in Health Services	4
HLT POL 403	Healthcare Financial Accounting	4
HLT POL M422	Practices of Evaluation in Health Services: Theory and Methodology	4
HLT POL 433	Healthcare Strategy	4
HLT POL 436	Healthcare Financial Management	4
HLT POL 439	Data Software for Public Health Professionals	2
HLT POL 441	Data Analytics: Identifying, Collecting, and Analyzing Data in Health Care	4
Electives		
	20 units of graduate-level (200 series and 400 series) coursework	20

Table D2.1.8 Requirements for MPH Degree, Health Policy and Management (accelerated one-year post-doc)

Course number	Course	Credits
FSPH Core Requirements		
PUB HLT 200A and 200B	Foundations in Public Health	16
PUB HLT 401	Public Health as a Profession	4
Concentration Requirements		
HLT POL 200B	Health Systems Organization and Financing	4
HLT POL M236 or 230A/B	Microeconomic Theory of Health Sector Health Economics: Low- and Middle-Income Countries' Perspectives	4
HLT POL 400	Field Studies in Health Services	4
HLT POL M422 or HLT POL 423	Practices of Evaluation in Health Services: Theory and Methodology Advanced Evaluation Theory and Methods for Health Services	4
HLT POL 215A, HLT POL M233, HLT POL 403, or HLT POL 441	Healthcare Quality & Performance Management Health Policy Analysis Healthcare Financial Accounting Data Analytics	4
HLT POL 439	Data Software for Public Health Professionals	2
Electives		
	16 units of graduate-level (200 series and 400 series) coursework	16

Table D2.1.9 Executive Masters of Public Health (EMPH)

Course number	Course	Credits
PUB HLT C201	Foundations of Public Health	4
BIOSTAT 100A	Introduction to Biostatistics	4
HLT POL 200A	Health Systems Organization and Financing	4
HLT POL 215A	Healthcare Quality and Performance Management	4
HLT POL 232	Leadership Capstone Seminar	4
HLT POL 234	Health Services Organization and Management Theory	4
HLT POL M236	Microeconomic Theory of Health Sector	4
HLT POL 240	Global Health Institutions, Policies, and Systems	4
HLT POL 280	Health Reform: Policy, Research, and Implementation Issues	4
HLT POL 400	Field Studies	4
HLT POL 403	Healthcare Financial Accounting	4
HLT POL M422	Practices of Evaluation in Health Services: Theory and Methodology	4
HLT POL 433	Healthcare Strategy	4
HLT POL 436	Healthcare Financial Management	4
HLT POL 437	Legal Environment of Health Services Management	2
HLT POL 440A	Healthcare Information Systems and Technology	4
HLT POL 441	Data Analytics: Identifying, Collecting, and Analyzing Data in Health Care	4
HLT POL 442	Integrated Health Systems	4
HLT POL 445	Healthcare Marketing	4

HLT POL 597	Preparation for Master's Comprehensive or Doctoral Qualifying Examinations	2

Table D2.1.10 MPH for Health Professionals (MPH-HP)

Course	Course	Credits
PUB HLT C201 *starting fall 2021*	Foundations of Public Health	4
BIOSTAT 100A	Introduction to Biostatistics	4
EPIDEM 100	Principles of Epidemiology	4
ENV HLT 100	Introduction to Environmental Health Sciences	4
HLT POL 100	Introduction to Health Policy and Management	4
COM HLT 210	Community Health Sciences	4
COM HLT 211A/B	Program Planning, Research and Evaluation in Community Health Sciences	8
COM HLT 213	Research in Community and Patient Health Education.	4
COM HLT M216*	Qualitative Research Methodology	4
COM HLT 281B	Capstone Seminar: Health Promotion & Education	4
COM HLT M287	Politics of Health Policy	4
COM HLT 292	Information Technology for Health Promotion and Communication	4
COM HLT 400	Master's Project Research or Field Studies in Public Health	4
COM HLT 482	Practicum: Community Health Sciences (Master's Project)	4
COM HLT 487	Community Organization for Health	4

*This course has been recently added to replace COM HLT 282 due to a recent passing of the instructor

2) Provide a matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies. If the school addresses all of the listed foundational competencies in a single, common core curriculum, the school need only present a single matrix. If combined degree students do not complete the same core curriculum as students in the standalone MPH school, the school must present a separate matrix for each combined degree. If the school relies on concentration-specific courses to assess some of the foundational competencies listed above, the school must present a separate matrix for each concentration.

Table D2.2.1 MPH Foundational Competencies for Schoolwide MPH Students (Campus-based)

Competency	Course	Assessment
Evidence-Based Approaches to Public Health		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	PUB HLT 200A: Foundations in Public Health	**Session #10 - Epi Lab Worksheet #1:** Students apply epidemiologic methods to an outbreak of HIV among injection drug users and (1) identify the impact of this on exposure on the outbreak; (2) complete a 2x2 table based on the numbers provided in the study description; and (3) calculate the appropriate measure of association for assessing the risk of HIV among injection drug users (IDUs) as well as interpretation of results.
	PUB HLT 200A: Foundations in Public Health	**Session #5, #9 - Epi Lab Worksheet #2:** Students apply epidemiologic methods to investigate respiratory and cardiovascular health in association to wildfire. **Epi Lab Worksheet #3:** Students apply epidemiologic

		methods to investigate the effects of smoking on cardiovascular (CVD) incidence.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	PUB HLT 200A: Foundations in Public Health	QUANTITATIVE: **Session #11 - Biostatistics Discussion #1: Establishing Study Objectives and Calculating Descriptive Statistics:** Students are provided context that they are working alongside Dr. Lynn Silver (Assistant Commissioner heading the Bureau of Chronic Disease Prevention and Control at the New York City Department of Health and Mental Hygiene) in 2004. Dr. Silver and her team decided to implement a ban, restricting trans fat use in restaurants. Students plan a study to evaluate the effectiveness of the ban. As such, students work in small groups to define a specific outcome, target population, and time frame for assessment. Students select appropriate quantitative data collection methods when describing a detailed sampling frame and determining how collected data will be summarized numerically and graphically. During the discussion section, students complete a worksheet and group of students are randomly selected to share their data collection plans. QUALITATIVE: **Session #39 - Biostatistics Lab #3: A Mixed-Methods Approach to Understanding E-Cigarette Perceptions:** Students complete a qualitative analysis of social media data (a sample of Twitter posts) to obtain a preliminary understanding of user perceptions regarding the impact of vaping on public health. Motivated by the results of these analyses, students select and describe two qualitative data collection methods that they would employ to further their understanding of such perceptions for the purpose of designing a future public health campaign.

3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate	PUB HLT 200A: Foundations in Public Health	QUANTITATIVE **Session #39 - Biostatistics Lab # 3: A Mixed-Methods Approach to Understanding E-Cigarette Perceptions:** Using R, students use inferential statistics to compare two population means. Specifically, students calculate point and interval estimates for the population means and conduct a hypothesis test on the difference of the two population means. Similarly, students compare two population proportions using inferential statistics. Lastly, students conduct an appropriate hypothesis test for comparing two population means when small sample sizes are available. QUALITATIVE **Session #39 - Biostatistics Lab #3: A Mixed-Methods Approach to Understanding E-Cigarette Perceptions:** Using Microsoft Excel, students complete a qualitative analysis of social media data (a sample of Twitter posts) to address the research question "Among Twitter users who believe vaping has a positive impact on public health, what are the most common arguments made to support this stance?" Students use the qualitative data analysis steps of reading, coding, displaying, reducing and interpreting to establish thematic areas. Students submit a brief overall interpretation of their findings, showing how thematic areas they identified relate to the research question.
4. Interpret results of data analysis for public health research, policy or practice	PUB HLT 200B: Foundations in Public Health	**CASE 6 "Climate Change" Individual Case Write-Up (Q1 and Q2):** (1) Students analyze data to identify risk factors associated with heat-related mortality during an extreme heat event. (2) They interpret the results of their analyses to develop recommendations for community-level interventions to minimize heat-related morbidity and mortality during future heat events.
Public Health & Health Care Systems		
5. Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international settings	PUB HLT 200A: Foundations in Public Health	NATIONAL **CASE 2 "Affordable Care Act" Individual Case Write-Up (Group Presentation):** Students identify, compare, and discuss stakeholders and interest groups that have blocked major health reform in the US in the past, how those barriers were overcome to enact the ACA, and what barriers still exist to achieving universal coverage. INTERNATIONAL **CASE 2 "Affordable Care Act" Individual Case Write-Up (Q3):** Referring to ACA lectures, discussion sessions, and international comparisons of health systems, students compare lessons the U.S. can learn from other countries to develop a policy to either

		improve the ACA, or to develop a better system for healthcare financing, to achieve universal coverage.
6. Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community, and societal levels	PUB HLT 200A: Foundations in Public Health	**CASE 2 "Affordable Care Act" Individual Case Write-Up (Q1):** Students discuss how effective the ACA has been in reducing inequities in health insurance coverage across racial/ethnic groups and across income categories.
	PUB HLT 200B: Foundations in Public Health	**CASE 6 "Climate Change" Individual Case Write-Up (Q3, Q4):** Students identify structural biases, and racial, economic, and other social inequities in the upstream determinants of health that increase individual- and community-level health risks during extreme heat events and that impede resiliency in response to these events. In Q4, they describe two policies outside of the public health sector that a community could adopt to address these inequities.
	PUB HLT 401: Public Health as a Profession	**FSPH Lecture #5 Class Activity:** Students participate in several class activities (Identity Wheel Activity, Trading Places Activity, and Public Health Case Example Activity) and apply cultural humility approaches to community health issues exacerbated by structural bias, inequities, and racism. **Systems-Based Healthcare Session #3 Reflective Writing:** Students write about a situation where they have seen a patient received less than optimal care due to the type of insurance or lack of insurance. Students discuss the factors related to structural bias, social inequities, and racism contributing the type of care the patient received and its outcomes. They then state what they would do differently based on what they have learned, and recommend changes they would make in healthcare, laws, or policies.
Planning & Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities' health	PUB HLT 200B: Foundations in Public Health	**CASE 4 "Bangladesh" Individual Case Write-Up (Q1):** Students assess a community's needs, assets, and capacities that affect a communities' health, particularly in the context of a global setting. Students write a report and present to the class. **CASE 6 "Climate Change" In-Class Small Group Activity:** In the 40-minute in-class activity, small groups of students assess community needs, assets, and capacities affecting different health-related impacts in a community climate action plan. Groups assess an assigned topic (e.g., food security, heat, water, wildfires, etc.) with another group identifying community needs and the other group separately identifying assets and capacities. After 20 minutes, groups will meet for another 20 minutes to discuss and complete a worksheet that draws on their previous discussion to outline priorities for a community action plan that addresses their assigned topic. Each group uploads their worksheet to CCLE.

8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	PUB HLT 200B: Foundations in Public Health	**CASE 4 "Bangladesh" Individual Case Write-Up (Q4):** Students apply awareness of cultural values by considering the ethical and cultural challenges when designing a community-based research project as an "outsider." They provide potential solutions to address these challenges.
9. Design a population-based policy, program, project, or intervention	PUB HLT 200A: Foundations in Public Health	**CASE 2 "Affordable Care Act" Individual Case Write-Up (Q3):** Utilizing the lesson on international comparisons of health systems, students compare lessons the U.S. can learn from other countries to develop a policy to either improve the ACA, or to develop a better system of healthcare financing for achieving universal coverage.
10. Explain basic principles and tools of budget and resource management	PUB HLT 200B: Foundations in Public Health	**Session #34 - HPM Lab Strategic Planning, Budgeting and Resource Management, Budget Justification Sheet:** Students explain basic principles of budgeting and resource management and then they will prepare a budget justification/funding request for a hospital during the COVID-19 pandemic.
11. Select methods to evaluate public health programs	PUB HLT 200A: Foundations in Public Health	**CASE 1 "Trans Fat Campaign in NY" Individual Case Write-Up (Q1):** Students select methods of evaluating the trans fat policy implemented by the New York City Department of Public Health. Students discuss a type of survey of health choices and/or health outcomes of the population, using a before-after design.
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	PUB HLT 200A: Foundations in Public Health	**CASE 1 "Trans Fat Campaign in NY" Individual Case Write-Up (Q2):** Students discuss both evidence and ethics in the trans fat policy implemented by the New York City Department of Public Health. **CASE 2 "Affordable Care Act" Individual Case Write-Up (Q2):** Students discuss multiple dimensions of the policy-making and development process. Students discuss the ethics of designing a public insurance program such as the ACA that does not guarantee universal coverage. Students discuss whether they think it is ethical to design a program that leaves almost 10% of the population uninsured, even if it significantly improves coverage for million who were previously uninsured.

13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	PUB HLT 200A: Foundations in Public Health	**CASE 1 "Trans Fat Campaign in NY" Individual Case Write-Up (Q4):** Students propose one or two additional strategies that New York could have undertaken in its efforts to build coalitions to support the trans fat policy change and explain why the additional strategy(ies) might have been effective. **CASE 2 "Affordable Care Act" Individual Case Write-Up (Q3):** Utilizing lecture and discussions on international comparisons of health systems, students compare lessons the U.S. can learn from other countries to develop a policy to either improve the ACA, or to develop a better system of healthcare financing for achieving universal coverage. Students identify and briefly discuss stakeholders and interest groups that have blocked major health reform in the U.S. in the past, how those barriers were overcome to enact the ACA, and what barriers still exist to achieving universal coverage.
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	PUB HLT 200A: Foundations in Public Health	**Session #22 - Guest Lecture on Advocacy:** Lecture and discussion clarifying definitions and misconceptions regarding advocacy. Students discuss the roles of community, media, and legislative advocacy. Students recognize the grassroots advocacy framework and highlight levels of potential action at the federal, state, and local levels. Students compare and contrast the concepts of "population health" and "population health services" from a clinical and from a public health perspective. **CASE 2 "Affordable Care Act" Individual Case Write-Up:** Students are assigned to a state and take a stance advocating for or against healthcare policy expansion, which will improve health in diverse populations.
	PUB HLT 200B: Foundations in Public Health	**CASE 5 "Coronavirus" Individual Case Write-Up (Q2):** Students advocate for secure safe housing and access to services for survivors of domestic abuse. They make a presentation to donors explaining why funds are needed for a program to help survivors of domestic violence, and explain the known risk factors for intimate partner violence, including unemployment, economic stress, depression, and social isolation, which are commonly exacerbated during a pandemic.
15. Evaluate policies for their impact on public health and health equity	PUB HLT 200A: Foundations in Public Health	**CASE 2 "Affordable Care Act" Individual Case Write-Up (Q1):** Students discuss and evaluate how effective the ACA has been in reducing inequities in health insurance coverage across racial/ethnic groups and across income categories.
	PUB HLT 200B: Foundations in Public Health	**Session #25 – Biostatistics Lab #2: Impact of Medicaid Expansions on Health Coverage:** Using data from the Behavioral Risk Factor Surveillance System (BRFSS), a system of telephone surveys conducted annually by the Centers for Disease Control (CDC), students evaluate the impact of Medicaid expansions based on a self-report of having

		health care coverage. Students obtain the percentage of survey respondents (non-elderly < 100% federal poverty level) who indicated having health care coverage for each quarter between 2010 and 2015 and compare changes in these percentages over time between states that did and did not expand Medicaid. Students select qualitative data and apply analysis techniques that are commonly used to evaluate the public health impact of policies (difference-in-differences approaches, evaluating assumptions, and applying survey weights). Students use statistical software R to complete this lab.
Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision-making	PUB HLT 401: Public Health as a Profession	**FSPH Lecture #6 Individual Assignment:** Students prepare a three-page reflection in which they analyze a coalition and then provide recommendations for organizational structure and governance. Students apply principles of leadership to assess and analyze collaborative and shared decision-making with an organization or coalition. Students discuss any evidence presented by the assigned readings. **Systems-Based Healthcare Session #1:** Students work in groups and describe public health and interdisciplinary approaches to addressing the opioid crisis. All professions share their perspectives. **Self-Assessment:** Students complete a leadership self-assessment on Qualtrics. The evaluation will identify a student's ability and perception of engaging in interprofessional practice while utilizing skills obtained and refined through PUB HLT 401.
17. Apply negotiation and mediation skills to address organizational or community challenges	PUB HLT 401: Public Health as a Profession	**FSPH Lecture #6 Individual Assignment 1(b):** Students discuss leadership efforts that can be made as a leader of an organization. Specifically, students discuss (a) leadership of coalition efforts; (b) negotiation and mediation tactics to mitigate conflict; and (c) guiding decision-making to further the organizational cause. **Systems-Based Healthcare Session #1:** Students work in groups and describe public health and interdisciplinary approaches to addressing the opioid crisis. All professions share their perspectives.
Communication		
18. Select communication strategies for different audiences and sectors	PUB HLT 200A: Foundations in Public Health	**CASE 3 "E-Cigarette" Group Presentation:** Students select communication strategies for different audiences and sectors. They are assigned to one of five policies and work to research, write up, and role-play a city council debate to adopt the proposed policy.
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	PUB HLT 200A: Foundations in Public Health	**CASE 3 "E-Cigarette" Individual Case Write-Up:** Choosing from either policy “counsel” presented, students prepare a polished, concise, single-spaced, one-page policy brief presenting their concerns and recommended course of action related to e-cigarette use to the City Council. Students discuss the evidence and arguments presented by the assigned groups

		presenters. Students prepare an 8-minute oral presentation and turn in a PowerPoint document of their role-play debate on whether to adopt the proposed policy.
	PUB HLT 401: Public Health as a Profession	**Final Project:** Students develop an end-of-quarter presentation (poster, video, photo advocacy, series, etc.) and deliver an audience-appropriate oral presentation to accompany their poster or project.
20. Describe the importance of cultural competence in communicating public health content	PUB HLT 200B: Foundations in Public Health	**CASE 4 "Bangladesh" Individual Case Write-Up (Q3):** Students describe the importance of cultural competence when educating and consenting participants from clinical trials in different countries.
Interprofessional Practice		
21. Perform effectively on interprofessional teams	PUB HLT 401: Public Health as a Profession	**Systems-Based Healthcare Session #1 Group Activity:** Public health students work in groups with students from school of medicine, nursing, and dentistry to describe public health and interdisciplinary approaches to addressing the opioid crisis. All professions share their perspectives.
Systems Thinking		
22. Apply systems thinking tools to a public health issue	PUB HLT 200A: Foundations in Public Health	**CASE #3 "E-Cigarette" Epi Lab Worksheet (Q3):** Students prepare a causal diagram to identify factors that may confound and/or serve as effect modifiers of the relationship between the exposure and outcome.

Table D2.2.2 MPH Foundational Competencies for the Executive MPH

Competency	Course	Assessment
Evidence-Based Approaches to Public Health		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	PUB HLT C201: Foundations of Public Health	**Final Exam Q1-10:** Students apply epidemiological methods to the breadth of settings and situations in public health practice. For example, they select the appropriate study design and define the epidemiological triad.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	HLT POL M422: Practices of Evaluation of Health Services-Theory of Methodology	QUANTITATIVE: **Homework #4 Data Sources, Measures and Data Collection Approaches:** Students select appropriate measures needed to describe sample characteristics, program exposures, outcomes, and covariates. Students will then consider existing data sources and databases in which these measures can be found. Students will select at least three validated measures that can be used in their evaluation. And lastly, students develop five survey questions related to one of their measures of choice.
		QUALITATIVE: **Homework #6 Qualitative Evaluation**: Students select an appropriate qualitative data collection method to include in their evaluation proposal (focus group, semi-structured interview). In this written assignment, students will discuss their purpose for their selection, their approach in conducting the

		qualitative method selected, and their approach for analysis.
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	BIOSTAT 100A: Introduction to Biostatistics	**Laboratory Assignments**: Students complete seven laboratory assignments on STATA accompanied by a corresponding competency assessment that enables them to develop recommendations for public health professional based on their statistical analyses, apply descriptive and inferential methodologies according to the type of study design, distinguish between study designs, and develop conclusions. **Lab #7:** Using STATA, students analyze qualitative data by performing a chi-square goodness-of-fit test. They also test whether the variables *race* and *schtyp* are independent.
4. Interpret results of data analysis for public health research, policy or practice	HLT POL M422: Practices of Evaluation of Health Services: Theory of Methodology	**HW #5 Data Analysis Plan with Table Shells:** Students describe a data analysis plan to aid them in answering their evaluation questions, by creating a table shell.
		Final Proposal- Statistical Analysis: Building from HW #5, students interpret their results and describe the descriptive, bivariate and multivariate analytic methods they plan to use to describe their sample(s) and to answer each Evaluation Question. The final proposal will be comprised of the description of a healthcare program or policy and the evaluation methods necessary to determine its effectiveness.
Public Health & Health Care Systems		
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	HLT POL 200A: Healthcare Organization and Financing	**Quiz #1**: After reading Glen P. Mays and Sharla A. Smith's piece in Health Affairs about the impact of public health spending on reducing preventable deaths, students discuss and rationalize the need for an increase in public health expenditure within a county's department of public health. Students describe changes in the system/structures over time and how employer insurance left some out and led to development of public programs, such as Medicaid and Medicare. Students describe the contributing factors to the high cost of health care in the U.S. compared to other developed nations.
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	HLT POL 200A: Healthcare Organization and Financing	**Assignment 4:** Students answer questions around structural racism that affect health equity at organizational, community and societal levels. In question 4, students select two approaches and discuss how each approach addresses structural bias, social inequities, and racism at organizational, community, and societal levels.
Planning & Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities' health	PUB HLT C201: Foundations of Public Health	**Final Paper:** Students clearly state how they will assess population needs, assets and capacities in order to determine that the program is necessary to affect their target population. The instructor assesses

		each student based on the students' completed peer evaluation at the end of the course.
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	PUB HLT C201: Foundations of Public Health	**Final Paper:** In teams, students design a population-based policy, program, or intervention, and prepare a proposal for an intervention to address an important community health problem. They apply awareness of cultural values and practices to the design and implementation of the program to the target population. Because this is a group project, each student is assessed through a peer evaluation.
9. Design a population-based policy, program, project or intervention	PUB HLT C201: Foundations of Public Health	**Final Paper:** In teams, students design a population-based policy, program, or intervention, and prepare a proposal for an intervention to address an important community health problem. All students are assessed through a peer evaluation.
10. Explain basic principles and tools of budget and resource management	HLT POL 436: Healthcare Financial Management	**Homework Sessions 1-2:** Using the textbook, students complete problems 2-20, 2-24, 3-26, 4-30, 4-45, and 4-52 to explain basic principles and tools of budget and resource management. Case #1 (Denison Specialty Hospital) is individually read and analyzed prior to Session 1 for discussion in class on the same concepts. Case #2 (City Home Health Agency) and Case #3 (Country Hospital) are assigned for session 2 in the same manner.
11. Select methods to evaluate public health programs	HLT POL M422: Practices of Evaluation of Health Services: Theory of Methodology	**Homework #1 Problem, Program, Evaluation Questions & Standards:** Students select a local, regional, national, or international healthcare delivery or health policy problem and will describe a program or intervention that may be used to remedy the problem. They will then develop an evaluation question and standard for each of the goal statements and select appropriate evaluation methods. The final component of this assignment requires students to develop a study diagram that relates the program/intervention to one or more outcomes or effects.
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	HLT POL 280: Health Reform: Policy, Research, and Implementation Issues	**Paper #1 (Bill Analysis):** Students review and analyze health-related legislation from the point-of-view of a health system (health plan, provider, or advocacy organization). The legislation used in the project are bills introduced in the California Legislature covering the topics of opioids and health facility requirements. Students generate a 3-5-page bill analysis paper and discuss the multiple dimensions of the policy-making process, including the roles of ethics and evidence.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	HLT POL M422: Practices of Evaluation of Health Services-Theory of Methodology	**Final Proposal:** As part of the final proposal that will be built on homeworks #1-5, students describe the different stakeholder groups to whom they will disseminate their final results in the "Dissemination Methods" section of their proposal. They propose strategies to identify each stakeholder and build coalitions and partnerships to influencing public health outcomes.

14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	HLT POL 200: Healthcare Organization and Financing	**Quiz #4:** Students advocate for a national or organizational political, social, or economic policy that addresses a social determinant of health of their choosing (racial discrimination, economic inequities, etc.), which will improve health in diverse populations.
15. Evaluate policies for their impact on public health and health equity	HLT POL M422: Practices of Evaluation of Health Services: Theory of Methodology	**Homework #2C- Literature Reviews of Related Programs/ Interventions:** Students identify and review 3-5 research articles that discuss the results of program evaluations/interventions relevant to the public health topic of interest. Students evaluate the impact of these policy interventions on the issues of interest, public health, and health equity.
Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	HLT POL 232: Leadership Capstone Seminar	**Personal Leadership Assessment & Goals**: Using their self-assessment and 'personal values, mission, and vision' assignments completed earlier in the quarter, students apply principles of leadership, governance, and management by developing a 5-to-10-year Personal Leadership Plan. Students create SMART goals to identify their strengths and enhance their managerial skills and style. As part of their plan, they identify the specific methods by which they will achieve these leadership goals.
17. Apply negotiation and mediation skills to address organizational or community challenges	HLT POL 234: Health Services Organization and Management Theory	**Reflection Paper #2:** Students write an individual reflection following an online simulation on the negotiator's dilemma by the Harvard Business Publishing Education. In the first round of the simulation, students identify patterns in negotiation strategy when playing against the computer. Through this exercise, students apply negotiation and mediation skills to address organizational challenges.
Communication		
18. Select communication strategies for different audiences and sectors	HLT POL 280: Health Reform: Policy, Research, and Implementation Issues	**Policy Change Project:** Students are assigned a policy change project that includes two elements: a policy change roadmap, and a presentation to a stakeholder body. In the policy change roadmap, students identify an issue, quantify the magnitude of the public health problem and the ethical implications, specify the policy solution and its likely impact, and present scientific, financial, and policy rationales for the proposed change. In the second part of the project, students select an appropriate communication strategy to present their policy change proposal to a skeptical stakeholder body, such as a city council or trade association.
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	HLT POL 433: Healthcare Strategy	**Business Plan Presentation**: As part of the joint business plan project completed for both the Strategy and Marketing and Communications courses, each team of students identify the judges and appropriately tailor their written report and oral presentations. Students are individually assessed through a peer review.

20. Describe the importance of cultural competence in communicating public health content	PUB HLT C201: Fundamentals of Public Health	**Final Paper**: Students consider the cultural values and practices in the design and implementation of their proposed program or intervention. They describe how the information will be communicated in a culturally competent manner. Each student completes a peer evaluation.
Interprofessional Practice		
21. Perform effectively on interprofessional teams	HLT POL 433: Healthcare Strategy	**Business Plan Project**: Teams of 3-4 interprofessional students identify a public health or delivery system opportunity and complete a strategic gap analysis, market demand forecast, proposal for service or product, and a financial and budget analysis. Groups are chosen and balanced by the faculty to address interprofessional skill sets, and coached weekly via progress meetings on tasks and on interprofessional dynamics. The complete project will both be presented to a panel of external judges for viability and then be written, with team feedback (through a peer review), into a professional business plan. The plan is overseen and assessed by two faculty.
Systems Thinking		
22. Apply systems thinking tools to a public health issue	HLT POL 215A: Healthcare Quality and Performance Management	**Process Mapping Exercise:** Students prepare a process map where they are evaluated on a real time basis, with feedback given during class. The simulation involves students addressing high wait times for an emergency department in a rural community. Students map the process of the patient flow for a diagnostic procedure and identify all the related processes involved in the procedure to gain an in depth understanding of up-stream and down-stream impacts of changes to a process. They complete a root cause analysis of the problem and identify specific performance objectives. Once they have a systems perspective and understanding of the causes of the problem, they propose improvement solutions through a series of Plan Do Study Act (PDSA) activities.

D2.2.3 MPH Foundational Competencies for the MPH for Health Professionals (MPH-HP) in the Executive-style Program

Competencies	Course	Assessment
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	EPIDEM 100: Principles of Epidemiology	**Final Exam:** Students apply epidemiological methods to the breadth of settings and situations in public health practice throughout the exam, such as: **Q32:** Students select the best description of a lead time bias. **Q33:** Students is given a scenario and select the type of bias. **Q35:** Student determine if an odds-ratio can be calculated in the case-control study, and its justification. **Q38:** Students match the appropriate study design for each scenario provided.

		Q40: Students calculate death rate, case-fatality rate, infant mortality rate, neonatal death, and mortality ratio.
	BIOSTAT 100A: Introduction to Biostatistics	**Lab 1, Q1a-c**: Students define and contrast the following topics: Descriptive versus inferential statistics; Population versus sample; Experimental versus observational studies.
	ENV HLT 100: Introduction to Environmental Health Sciences	**Tabletop Activity**: Students apply epidemiological methods for the cases provided. **Q5:** Students describe how they select a control group. **Q6:** Students describe how they would identify control and cases for an outbreak investigation. **Q8:** Students construct a 2x2 table and calculate odds ratios and confidence intervals.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	BIOSTAT 100A: Introduction to Biostatistics	**Lab 1, Q2a:** Students define the purpose of qualitative research and list the key criteria for selecting one data collection method over another.
	ENV HLT 100: Introduction to Environmental Health Sciences	**Homework Assignment 3:** Students write an Op-Ed essay that addresses a current local or state environmental health issue. The students' arguments should be evidence-based and collect qualitative and quantitative data to support their view. **Homework Assignment 4:** Students discuss the priority issues and actions related to oilfield regulations for their organization. They describe how the cultural values, perspectives, and practices of the community(ies) affect prioritization of issues and actions. Students select quantitative and qualitative data collection methods and describe their rationale. They conduct a SWOT analysis to identify top priority issue for their organization.
3. Analyze quantitative and qualitative data using biostats, informatics, computer-based programming, and software, as appropriate	BIOSTAT 100A: Introduction to Biostatistics	<u>QUANTITATIVE:</u> **Lab 2:** Using STATA, students identify the level of measurement, if the result is a statistic or parameter, and the nature and timing of study. **Lab 4, 5:** Students use STATA to complete lab exercises using quantitative analysis.
	COM HLT M216: Qualitative Research Methodology	<u>QUALITATIVE:</u> **Assignment #5, Coding scheme**: After reading all of the transcripts and discussing preliminary findings, students hand code and use Dedoose to create a coding scheme with the: (1) codes, (2) description of the codes, and (3) example of the code from one or more of the transcripts.
Public Health & Health Care Systems		
4. Interpret results of data analysis for public health research, policy or practice	ENV HLT 100: Introduction to Environmental Health Sciences	**Tabletop Activity**: Students work in groups to develop a systematic approach to the investigation of a poisoning outbreak in Sierra Leone. Students will also interpret data analysis from the outbreak for research, policy, or practice. The faculty assesses each students through completed peer reviews. **Quiz 2**: Q19 asks students to select a community, find the census tract, and explain what factors may be contributing to the levels of pollutants.

5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	HLT POL 100: Introduction to Health Policy and Management	**Assignment 3:** Students compare national US healthcare expenditures and identify contributing factors to the high cost in the US to other developed nations. **Assignment 8:** Students identify and compare the pharmaceutical industries across the US, and then students need to explain the function of the two different pharmaceutical industries. **Group Project:** Students identify two to three major barriers/issues to receiving healthcare within a chosen target population, touching upon the organization, structure, and function of healthcare within the US. The instructor assesses each student based on the students' completed peer evaluation at the end of the course.
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community, and societal levels	COM HLT 487: Community Organization for Health	**Power Analysis and Mapping:** During the power analysis and power mapping activity, students consider the goals, audience, target, and constituents applied to a public health/ social issue of their choice. In this exercise, they identify what structural barriers, social inequities and racism, and other obstacles that prevent health equity at all levels including organizational, community, and societal levels.
	HLT POL 100: Introduction to Health Policy and Management	**Assignment 9:** Students explain the disparities between different health statuses compared to disparities in health care. Then, students provide an example of each applied to a specific population that currently experiences the disparity, for example gender, race, citizenship status, and more. **Group Project:** When students identify the barriers/issues to receiving health care, students will explain the structural bias, inequities, and racism that undermine the healthcare system and society for the topical area they selected for their project. The instructor assesses each student based on the students' completed peer evaluation at the end of the course.
Planning & Management to Promote Health		
7. Assess population needs, assets, and capacities that affect communities' health	COM HLT 211A: Program Planning, Research, and Evaluation in Community Health Sciences	**Assignment 1:** Students prepare a proposal for an intervention to address a community health problem. They define the problem and target population, and identify the needs assessment approaches for the problem and population. Students examine the assets/capacities and previous work done on the problem in their target population.
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	HLT POL 100: Introduction to Health Policy and Management	**Assignment 9:** Students describe and expand on an example of a health status disparity and a health care disparity. They then discuss the cultural values/biases weaved into design of the health system or policies.
	COM HLT 487: Community Organization for Health	**Power-Analysis & Mapping**: Students apply awareness of cultural values and practices to the design or implementation of public health policies or programs. They consider the goals, audience, target, and constituents applied to a public health/ social issue of their choice. In this exercise, they identify

		what structural barriers, social inequities and racism, and other obstacles that prevent health equity at all levels including organizational, community, and societal levels.
9. Design a population-based policy, program, project, or intervention	COM HLT 292: Information Technology for Health Promotion and Communication	**Assignment 5**: Students develop a comprehensive social/behaviorally-based intervention to address a health issue that includes a basic evaluation plan.
	ENV HLT 100: Introduction to Environmental Health Sciences	**Final Assignment Action Plan:** Students prepare an eight-page action plan to address the priority issue identified in Homework 4. Students describe the proposed action, the rationale, legal issues, SWOT analysis, specific steps to implement proposed action, and mobilization of internal and external resources.
10. Explain basic principles and tools of budget and resource management	COM HLT 211A: Program Planning, Research, and Evaluation in Community Health Sciences	**Assignment 4:** After viewing sample budgets in Excel with the instructor and discussing how to estimate programmatic costs and how to structure a budget justification, students develop a budget for their program monitoring plan.
	HLT POL 100: Introduction to Health Policy and Management	Students explain basic principles and tools of budget and resource management through several assignments, such as: **Assignment 5:** Students consider factors influencing the primary care physician and all physician shortage. This includes explaining budget and resource management principles. **Assignment 7:** Students describe each of the "parts" that make up Medicare, including how they are budgeted for and when each "part" was enacted from subsequent Medicare legislation. **Assignment 13**: Students pick two of the four criteria for selecting quality measures (importance, scientific support, usability, and feasibility) that they think are the most important to use in an ongoing basis in a clinical setting. They then explain why. **Group Project:** After students identify the barriers/issues to health care for a specific population, students propose solutions, including the feasibility and its budget.
11. Select methods to evaluate public health programs	COM HLT 211B: Program Planning, Research, and Evaluation in Community Health Sciences	**Assignment 8:** Students select appropriate evaluation research methods. The assignment builds upon assignment 6 and 7, where students describe their research design and strategy, and their measurement and data collection.
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	HLT POL 100: Introduction to Health Policy and Management	**Assignment 10**: Students discuss the different types of existing health policies in the US, including the political challenges for each policy. Students explain the different dimensions of the policy-making process, and the ethics and evidence for each type of policy.

	COM HLT 487: Community Organization for Health	**Briefing Memos:** Students pick both a population/community and an issue. They then apply community organizing principles and communicate these ideas to key stakeholders, potential funders, and political leaders. Students discuss the multiple dimensions of the policy-making process to ensure that their proposal would lead improvements in health outcomes. **Power Analysis & Mapping:** Students consider the multiple dimensions of policy-making, including the various roles and levels of influence.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	HLT POL 100: Introduction to Health Policy and Management	**Assignment 14:** Students explain the Affordable Care Act (ACA), including the three major components and which component was rendered obsolete under the Trump administration. When explaining the ACA, students need to touch upon stakeholders and how to build coalitions/partnerships with the ultimate goal of influencing public health outcomes. **Group Project:** Within their proposed solutions, students propose various strategies to build coalitions and partnerships to influence health outcomes and ensure that the proposed solution (whether a policy or a program intervention) to ensure that their proposed solution will have strong support.
	COM HLT 487: Community Organization for Health	**Virtual CBO Session**: Students engage with community members and staff at community-based organizations, where they can learn about and propose various strategies to identify stakeholders and build coalitions. **Briefing Memos:** Students propose ideas and solutions pertaining to a specific population and issue. Within these proposals, they identify stakeholders and who they can build coalitions and partnerships with to achieve these goals.
	ENV HLT 100: Introduction to Environmental Health Sciences	**Final Assignment Action Plan:** Students prepare an eight-page action plan to address the priority issue identified in Homework 4. In the action plan, they describe the mobilization of resources and the steps to foster collaboration with external partners. They describe how cultural competence plays a role for cooperation from a partner. They also discuss how building capacity can tackle other community problems.
14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations	ENV HLT 100: Introduction to Environmental Health Sciences	**Op-ed Essay**: Students write a persuasive essay that stimulates public discussion of the issue or argue for or against a particular public policy action.
	HLT POL 100: Introduction to Health Policy and Management	**Group Project:** Students advocate for political, social, or economic policies/programs that improve health in diverse populations through their proposed solutions to addressing the barriers/issues preventing certain populations from receiving health care.

	COM HLT 487: Community Organization for Health	**Briefing Memos:** Using data and other sources of key information, students propose and advocate ideas and a solution to improve overall health and wellbeing in low-income communities and communities of colors that can include political, social, or economic policies.
15. Evaluate policies for their impact on public health and health equity	HLT POL 100: Introduction to Health Policy and Management	**Assignment 10:** Students identify a social regulatory policy and explain how it works. Students then provide an example of this type of policy and evaluate its impact on public health and health equity.
	COM HLT 487: Community Organization for Health	**Briefing Memos:** Students evaluate existing programs and policies for their effectiveness, and how their ideas will positively impact public health and health equity.
Leadership		
16. Apply principles of leadership, governance, and management, which include creating a vision, empowering others, fostering collaboration, and guiding decision making	ENV HLT 100: Introduction to Environmental Health Sciences	**Final Assignment Action Plan:** Students develop an action plan which includes its rationale, internal and external resources, and capacity building. Students identify internal and external resources to mobilize the proposed action. They describe how they will foster collaboration with external partners and how implementation of the action plan can be used to build organization and community capacity to tackle health problems.
	COM HLT 487: Community Organization for Health	**Session 4 Discussion**: Students learn the models for leadership and leadership development to empower others to take action. Students share and discuss what they learned from those examples and its relevance to their own lives.
17. Apply negotiation and mediation skills to address organizational or community challenges	COM HLT 487: Community Organization for Health	**Briefing Memos:** Students create briefing memos which include strategies and activities to build rapport and engage with stakeholders and community members. Students also include strategies and steps regarding funding and the political sphere, where they apply negotiation and mediation skills to address issues.
Communication		
18. Select communication strategies for different audiences and sectors	ENV HLT 100: Introduction to Environmental Health Sciences	**Final Assignment in Group Project**: Students prepare a communication action plan to address the priority issue identified in HW #4.
	COM HLT 487: Community Organization for Health	**Briefing Memos:** Students select communication strategies to engage with communities (including different audiences), key stakeholders in different sectors, and they must also describe their communication strategy to address any opposition from various sectors.
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	ENV HLT 100: Introduction to Environmental Health Sciences	**Op-ed Essay:** Students write an Op-Ed essay that addresses a current local or state environmental health issue. The writing should be persuasive and accessible to a broad audience, such as newspaper readers in a particular community. **Group Presentation:** Students deliver a 10-minute presentation on their assessment and action plan. Students select the appropriate communication

		method for their presentation that is designed to be delivered in a public forum where policies to address urban oilfield health and safety risks are being debated (e.g., City Council meeting).
	COM HLT 292: Information Technology for Health Promotion and Communication	**Assignment 3**: Students prepare a detailed plan that provides specifics of the creative development process and the content product. They select a communication strategy which includes how to communicate the information in an audience-appropriate manner.
	COM HLT 487: Community Organization for Health	**Briefing Memos**: Students convey their Briefing Memos in writing and oral presentation. After writing their briefing memos, they propose their ideas/solutions and strategies to the class, including how they will convey the public health content appropriately to their audience.
20. Describe the importance of cultural competence in communicating public health content	COM HLT 292: Information Technology for Health Promotion and Communication	**Assignment 1**: Students conduct a literature review, which includes a thorough description of the target population. From the literature review, students choose culturally appropriate and sensitive communication strategies and materials in order to convey public health information.
	ENV HLT 100: Introduction to Environmental Health Sciences	**Final Assignment Action Plan:** Students describe the importance of cultural competence in communicating public health content. Students create an action plan which includes discussion of how cultural competence will be fostered among partners in support of effective communication and cooperation.
Interprofessional Practice		
21. Perform effectively on interprofessional teams	COM HLT 211A: Program Planning, Research, and Evaluation in Community Health Sciences	Students receive the didactic component on team building in session 1.
	HLT POL 100: Introduction to Health Policy and Management	**Group Project**: Students from varying backgrounds and professions, working on teams of 3-4 members, will identify a sub-population, their challenges/barriers to health care, and proposed solutions to address those challenges. Because students come from different professions, they bring their own unique perspective and experience to work together to write a final proposal along with an oral presentation to the instructor and the other students who also come from different professions. **Peer Evaluation**: The group project also consists of a final peer evaluation, where group members evaluate each other regarding their involvement in group activities and participation in the project. The peer evaluation is not only a motivation for students to work effectively with the inter-professional group members, but also to assess their performance within the team. The peer evaluation is available in the HLT POL 100 supporting documents file.

Systems Thinking		
22. Apply systems thinking tools to a public health issue	ENV HLT 100: Introduction to Environmental Health Sciences	**Quiz 3, Q1**: Students create a systems diagram that illustrates how climate change may impact health, focusing on a single area of health or single aspect of climate change. They then provide 3-4 sentence summary of what is depicted in the diagram, emphasizing information that is important for guiding public policy decisions.

3) Include the most recent syllabus from each course listed in Template D2-1, or written guidelines, such as a handbook, for any required elements listed in Template D2-1 that do not have a syllabus.

- ERF D2.3.1 – Syllabi for MPH schoolwide programs
- ERF D2.3.2 – Syllabi for Executive MPH
- ERF D2.3.3 – Syllabi for MPH-HP

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: All schoolwide MPH students demonstrate mastery of the 22 foundational competencies through the successful completion of required integrated core courses: PUB HLT 200A, PUB HLT 200B, and PUB HLT 401. These core courses replace the prior requirement of the discipline-specific 100-level introductory courses, and now provide a strong foundation across the eight themes in public health. FSPH ensures relevancy for the course by reviewing (and updating, if needed) the cases annually and engaging with alumni for feedback. In addition, there is intentional weaving of case studies, group work, personal assessments, and quantitative and qualitative exercises across the core courses to help students develop the foundational competencies necessary to become an effective public health professional. Implementing the core courses at the start of the MPH program across all concentrations ensures consistency, allows students to achieve the foundational competencies at the start of their degree training, and brings together students to meet and learn from classmates in different disciplines. This breaks the “silo” structure of departments and ultimately uniting the school.

Furthermore, the PUB HLT 401 has opened up opportunities for cross-school collaboration with the School of Medicine, School of Nursing, and School of Dentistry, which highlights the interdisciplinary nature of public health. The PUB HLT 401 course will build a strong foundation in practice where students will create a portfolio of artifacts that can be used to meet the Applied Practice Experience requirements moving forward.

FSPH’s original plan was to make PUB HLT 401 a requirement for all schoolwide students in AY 20-21; but due to the impact of COVID-19 on all professional schools, the start of the course has been delayed to fall 2021. During winter quarter 2021, PUB HLT 401 course instructors observed the interprofessional class, worked with the faculty mentors from the three other health sciences schools in coordinating fall 2021 schedules, and tailored the scenarios and prompts to ensure we institutionalize the public health perspective within the course. Instructors also used the winter quarter to refine the PUB HLT 401 weekly lectures.

Weaknesses: MPH students in the two executive-styled programs do not take the PUB HLT 200A and 200B and PUB HLT 401. They still rely on the discipline-specific 100-level introductory courses and program specific courses to meet the MPH foundation competencies.

Plans for Improvement: Since FSPH started to offer the PUB HLT 200A and 200B in 2019, and is planning to launch PUB HLT 401 in fall 2021, the instruction team will continue to revise and modify course content. Once these courses are fully developed and evaluated, FSPH will explore the possibility of integrating them into the two executive-style programs.

D3. DrPH Foundational Competencies

Not applicable.

D4. MPH and DrPH Concentration Competencies

The school defines at least five distinct competencies for each concentration or generalist degree at each degree level in addition to those listed in Criterion D2 or D3.

The school documents at least one specific, required assessment activity (e.g., component of existing course, paper, presentation, test) for each defined competency, during which faculty or other qualified individuals (e.g., preceptors) validate the student's ability to perform the competency.

If the school intends to prepare students for a specific credential (e.g., CHES/MCHES) that has defined competencies, the school documents coverage and assessment of those competencies throughout the curriculum.

1) Provide a matrix, in the format of Template D4-1, that lists at least five competencies in addition to those defined in Criterion D2 or D3 for each MPH or DrPH concentration or generalist degree, including combined degree options, and indicates at least one assessment activity for each of the listed competencies. Typically, the school will present a separate matrix for each concentration.

Table D4.1.1 Assessment of Competencies for MPH in Biostatistics

Competency	Course	Assessment
1. Demonstrate mastery of fundamental concepts of statistical analysis for datasets from health studies	BIOSTAT 200A: Methods in Biostatistics A	**Homework Assignment 3:** Students demonstrate mastery of fundamental concepts of statistical analysis through the following components: Students solve multiple problems requiring scientific hypothesis testing for the comparison of two sample means, including nonparametric methods. Students solve problems that require calculation of power and of the minimum necessary sample size for a study comparing two population means.
	BIOSTAT 201B: Topics in Applied Regression B	**Homework 4, 5**: Students conduct analyses of multivariable public health data sets using Generalized Linear Models (GLM) techniques for count data and linear mixed effects models for correlated/repeated measures data. **Midterm and Final Exam:** Both exams cover GLMs and mixed models, including questions on the basic assumptions underlying survival analysis, missing data techniques, and weighting methods. Both exams require students to identify appropriate methods for different scenarios and interpret basic output from the corresponding analyses.
2. Employ specialized computational methods for analysis of scientifically-relevant public health datasets	BIOSTAT 100B: Introduction to Biostatistics	**Computer Labs 2 and 4:** Multiple problems in computer labs and assignments require students to employ computational methods and software to analyze categorical data and datasets with several variables (Q1-7 in Lab 2 and Q1-12 in Lab 4). **Final Examination**: Students apply the concepts and techniques underlying linear regression, ANOVA, and logistic regression, person-time data, survival analysis, and non-linear regression.
	BIOSTAT 203A: Introduction to Data Management and	**Labs 3 and 6**: Students demonstrate the management of public health data sets by using SAS and R to read data in, set attributes, manipulate,

	Statistical Computing	reshape, and summarize data that are cross-sectional and longitudinal in nature. **Mid-Quarter and Final Projects**: Students use computational methods and software for the analysis of public health datasets and for conducting a simulation study to compare the performance of different hypothesis testing approaches.
3. Recommend research study designs to support public health-relevant data analyses	BIOSTAT 200A: Methods in Biostatistics A	**Homework Assignment 5, Q2 & Q6, Homework Assignment 6, Q1 and Q4**: Multiple problems require students to consider the merits of various study designs (case-control, cohort, cross-sectional) from an analysis and recommendation perspective in the context of public health research.
	BIOSTAT 201A: Topics in Applied Regression A	**Homework Assignment 3**: Multiple problems highlight distinctions in study design linked to outcome measurement (Homework 3, Problems 2, 3), and connection between measurement and interpretation (Homework 3, Problems 4, 5). **Final Exam, Problem 1**: A multi-part problem requires students to explain how uncertainty in pilot-study effect-size estimates have implications for subsequent power calculations.
4. Apply statistical consulting skills to the analysis of public health studies in collaborative multidisciplinary teams	BIOSTAT 201A: Topics in Applied Regression A	**Computer Lab Assignment 2**: Working in teams of 2-4, students are called upon to conduct an in-depth analysis of potential relationships between demographic and socioeconomic characteristics of jurisdictions and associated crime rates, appraising students' ability to translate statistical findings into scientific interpretations.
	BIOSTAT 402A: Principles of Biostatistical Consulting	**Assignment 7:** Students participate in a research project provided by a client. The sample example is a study on non-HLA markers for the diagnosis of allograft rejection. Students (working in teams of 3-4) are required to complete a consulting worksheet and provide a written and oral presentation of the results, including: statements of statistical hypothesis(es); background information; sample data description; variable assessments; analysis of data set; and interpretation of results in terms of the original research hypotheses.
5. Prepare a detailed written report explaining the statistical analysis, results, and implications of a study conducted using appropriate statistical methods	BIOSTAT 201B: Topics in Applied Regression B	**Final Project**: Groups of 3-5 students conduct an in-depth analysis of a public health data set related to their own area of research, employing one of the core modeling techniques covered in the course. Students write a detailed report explaining the public health context, their choice of model, the statistical analysis and results, and the implications of their findings.

Table D4.1.2 Assessment of Competencies for MPH in Community Health Sciences

Competency	Course	Assessment
1. Analyze the social determinants of health at multiple levels to identify social or behavioral intervention opportunities	COM HLT 210: Community Health Sciences	**Midterm Q2, Q4:** Students define the concept of social determinants of health, and analyze how the Social Determinants of Health Model explains the epidemiological transition. **Final Q3**: Students select and discuss the constructs associated with the conceptual model to identify intervention opportunities. All three questions are related to analyzing the social determinants of health.
2. Develop a social or behavioral theory, model, or framework-based approach to ameliorate a public health problem	COM HLT 210: Community Health Sciences	**Final Q7**: Students select two out of several theoretical models of behavior change to design an intervention based on a specific population and risk factor. Students must justify their choice of models based on the specifics of the health problem and the population group that will be affected by the intervention and discuss at least two major strengths and two major weaknesses of each of the two models they selected.
3. Develop a professional-level program justification for specific health problems, including a problem, a population description, and a needs assessment	COM HLT 211A: Program Planning, Research, and Evaluation in Community Health Sciences	**Assignments 1, 2, 3, 4:** Students prepare a proposal and rationale for an intervention to address an important community health problem, including an evaluation plan. For Assignments 1-4, students draft a set of goals and objectives, conduct a needs assessment, list program strategies, and create a logic model.
4. Design, implement, conduct, or evaluate a comprehensive social or behaviorally-based intervention in diverse settings	COM HLT 211A, 211B: Program Planning, Research, and Evaluation in Community Health Sciences	**Assignment 2, 2a, 3, 4** (211A): This assignment builds on the foundational theory work that students learn in competency D2.9 Design a population-based policy, program, project or intervention. Students take a Community Health Sciences approach to develop an intervention proposal where they define the problem and provide a population description, pick an effective strategy, and design the evaluation process. **Assignment 5, 7, 8** (211B): Students list community health sciences focused research questions, data collection methods, and evaluation measures in their intervention proposal.
5. Analyze specific program evaluation methods that have been applied to social or behaviorally-based public health interventions	COM HLT 211B: Program Planning, Research, and Evaluation in Community Health Sciences	**Final Exam Q15-18:** Students identify strengths and weaknesses in the program evaluation design and methods. Students analyze and critique the evaluation and offer areas for improvement, opportunities for substantial impact, and the absence/presence of ethical frameworks in the design.
6. Explain the key ethical issues in program design and evaluation	COM HLT 211A, 211B: Program Planning, Research, and Evaluation in Community Health Sciences	**Assignment 3, 4** (211A): Students choose appropriate activities and intervention approaches necessary for a comprehensive program plan. Students consider any ethical issues for their intervention. **Assignment 8** (211B): In the final proposal, students discuss ethical issues in their program design and evaluation.

		Final Exam Q18: Students identify and explain the ethical issues based on the article provided.
7. Recommend improvements in existing community health interventions based on knowledge of evaluation design, analysis, and critique	COM HLT 211B: Program Planning, Research, and Evaluation in Community Health Sciences	**Final Exam Q17:** As a follow up to Q16, where students list two key weaknesses of an evaluation, students critique and provide an improvement for the study and the impact of the change.

Table D4.1.3 Assessment of Competencies for MPH in Environmental Health Sciences

Competency	Course	Assessment
1. Assess the risks and effects of environmental and occupational stressors on human health and safety	ENV HLT C257: Risk Assessment and Standard Setting	**Homework Assignment #1:** Students identify and evaluate various chemicals to determine the biological mode of action and the vulnerability to health risks for major environmental determinants of disease.
2. Differentiate the biological processes and the parameters determining the toxicokinetics of xenobiotics	ENV HLT C240: Fundamentals of Toxicology	**Homework Assignment #1, Q4:** Students differentiate, describe, and identify characteristics, sources and routes of exposure, toxicokinetics, and modes of action of different toxins.
	ENV HLT C257: Risk Assessment and Standard Setting	**Homework Assignment #1:** Students report on cancer and non-cancer guidelines drawn from multiple sources and discuss toxicological mechanisms associated with the chemicals.
3. Evaluate how humans are exposed to chemical, physical, biological, and psychosocial stressors in the environment	ENV HLT C200C: Foundations of Environmental Health Sciences	**Final Written Report**: Students investigate a research question to evaluate and identify routes through which humans are exposed to pollutants in the water or air.
4. Compare the impacts of local, state, federal, and international regulatory programs for occupational or environmental health	ENV HLT C257: Risk Assessment and Standard Setting	**Homework Assignment #1:** Students report on guidelines of their assigned chemical and discuss differences among the agencies.
	ENV HLT C200B: Foundations of Environmental Health Sciences for Public Health Professionals	**Mid-term Exam Q11**: Students list three major environmental health threats found in homes. For each threat, they describe its source, health significance, and one public policy action that is addressing this threat.
	ENV HLT 200D: Policy Analysis for Environmental Health Sciences	**Mid-term Exam Q2:** Compared to most other federal environmental laws, enforcement of the Safe Drinking Water Act is lax and penalties for violations are usually minimal. Students discuss two reasons (one based on constitutional constraints + one based on practical challenges to strict enforcement) for this lax approach.
5. Discuss the unequal geographic, demographic, and socioeconomic	ENV HLT 200D: Policy Analysis for Environmental Health Science	**Assignment 1, Week 5 Discussion Board Prompt**: Students discuss the practical environmental justice and health equity implications of declarations of access to water as a human right.

distributions of environmental risks in terms of environmental justice	ENV HLT C200C: Foundations of Environmental Health Sciences	**Assignment No. 2 WATER:** Students present the Consumer Confidence Report of their choice. This presentation assesses students' ability to describe potential gaps and unequal distribution of environmental risks.

Table D4.1.4 Assessment of Competencies for MPH in Epidemiology

Competency	Course	Assessment
1. Evaluate an epidemiologic problem in terms of magnitude, person, time, and place	EPIDEM 200A: Methods I: Basic Concepts and Study Designs	**Homework 1, Problem 2**: Students calculate, compare, and evaluate the crude and age-adjusted disease incidence/prevalence in Community A and B and interpret the results. **Midterm 1, Section II, Q1**: Students calculate, compare, and evaluate the age-specific mortality for two communities in Los Angeles and apply both direct and indirect methods to compare the age-adjusted mortality rates or standard mortality ratio (SMR).
2. Analyze strengths and limitations of study designs for providing evidence for causation based on association analysis	EPIDEM 200B: Methods II: Prediction and Validity	**Midterm Q3**: Students analyze strengths and limitations of the study design by assessing confounding and suggesting appropriate analyses. **Final Exam Q1-6, 9, 11, and 12**: Students analyze strengths and limitation of the study design and evaluate results for potential selection bias and exposure misclassification while clearly stating their assumptions.
3. Appraise and access key sources of data for epidemiologic assessment	EPIDEM 401: Management of Epidemiologic Data	**Assignment #1:** Students appraise and access key sources of data and provide a description of the study design, population, and data collection methods for data analyzed in class, including the rationale for eligibility requirements and major strengths and limitations.
4. Apply appropriate basic data analysis and management techniques to analyze epidemiologic data	EPIDEM 401: Management of Epidemiologic Data	**Lab 1 Section A:** Students calculate incidence of disease and measures of association (risk difference, risk ratio, odds ratio). **Final Project**: Students apply basic data analysis and management techniques covered in class to answer their research question and interpret the results, and give individual presentations summarizing their analyses.
5. Explain the role of epidemiology in identifying disease risk factors and evaluating health interventions	EPIDEM 200A: Methods I: Basic Concepts and Study Designs	**Homework 4, Part 3**: Students explain the component of cause of a disease X. **Midterm 2 Q3**: Students explain advantages and limitations of a randomized controlled lifestyle intervention on blood pressure among the elderly.

Table D4.1.5 Assessment of Competencies for MPH in Health Policy (HP)

Competency	Course	Assessment
HP1. Describe the role political institutions play in the identification of problems in the public health and health care systems	HLT POL 286: American Political Institutions and Health Policy	**Assignment #1 Individual Writing Assignment- Career Aspirations**: Students explore various roles in health policy making by researching a policy entrepreneur, advocate, government official, or lobbyist of their choice. In an essay, they convey how this public figure gained experience in healthcare systems and acquired skills that paved their path to advocacy and leadership in healthcare. Students also learn how individuals play a role in political institutions regarding the identification of problems in healthcare systems that require policy intervention. **Assignment #2 Group Memo Outline Stance on Proposing Regulations:** In groups, students complete a 4-5 page policy memo from a leader of an organization of their choice to a federal agency on a policy issue of interest and regulation currently undergoing public comment. Students must understand the regulatory authority of the agency they are submitting their comments to and their role in shaping policy in public health and healthcare systems. Through this activity, groups learn how political institutions identify problems in proposed regulations and advocate for solutions that are amenable to their operations and/or the populations they serve. Groups present on the problem, policy solutions, proposed rule, and their organizational position. **Assignment #3: Individual Paper on Health Reform** Utilizing class lectures and readings, as well as outside sources, students write a 10-page paper comparing and contrasting the policy processes, legislative efforts, committee roles, and other aspects of the policy making process during the implementation of Medicare and the Affordable Care Act. Students propose future health system policy recommendations, in consideration of the stated positions of Congress, the Supreme Court, and stakeholder groups.
HP2. Discuss the institutional context and framework of health policy to address new problems and propose solutions	HLT POL M287: The Politics of Health Policy	**Group Presentation**: Students use real-world case study examples to examine the politics of health policy and present the main motivations, strategies, and tactics used in the policy-making process. Topics include preventive health services for women and income inequality and health. Students present on their topics and lead a course discussion on the role of political actors in setting health policies relevant to their issues, as well as the tools and methods used for identifying these issues and crafting policies to address them. Students will be evaluated based on demonstrating their understanding of the institutional context (both state and federal) for their issue.

HP3. Evaluate health policy issues affecting the public and nonprofit sectors using both theoretical and empirical tools and propose solutions	HLT POL M233: Health Policy Analysis	**Write Ups:** Students draft six two-page case write ups on various public health issues based on real-world cases analyzing policy issues and presenting implications for action. They complete one problem set providing them with experience in regression-based policy analysis and implementation of a stock and flow policy model. Students assess the costs and implications of the issue presented in the case, assess the costs of implementing the policy presented, forecast the monetary benefits of policy implementation, and propose analysis-based solutions to the relevant stakeholders. Students use theoretical and empirical tools (including root cause analysis, cost effectiveness analyses, tax incidence, comparison of study designs, linear regression models, pooled estimates, and design and implementation of basic policy models) to evaluate the policy issues and justify their recommendations. **Quantitative Assignment:** Students develop a toolkit for quantitative analysis that will enable them to better understand how to use various empirical and theoretical tools when reviewing literature on health policy issues. Examples include root cause analysis, cost benefit and cost effectiveness and decision analysis, and modeling cross-sectional and longitudinal policy changes.
HPM1. Evaluate private and government roles in the financing, regulation, and delivery of healthcare, and in safeguarding the public's health*	HLT POL 200B: Health Systems Organization and Financing	**Discussion Posts:** Students complete eight online discussion posts throughout the quarter that cover course readings on topics including: healthcare expenditures, managed care and private insurance, public insurance (Medicare and Medicaid) healthcare information systems, and the healthcare delivery system. Through these readings, students develop an understanding of how healthcare is financed, regulated, and delivered. **Documentary Response Piece:** Using a framework of their choice, students watch a documentary on the delivery of care in the emergency department and compose an essay response in which they evaluate the strengths and weaknesses of delivery and assess the costs and quality of care delivered to uninsured and Medicaid patients. **Team Feasibility Study-Case Study Analysis I:** Comparing two healthcare systems, students identify the main healthcare financing and organizational differences, and the approaches both systems take to reduce hospital-related mortality. Students propose a cost-saving strategy and timeline based on that discussed in the Harvard Business Case Study. **Policy Brief:** In teams, students develop a policy brief addressed to a government stakeholder/decision-maker on a current COVID-19 issue. This will be a hands-on learning opportunity for students to understand the importance of policy briefs to advance legislation, policies, and programs to improve the healthcare system.

HPM2. Analyze economic decisions related to healthcare organizations, the public health, and healthcare systems	HLT POL M236: Health Economics	**Homework #1 & Final Exam:** Students use real world examples to understand scarcity of resources is ubiquitous and that all decisions involve trade-offs. They analyze healthcare issues from a uniquely economic perspective, and the application of marginal cost analysis. **Homework #3 & Final Exam:** Students distinguish between health and healthcare. They describe health dependent utility function and healthcare production function. They learn how insurance and other variables affect the slope and position of the demand curve for health care. Students analyze empirical studies on health care demand, including the RAND health insurance study and its major findings. They apply quantitatively the concept of demand elasticity. **Homework #5:** Students discuss and apply the concepts of economies of scale and scope, measures of market concentration, and economic models for various market structures including perfect competition, monopoly, oligopoly, monopolistic competition, and monopsony to examine local and national hospital markets. Students analyze hospital cost curves and quality competition.
HPM3: Apply problem-solving skills to improve functioning of organizations and agencies in public health and healthcare systems	HLT POL 400: Field Studies in Health Services	**Consulting Report:** Students first receive didactic preparation for their internships through two two-hour mandatory workshops – one held in January and the other in June. Students identify an organizational problem or policy issue from their field project and use data analysis tools to develop and propose a solution. Student report the identified problem, their approach, and methods to solve the problem in this consulting report.
HPM4. Apply appropriate evaluations to facilitate a health learning system	HLT POL M422: Practices of Evaluation of Health Services: Theory and Methodology	**Homework 9:** Students assess the effectiveness of health services programs, practices, and policies. In this assignment, students create a dissemination and collaboration plan for their evaluation proposal and ensures it contributes to a learning health system. **Final Proposal:** The final proposal builds from the homework assignments, which includes developing an appropriate evaluation proposal.

*****HPM1-4 competencies are met by *all* students in the HP and HM concentrations

Table D4.1.6 Assessment of Competencies for MPH in Health Management (HM)

Competency	Course	Assessment
HM1. Provide financial solutions to business challenges faced by healthcare organizations	HLT POL 436: Healthcare Financial Management	**Homework Assignments 1-4:** Using financial data provided, students will complete four (4) individual homework assignments addressing: 1. Payer mix, contractual allowances, cost shifting and expense groupings, 2. Cost classification, contribution margins, cost-

		volume-profit charts, and break even analysis. 3. Horizontal and vertical (trend analysis) on financial statements. 4. Operating budgets, including calculating relative-value units for health care delivery. Using MS Office or Google software, students develop client-ready deliverables that identify existing financial challenges and make feasible financial recommendations that address these challenges. Expectations for client-ready deliverables are discussed in Week 2. Best practices for the homework submissions are shared each week. **Financial Dashboard:** In assigned groups, teams develop and complete a financial dashboard using financial statements (balance sheet and statement of operations) of both their selected health care foundation and a baseline foundation for comparison. Information from the dashboard will be used in their final presentation. Completion of the financial dashboard will count toward participation. **Participation:** Each week, students reflect on questions posted to a discussion board on topics pertaining to financial competency development, key insights from online modules (cost shifting and payer mix analysis, full-time equivalent staffing models, operating budget and relative value unit analysis, etc.). **Case Study**: In groups, students complete one online simulation and two Harvard Business Publishing case studies prior to select class sessions. The simulation models a revenue capture challenge in a hospital and teams uncover the source. The first case study requires groups to use their problem-solving skills and financial knowledge on various healthcare companies (biotechnology, insurers, diagnostic firms, etc.) to determine which unidentified financial statements match the corresponding companies. The second case study is a mock-board meeting of a federally funded nonprofit delivering healthcare services to a vulnerable and underserved community. Students are faced with a massive disruption of available funds and must prioritize operations given multiple constituents. Students discuss their findings and recommendations, comparing insights among teams. **Supplemental Resources:** Several supplemental resources are provided to the students that discuss the application of healthcare financial management in both private and public settings. Students are encouraged to read them and discuss during “news and noteworthy” in each class.

HM2. Conduct strategic analysis and competitive decision-making for healthcare organizations	HLT POL 433: Healthcare Strategy	**Homework #1:** Students select a city listed under the Center for Studying Health System Change community reports, conduct a Political, Economic, Social, Technological, Environmental, and Legal (PESTEL) analysis for the years 2010 and 2019, and analyze the changes over time. Students identify existing healthcare issues using available data, monitor trends, develop future projections, and assess the significance of forecasted/projected issues to the healthcare organizations in the community selected. Students will understand the importance of conducting an external analysis in understanding stakeholders within the healthcare environment, to develop an effective strategy and make informed business decisions. **Homework #2:** Students review a case study on health care market competition among hospitals and independent physician practices in Boise, Idaho. Students assess the implications of consolidation on excessive market power, regional healthcare competition, and costs of care. Students make recommendations on how to maintain both care coordination for patients and competition among health providers. Students also discuss how virtual integration can be used by hospitals to control costs and coordinate care.
HM3. Apply the process of changing and leveraging organizational culture and contextual factors to achieve desired outcomes	HLT POL 234: Health Services Organization and Management Theory	**Paper #3:** Students participate in an in-class simulation on the decision to merge St. Mary's Hospital with Samaritan Hospital. Following this hands-on activity, students consider how they can apply the process of changing and leveraging organizational culture and contextual factors to achieve desired outcomes in their own practice. Students address the importance of cultural cohesion on the success of mergers and acquisitions, and methods to overcome culturally challenges with staff and stakeholders in the process.
HPM1. Evaluate private and government roles in the financing, regulation, and delivery of healthcare, and in safeguarding the public's health*	HLT POL 200B: Health Systems Organization and Financing	**Discussion Posts:** Students complete eight online discussion posts throughout the quarter that cover course readings on topics including: healthcare expenditures, managed care and private insurance, public insurance (Medicare and Medicaid) healthcare information systems, and the healthcare delivery system. Through these readings, students develop an understanding of how healthcare is financed, regulated, and delivered. **Documentary Response Piece:** Using a framework of their choice, students watch a documentary on the delivery of care in the emergency department and compose an essay response in which they evaluate the strengths and weaknesses of delivery and assess the costs and quality of care delivered to uninsured and Medicaid patients. **Team Feasibility Study Case Study Analysis I:** Comparing two healthcare systems, students identify

		the main healthcare financing and organizational differences, and the approaches both systems take to reduce hospital-related mortality. Students propose a cost-saving strategy and timeline based on that discussed in the Harvard Business Case Study. **Policy Brief:** In teams, students develop a policy brief addressed to a government stakeholder/decision-maker on a current COVID-19 issue. This will be a hands-on learning opportunity for students to understand the importance of policy briefs to advance legislation, policies, and programs to improve the healthcare system.
HPM2. Analyze economic decisions related to healthcare organizations, the public health, and healthcare systems	HLT POL M236: Health Economics	**Homework #1 & Final Exam:** Students use real world examples to understand that scarcity of resources is ubiquitous and all decisions involve trade-offs. They analyze healthcare issues from a uniquely economic perspective, and the application of marginal cost analysis. **Homework #3 & Final Exam:** Students distinguish between health and healthcare. They describe health-dependent utility function and healthcare production function. They learn how insurance and other variables affect the slope and position of the demand curve for healthcare. Students analyze empirical studies on healthcare demand, including the RAND health insurance study and its major findings. They apply quantitatively the concept of demand elasticity. **Homework #5:** Students discuss and analyze the concepts of economies of scale and scope, measures of market concentration, and economic models for various market structure including perfect competition, monopoly, oligopoly, monopolistic competition, and monopsony to examine local and national hospital markets. Students study and analyze hospital cost curves and quality competition.
HPM3. Apply problem-solving skills to improve functioning of organizations and agencies in public health and healthcare systems	HLT POL 400: Field Studies in Health Services	**Consulting Report:** Students first receive didactic preparation for their internships through two two-hour mandatory workshops – one in January and the other in June. Students identify an organizational problem or policy issue from their field project and use data analysis tools to develop and propose a solution. Student report the identified problem, their approach, and methods to solve the problem in this consulting report.
HPM4. Apply appropriate evaluations to facilitate a health learning system	HLT POL M422: Practices of Evaluation of Health Services: Theory and Methodology	**Homework 9:** Students assess the effectiveness of health services programs, practices, and policies. In this assignment, students create a dissemination and collaboration plan for their evaluation proposal and ensures it contributes to a learning health system. **Final Proposal:** The final proposal builds from the homework assignments, which includes developing an appropriate evaluation proposal.

*****HPM1-4 competencies are met by *all* students in HP and HM concentration

Table D4.1.7 Assessment of Competencies for MPH in Health Policy and Management (one-year post-doctoral program)

Competency	Course	Assessment
HM1. Provide financial solutions to business challenges faced by healthcare organizations	HLT POL 403: Healthcare Financial Accounting	**Healthy Hospital-Build a Financial Statement**: Students are given a prior year balance sheet and 20 transactions that have occurred during the year for Healthy Hospital. After booking the journal entries, posting them to the Trial Balance, and creating a Balance Sheet, Income Statement, Statement of Changes in Net Assets, and Statement of Cash Flows, students provide financial solutions for the hospital. **Financial Statement Comparison and Analysis**: Students are provided a scenario where they work for a philanthropic charity and they must decide which organization (Stanford Hospital Systems or Northwestern Hospital System) will receive a $1 million dollar donation of. By analyzing the financial statements, they highlight the strengths and weaknesses in a five-minute presentation to the class. Each student will be assessed. **Analyst Report**: As a group project, the students select a publicly held healthcare company and deliver a 15-minute analyst presentation highlighting financial trends, strengths and weaknesses, possible threats, the impact of federal payment reform, and a comparison to at least one peer organization. Each student will be assessed.
HPM1. Evaluate private and government roles in the financing, regulation, and delivery of healthcare, and in safeguarding the public's health	HLT POL 200B: Health Systems Organization and Financing	**Discussion Posts:** Students complete eight online discussion posts throughout the quarter that cover course readings on topics including: healthcare expenditures, managed care and private insurance, public insurance (Medicare and Medicaid) healthcare information systems, and the healthcare delivery system. Through these readings, students develop an understanding of how healthcare is financed, regulated, and delivered. **Documentary Response Piece:** Using a framework of their choice, students watch a documentary on the delivery of care in the emergency department and compose an essay response in which they evaluate the strengths and weaknesses of delivery and assess the costs and quality of care delivered to uninsured and Medicaid patients. **Team Feasibility Study Case Study Analysis I:** Comparing two healthcare systems, students identify the main healthcare financing and organizational differences, and the approaches both systems take to reduce hospital-related mortality. Students propose a cost-saving strategy and timeline based on that discussed in the Harvard Business Case Study. **Policy Brief:** In teams, students develop a policy brief addressed to a government stakeholder/decision-maker on a current COVID-19 issue. This will be a

		hands-on learning opportunity for students to understand the importance of policy briefs to advance legislation, policies, and programs to improve the healthcare system.
HPM2. Analyze economic decisions related to healthcare organizations, public health, and healthcare systems	HLT POL M236: Health Economics	**Homework #1 & Final Exam:** Students use real world examples to understand that scarcity of resources is ubiquitous and all decisions involve trade-offs. They analyze healthcare issues from a uniquely economic perspective, and the application of marginal cost analysis. **Homework #3 & Final Exam:** Students distinguish between health and healthcare. They describe health-dependent utility function and healthcare production function. They learn how insurance and other variables affect the slope and position of the demand curve for healthcare. Students analyze empirical studies on healthcare demand, including the RAND health insurance study and its major findings. They apply quantitatively the concept of demand elasticity. **Homework #5:** Students discuss and analyze the concepts of economies of scale and scope, measures of market concentration, and economic models for various market structure including perfect competition, monopoly, oligopoly, monopolistic competition, and monopsony to examine local and national hospital markets. Students study and analyze hospital cost curves and quality competition.
	HLT POL 230A/B: Low- and Middle-Income Countries' Perspectives	**Problem Set #1:** Students analyze economic decisions related to healthcare systems by answering a set of questions that map consumer preferences to the market demand curve, and how market demand for a medical good/service is altered by illness state, income, and health insurance. **Problem Set #2:** Students demonstrate their understanding of Arrow's exposition and the tradeoffs between minimizing uncertainty in medical care and promoting efficient medical care markets. Students use the Philippine Sin Tax case to analyze the effect of externalities and Pigouvian taxes on the market price and quantity of cigarettes. **Policy Memo:** Students write a memo for a fictional Minister of Health in a middle-income country in developing an Essential Medicines list. This list will discuss the acceptability and availability challenges from market failures in pharmaceutical economics. The country is transitioning from a low middle-income country to a high-middle income country, and thus economic growth concerns fueled by Ministry of Finance economists need to be considered, as well as other criteria of health status, citizen satisfaction, and financial protection in developing a national Essential Medicines list.

HPM3. Apply problem-solving skills to improve functioning of organizations and agencies in public health and healthcare systems	HLT POL 400: Field Studies in Health Services	**Consulting Report:** Students first receive didactic preparation for their internships through two two-hour mandatory workshops – one held in January and the other in June. Students identify an organizational problem or policy issue from their field project and use data analysis tools to develop and propose a solution. Student report the identified problem, their approach, and methods to solve the problem in this consulting report.
Students will also obtain at least one of the following competencies:		
HP3. Evaluate health policy issues affecting the public and nonprofit sectors using both theoretical and empirical tools, and propose solutions	HLT POL M233: Health Policy Analysis	Students must complete one of the following case assignments: **Assignment 2, "Acid Rain" Case Analysis of Harvard Kennedy School Case 699**: The case requires reviewing the cost and benefits of acid rain control legislation. Students write a two-page memo responding to this prompt about the case: You are the aide to a Senator from a southwestern state whose constituents are not directly affected by acid rain or the coal mining industry. Your boss wants to know whether the costs imposed by this legislation are worth it, both for the overall program and the protection of jobs. Write a memo to your boss presenting the issues in the Waxman-Sikorski bill with a recommendation on how she should vote. **Assignment 4, WIC Reauthorization Analysis of Harvard Kennedy School Case 680**: The case is set around reauthorization of the WIC program, and requires students to assess the research on the impact of the program on low birth weight and other outcomes. Students write a two-page memo assessing the evidence justifying reauthorization with an assessment of the findings from the U.S. Government Accountability Office (GAO) report and the implications for committee action. Students evaluate and estimate the impact of WIC and low birth weight, and explain its implications. They are responding to this prompt: You are Louis Bird, committee staff. They write a two-page memo with their assessment of the findings from the GAO report and implications for committee action. They estimate of the impact of WIC of low birth weight, explain its implication, and propose solutions.
HPM-A. Develop an improvement strategy for a particular problem or opportunity	HLT POL 215A: Quality Improvement and Performance Excellence in Healthcare Organizations	**Course Project:** Students develop an improvement strategy on a specific topic. Students apply the course concepts and skills including designing their aim, measures, and changes; analyzing their system of focus and the causes of suboptimal performance; and conducting learning cycles. Students present their projects and summarize what they learned in a project gallery. Students are assessed on their use of course concepts and skills using an established rubric.

HPM4. Apply appropriate evaluations to facilitate a health learning system	HLT POL M422: Practices of Evaluation of Health Services: Theory and Methodology	**Homework 9:** Students assess the effectiveness of health services programs, practices, and policies. In this assignment, students create a dissemination and collaboration plan for their evaluation proposal and ensures it contributes to a learning health system. **Final Proposal:** The final proposal builds from the homework assignments, which includes developing an appropriate evaluation proposal.

*****HPM1-4 competencies are met by *all* students in the HPM department

Table D4.1.8 Assessment of Competencies for Executive MPH in Health Policy and Management

Competency	Course	Assessment
HP1. Describe the role political institutions play in the identification of problems in the public health and healthcare systems	HLT POL 280: Health Reform: Policy, Research, and Implementation Issues	**Group Presentation:** In groups, students present a policy topic from the perspective of an organization of their choice to a federal agency on a policy issue of interest and regulation currently undergoing public comment. Students must understand the regulatory authority of the agency they are submitting their comments to and their role in shaping policy in public health and healthcare systems. Through this activity, groups learn how political institutions identify problems in proposed regulations and advocate for solutions that are amenable to their operations and/or the populations they serve. Groups present on the problem, policy solutions, proposed rule, and their organizational position.
HP2. Discuss the institutional context and framework of health policy to address new problems and propose solutions	HLT POL M236: Health Economics	**Final Exam:** Students examine a few real-world cases of drug innovation, pricing, and commercialization failures. **Homework #6:** Students discuss the economic rationales for a pharmaceutical supply-chain middleman: the Pharmaceutical Benefit Managers (PBM). **Group Project & Paper:** Students work in groups on a selected topic from an assigned list: They conduct extensive literature review, undertake some primary data collection, conduct research and analysis, and summarize and present their findings in a PowerPoint presentation to the entire class, as well as in a 3,000-word manuscript.
HP3. Evaluate health policy issues affecting the public and nonprofit sectors using both theoretical and empirical tools, and propose solutions	HLT POL 240: Healthcare in International Perspectives	**Policy Briefs:** Each student submits two policy impact briefs on a faculty-provided prompt. These assignments are the most in-depth briefing document sand provide a summary of the best available evidence on health, economic, or budgetary impact of one or more policies for a public health problem. A policy impact brief is appropriate when evaluations and evidence exist on the health or economic impact of the policy.

HM1. Provide financial solutions to business challenges faced by healthcare organizations	HLT POL 436: Healthcare Financial Management	**Homework Assignments 1-4:** Using financial data provided, students complete four individual homework assignments addressing: 1. Payer mix, contractual allowances, cost shifting and expense groupings. 2. Cost classification, contribution margins, cost-volume-profit charts and break-even analysis. 3. Horizontal and vertical (trend analysis) on financial statements. 4. Operating budgets, including calculating relative-value units for healthcare delivery. Using MS Office or Google software, students develop client-ready deliverables that identify existing financial challenges and make feasible financial recommendations that address these challenges. Expectations for client-ready deliverables are discussed in Week 2. Best practices for the homework submissions are shared each week. **Financial Dashboard:** In assigned groups, teams develop and complete a financial dashboard using financial statements (balance sheet and statement of operations) of both their selected healthcare foundation and a baseline foundation for comparison. Information from the dashboard will be used in their final presentation. Completion of the financial dashboard will count toward participation. **Participation:** Each week, students reflect on questions posted to a discussion board on topics pertaining to financial competency development, key insights from online modules (cost shifting and payer mix analysis, full-time equivalent staffing models, operating budget and relative value unit analysis, etc.). **Case Study**: In groups, students complete one online simulation and two Harvard Business Publishing case studies prior to select class sessions. The simulation models a revenue capture challenge in a hospital and teams uncover the source. The first case study requires groups to use their problem-solving skills and financial knowledge on various healthcare companies (biotechnology, insurers, diagnostic firms, etc.) to determine which unidentified financial statements match the corresponding companies. The second case study is a mock-board meeting of a federally funded nonprofit delivering healthcare services to vulnerable and underserved community. Students are faced with a massive disruption of available funds and must prioritize operations given multiple constituents. Students discuss their findings and recommendations, comparing insights among teams.

HM2. Conduct strategic analysis and competitive decision-making for healthcare organizations	HLT POL 433: Healthcare Strategy	**Homework #1:** Students select a city listed under the Center for Studying Health System Change community reports and conduct a Political, Economic, Social, Technological, Environmental, and Legal (PESTEL) analysis for the years 2010 and 2020, analyzing changes over time. Students identify existing healthcare issues using available data, monitor trends, develop future projections, and assess the significance of forecasted/projected issues to the healthcare organizations in the community selected. Students will understand the importance of conducting an external analysis in understanding stakeholders within the healthcare environment, to develop an effective strategy and make informed business decisions. **Homework #2:** Students review a case study on healthcare market competition among hospitals and independent physician practices in Boise, Idaho. Students assess the implications of consolidation on excessive market power, regional healthcare competition, and costs of care. Students make recommendations on how to maintain both care coordination for patients and competition among health providers. Students also discuss how virtual integration can be used by hospitals to control costs and coordinate care.
HM3. Apply the process of changing and leveraging organizational culture and contextual factors to achieve desired outcomes	HLT POL 234: Health Services Organization and Management Theory	**Reflection Paper #1**: Students write about themselves and their experience with the simulations, which were designed to give a "real world" experience for students to apply the process of changing and leveraging organizational culture to achieve desired outcomes. The reflection paper asks: (1) what tactics that you applied generated the most discussion and (2) what decision outcomes surprised you?

HPM1. Evaluate private and government roles in the financing, regulation, and delivery of healthcare, and in safeguarding the public's health	HLT POL 200A: Health System Organization and Financing	**Discussion Posts:** Students complete online discussion posts throughout the quarter that cover course readings on topics including healthcare expenditures, managed care and private insurance, public insurance (Medicare and Medicaid) healthcare information systems, and the healthcare delivery system. Through these readings, students develop an understanding of how healthcare is financed, regulated, and delivered. **Group Project:** The project allows students to delve into greater detail on an organization and financing topic of their choice. They identify a specific sub-population that is served (or maybe not served very well) by the U.S. healthcare system (e.g., children with complex medical conditions, undocumented adults or children, dual-eligible Medicare/Medicaid beneficiaries, self-employed individuals, those needing long term care services, mental health, etc.). They describe who makes up the population they selected, what are their primary healthcare needs, and how/where they currently receive/access healthcare services, including a discussion of costs associated with the provision of care to the population. They identify two to three major barriers/issues to the receipt of healthcare faced by this population given the current state of the U.S. healthcare system and describe why they persist. In the final section, groups present possible solutions to the barriers/issues identified. **Mock Hearing Policy Brief:** Students examine and propose Medicare-For-All legislation through the development of policy briefs from different stakeholder organizations. Students are assigned to one of six organizations at random (e.g., the American Medical Association, the American Association of Retired Persons, or the League of United Latin American Citizens) and write up a one-page brief on their organization's current stance on the proposed bill.
HPM2. Analyze economic decisions related to healthcare organizations, the public health, and healthcare systems	HLT POL M236: Health Economics	**Homework #4**: Students use real world examples to understand and analyze scarcity of resources is ubiquitous and that all decisions involve trade-offs. They analyze healthcare issues, including the current COVID-19 pandemic, from a uniquely economic perspective, and the application of marginal analysis. **Group Project & Paper:** Students learn to describe health dependent utility function and healthcare production function. They identify social and economic factors driving the demand for and supply of healthcare, including taxes and subsidies. Students examine and analyze empirical studies on healthcare demand, including the RAND health insurance study and its major findings. They learn how to measure quantitatively the demand and supply elasticities, and how they are used to define substitutes and complements.

		Final Exam: Students apply different economic models to model physician behavior and analyze behavior such as specialty choice, practice location and size, and physician-induced demand. Various types of cost functions relevant to the production of healthcare goods and services are applied and analyzed in these examples. Students analyze the concepts of economies and diseconomies of scale to understand the business rationale of mergers and integrations.
HPM3. Apply problem-solving skills to improve functioning of organizations and agencies in public health and healthcare systems	HLT POL 400: Applied Field Project	**Consulting Report:** EMPH students attend five professional development workshops during their first fall quarter as part of HLT POL 400. In year two, students receive a didactic lecture and then attend two professional panels that teach them about consulting and management leadership and problem solving. Students identify an organizational problem or policy issue from their field project and use data analysis tools to develop and propose a solution. Student report the identified problem, their approach, and methods to solve the problem in this consulting report.
HPM4. Apply appropriate evaluations to facilitate a health learning system	HLT POL M422: Practices of Evaluation of Health Services: Theory and Methodology	**Final Evaluation Proposal:** Students develop and pitch an evaluation proposal to facilitate a learning system to a selected audience (i.e., supervisor, funding agency, committee), and describe and justify the most appropriate communication means of delivery of their pitch. Students create a study design diagram for the evaluation. Additionally, students identify the stakeholder groups to whom they will disseminate the plans and results, and the reasoning for their selection.

Table D4.1.9 Assessment of Competencies for MPH for Health Professionals

Competencies	Course	Assessment
1. Analyze the social determinants of health at multiple levels to identify social or behavioral intervention opportunities	COM HLT 210: Community Health Sciences	**Midterm Q1:** Students analyze the relationship between socioeconomic status (SES) and health at multiple levels. They discuss the “intervening variable” that helps us understand the causal link between SES and health. **Final Q1:** Students analyze how theory, research, and practice are linked, with an emphasis on the importance of theory-drive program. They select a program example and describe how it is an evidence-based program, and what theories and measures were used in the program. **Final Q3:** Students discuss and analyze the similarities and differences among Community Capacity Development, Community Organizing, and Community Empowerment. They select two approaches to community organizing. They discuss community organizing strategies for planning an effective intervention to address a public health problem.

2. Develop a social or behavioral theory, model, or framework-based approach to ameliorate a public health problem	COM HLT 210: Community Health Sciences	**Midterm Q2:** Students define social constructionism, social constructs, race/ethnicity, and health. Students apply concepts causing racial/ethnic disparities in health. **Final Exam Q1:** Students discuss how theory, research, and practice are linked, especially in theory-driven programs. They apply social or behavioral theories, models, or frameworks to program examples discussed in class. **Final Q2:** Students analyze the East L.A. Corner Store project and the health communication strategies used. Students apply theories, models, or frameworks to make this project stronger.
3. Develop a professional-level program justification for specific health problems, including a problem, a population description, and a needs assessment	COM HLT 211A: Program Planning, Research, and Evaluation in Community Health Sciences	**Assignment 1, 2, 3, 4:** Students develop a program justification that includes a problem statement, population description, needs assessment, and SMART objectives.
4. Design, implement, conduct, or evaluate a comprehensive social or behaviorally-based intervention in diverse settings	COM HLT 211A, COM HLT 211B: Program Planning, Research, and Evaluation in Community Health Sciences	**Assignment 2, 3, 4** (211A): Students prepare a proposal for an intervention to address a community health problem, including an appropriate evaluation for the proposed intervention. Students develop key strategies and activities and a logic model to meet defined goals and objectives. **Assignment 5, 7, 8** (211B): Students develop a study to evaluate the proposal from COM HLT 211A. Students describe the research questions involving a theory of action and one key outcome. They also describe the data collection method and evaluation plan.
5. Analyze specific program evaluation methods that have been applied to social or behaviorally-based public health interventions	COM HLT 211B: Program Planning, Research, and Evaluation in Community Health Sciences	**Assignment 6:** Students analyze specific program evaluation methods. Students create a research design to answer their research question. They explain and critique how this design will be used for their evaluation. They also describe whether their design includes a control or comparison group.
6. Explain the key ethical issues in program design and evaluation	COM HLT 211A, COM HLT 211B: Program Planning, Research, and Evaluation in Community Health Sciences	**Assignment 3, 4** (211A): Students develop an appropriate intervention approach, objectives, strategies, and activities with a basic process evaluation while avoiding any potential ethical issues when executing the program and evaluation plan. **Final Exam** (211B): Q31 asks students to identify and address ethical issues for the evaluation example. **Assignment 8** (211B): Students develop a final proposal with evaluation plan, with consideration of ethical issues.
7. Recommend improvements in existing community health interventions based on knowledge of	COM HLT 211B: Program Planning, Research, and Evaluation in Community Health Sciences	**Final Exam Q15 and Q16:** Students critique a sample evaluation by listing two weaknesses of the sample evaluation. Then they list a proposed change to improve the study. **Q30:** Students describe limitations of a study example and how they pose a threat to the validity of the study.

evaluation design, analysis, and critique		

2) For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the school must present evidence, including policies and sample documents, that demonstrate that each student and advisor create a matrix in the format of Template D4-1 for the plan of study. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.

Not applicable.

3) Include the most recent syllabus for each course listed in Template D4-1, or written guidelines for any required elements listed in Template D4-1 that do not have a syllabus.

The most recent syllabus for the courses listed above are in the electronic resource files:

- MPH in Biostatistics: ERF D4.3.1
- MPH in Community Health Sciences: ERF D4.3.2
- MPH in Environmental Health Sciences: ERF D4.3.3
- MPH in Epidemiology: ERF D4.3.4
- MPH in Health Policy: ERF D4.3.5
- MPH in Health Management: ERF D4.3.6
- MPH in Health Policy and Management (one-year program): ERF D4.3.7
- Executive MPH: ERF D4.3.8
- MPH for Health Professionals: ERF D4.3.9

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: After taking the schoolwide core courses, MPH students pursue a concentration that reflects their interests and career goals. The creation of an integrated core course taken in the first two quarters assures that students acquire core competencies from all five departments at the start of their education, which provide context for the department-specific coursework. In each department, all schoolwide degree MPH students take concentration-specific core courses together and learn together.

MPH students in the executive-style programs gain the same concentration-specific competencies through degree-specific courses. Each concentration has well-defined concentration-specific competencies. Furthermore, each concentration has its own curriculum committee to evaluate and adjust curriculum to ensure education effectiveness. Each concentration also surveys their own alumni periodically for feedback to adjust and update curriculum.

The school worked with CEPH, an accreditation consultant, and FSPH faculty to revise previously overlapping concentration-specific competencies.

Weaknesses: None.

Plans for Improvement: None.

D5. MPH Applied Practice Experience

MPH students demonstrate competency attainment through applied practice experiences.

The applied practice experiences allow each student to demonstrate attainment of at least five competencies, of which at least three must be foundational competencies (as defined in Criterion D2). The competencies need not be identical from student to student, but the applied experiences must be structured to ensure that all students complete experiences addressing at least five competencies, as specified above. The applied experiences may also address additional foundational or concentration-specific competencies, if appropriate.

The school assesses each student's competency attainment in practical and applied settings through a portfolio approach, which demonstrates and allows assessment of competency attainment. It must include at least two products. Examples include written assignments, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos or other digital artifacts of learning. Materials may be produced and maintained (either by the school or by individual students) in any physical or electronic form chosen by the school.

1) Briefly describe how the school identifies competencies attained in applied practice experiences for each MPH student, including a description of any relevant policies.

MPH students use a combination of field studies and other projects to satisfy the Applied Practice Experience (APE). Schoolwide MPH students complete an internship that is typically 400 hours over the summer between their first and second year. Students enrolled in the EMPH program fulfill the APE requirement through a business plan, while students in the MPH-HP program meet the APE through field studies or a completed master's project.

Each concentration administers the field studies program somewhat differently to reflect the variation across fields. Students receive credit via the 400 series academic courses (e.g., COM HLT 400, ENV HLT 400) and enroll during their second year of study as a two-year MPH student or executive-style MPH students, or third year of study as a dual-degree student. At the core of the field studies program for all MPH students is a single internship completed in a practice setting, typically in the summer between the first and second year of study. Applied practice settings include governmental, nongovernmental, nonprofit, industrial, for-profit, and appropriate university-affiliated settings.

Concentrations provide an overview of expectations through either individual meetings or workshops. Each department has a director of field studies that works with each student to discuss their interests, career goals, internship search strategies, and expectations. The field studies directors conduct extensive outreach to organizations, and both email and post opportunities for students. While departments provide support for the internship search, each student is responsible for securing an internship and obtaining approval to use the internship for field studies credit. In the beginning of internships, students are required to complete written scopes of work outlining their selected competencies, internship activities, and deliverables. The field studies directors are available to work with each student in identifying their five competencies, at least three of which are foundational, to their internship deliverables. During the internship, the field studies directors regularly check in with students' progress. The field studies directors and faculty advisors are responsible for assessing competency attainment.

Each concentration requires preceptors to complete an evaluation of student performance, and all concentrations require students to complete an evaluation. Evidence of competency attainment is collected through a portfolio approach, where faculty advisors assess the deliverables for validation of competency attainment. Beginning in fall 2021, all second-year students will enroll in PUB HLT 401: Public Health as a Profession. As a final assignment for the course, students will develop a final poster or photo project that will serve as an additional piece of evidence demonstrating competency attainment to their portfolios. In addition to schoolwide practices and policies, a summary of each department and program's applied practice experience is provided below.

Biostatistics
The Biostatistics department oversees the field studies experience through individual communication with students. Students submit internship approval forms, and the internships are approved by the director of field studies primarily based on the proposed activities of the internship and relevancy to the field of biostatistics, as well as the relevant public health experience of the preceptors. Individual faculty may request additional deliverables for the internship. The grade for BIOSTAT 400 is determined by the satisfactory completion of the 400-hour internship, as well as the student's attainment of competencies.

Community Health Sciences
Students enroll in COM HLT 400 in the quarter they are completing their internship and assignments, or in any subsequent quarter. Internship approval considers whether the organization has a physical location where the student can work, the preceptor's credentials (advanced degree in public health or a related field and a minimum of three years' relevant experience), and the content and setting of the proposed projects. Students participate in a career fair-style event that allows them to network with organizations. Students opt-in to on-campus interviews conducted at the fair, leading to a significant number of internship offers. In advance of internships, students complete a minimum of three professional development workshops of their choice. Feedback on scopes of work is provided, and a final scope of work and agreement is signed by the director of field studies, the student, and the preceptor. Students submit 10 written logs reflecting on their internship activities and responding to prompts that are mapped to select foundational competencies. Site visits are conducted mid-internship. Optional field studies resource groups (modeled after employer resource groups) are offered to students for additional peer support and professional development. Students submit signed time sheets, abstracts, and final reports that describe internship organizations and projects, attainment of competencies, and a reflection on their internship experience.

Environmental Health Sciences
The ENV HLT 400 course is an independent study course for which students enroll with their academic advisors. Internships are approved and monitored by individual academic advisors. The scope of work is signed by the student, the preceptor, the advisor, and the department chair, and is kept on file by the director of field studies. The final assignment for field studies credit is an internship report, which consists of the results from an independent project and a description of students' internships. While a general framework for the report is provided, each report is guided by individual academic advisors. Beginning in 2020, students are required to submit at least two forms of documentation demonstrating that they met the competencies identified for their internship along with the final report.

Epidemiology
To receive their applied practice experience credit, students enroll in EPIDEM 400. Once a student has identified a field placement, they complete the contract form and submit it to their academic advisor for approval. The director of field studies reviews the initial scopes of work, but the academic advisor is responsible for ensuring that the final project ultimately fulfills the competencies. Students complete an intermediate assessment after the completion of five weeks or 200 hours of internship. Their faculty advisor grades the portfolio and assesses the competencies.

Health Policy and Health Management
Students enroll in HLT POL 400 during the fall quarter of their second year following the completion of their internships. Internships are approved based on the proposed content of the internship and the preceptor's experience (e.g., MPH and two years of work experience or five years of work experience in the healthcare space). A preceptor-student networking event is held that allows students to talk with each potential preceptor for 5-10 minutes so that both parties can learn about each other. The director of field studies provides feedback on the scope of work, and students subsequently submit a contract that is signed by the preceptor. Deliverables from the internship are mapped to competencies and become a part of a student portfolio that is examined during the fall quarter following their internship experience. Site visits are conducted annually.

Executive MPH Program (EMPH)
Because most of the EMPH students are full-time working professionals, these students satisfy their APE through two courses taken concurrently during the second year of winter quarter: HLT POL 433: Healthcare Strategy and HLT POL 445: Healthcare Marketing. In groups, students identify a public health or delivery system opportunity and develop a business plan. The business plan is a proposal for a service or project that will be presented to a panel of external judges and instructor. The competencies are mapped to deliverables that are evaluated during the quarter. To assess each individual, the instructors provide feedback and grade their project, and students complete a peer evaluation at the end of the quarter.

MPH-Health Professionals Program (MPH-HP)
Since all of the MPH-HP students are full-time working professionals, they are given the option to complete the APE via field studies or a master's project (thesis). The master's project is an APE that can be original research, design of an intervention, an evaluation, or other work for an outside organization. This project requires students to identify, apply, and demonstrate attainment of competencies. Students who opt to complete field studies meet individually with the director of the MPH-HP program to review the expectations. Additional support is provided by the Department of Community Health Sciences' director of field studies. Students who opt for the master's project option complete the project under the supervision of a faculty member within the Department of Community Health Sciences.

2) Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience.

Along with all other degree requirements, each department communicates the APE requirement in the department's student handbook and syllabi. The specific details regarding the internship search, internship approvals, course requirements, competencies attainment, grading, and enrollment in the course are outlined in the syllabus or handbook associated with each department's related course. Syllabi and handbooks for each department are provided in ERF D5.2.1 – D5.2.8.

- ERF D5.2.1 Biostatistics
- ERF D5.2.2 Community Health Sciences
- ERF D5.2.3 Environmental Health Sciences
- ERF D5.2.4 Epidemiology
- ERF D5.2.5 Health Policy
- ERF D5.2.7 Executive MPH
- ERF D5.2.8 MPH for Health Professionals

3) Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined degree schools, if applicable. The school must provide samples of complete sets of materials (i.e., Template D5-1 and the work products/documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the school has not produced five students for which complete samples are available, note this and provide all available samples.

Samples of practice-related materials for individual students are available in ERF D5.3.1 – ERF D5.3.6. Samples of student work completed as part of a combined degree programs are provided alongside of students pursuing only the MPH degree.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: The APE provides practical and professional experience for MPH students. The individualized and intentional approach taken by all concentrations provides opportunities for students to network, build professional relationships, develop public health skills, and explore public health professions, which ultimately builds student confidence and competency, and ensures successful careers within the field of

public health.

Weaknesses: While some internships provide funding to students, many students participate in unpaid internships.

Plans for Improvement: In AY 20-21, the school has purchased a license for a client relations management (CRM) system that would facilitate more dynamic opportunities for students, organizations, and the school to connect and share ongoing opportunities. The CRM would also provide an improved platform to facilitate the field studies experience, as the current online learning management tools utilized by the school limit the communication between students, faculty, and community partners during the field studies experience.

One of the initiatives the dean has prioritized is increasing student funding for fieldwork placement. He has been working closely with our development office to increase student scholarships (see ERF D5.4.1).

D6. DrPH Applied Practice Experience

Not applicable.

D7. MPH Integrative Learning Experience

MPH students complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student's educational and professional goals.

Professional certification exams (e.g., CPH, CHES/MCHES, REHS, RHIA) may serve as an element of the ILE, but are not in and of themselves sufficient to satisfy this criterion.

The school identifies assessment methods that ensure that at least one faculty member reviews each student's performance in the ILE and ensures that the experience addresses the selected foundational and concentration-specific competencies. Faculty assessment may be supplemented with assessments from other qualified individuals (e.g., preceptors).

1) List, in the format of Template D7-1, the integrative learning experience for each MPH concentration, generalist degree or combined degree option that includes the MPH. The template also requires the school to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies.

FSPH has multiple approaches to the ILE, which vary across concentrations, but in general, it involves a capstone experience. The aim of the capstone (ILE) is to assess each student's ability to select theories, methods, and techniques from across the content matter of a field, integrate and synthesize knowledge, and apply it to the solution of public health problems. The final cumulative, integrative, and scholarly product demonstrates students' ability to synthesize the knowledge and skills gained throughout the MPH program. Each department ILE meets different concentration and foundational competencies, as outlined below. Some departments have pre-selected competencies, while others allow students to select their own.

Table D7.1.1 MPH Integrative Learning Experience for Biostatistics

Integrative Learning Experience	How Competencies Are Synthesized
Biostatistics Final Report	• Students enroll in BIOSTAT 595: Effective Integration of Biostatistical Concepts in Public Health Research • Students produce a final report describing how they use biostatistical methods to assess data from a public health study • The topic of the final report is determined by the student in consultation with their faculty advisor • Competencies are pre-selected
Foundational Competencies: C1. Apply epidemiological methods to the breadth of settings and situations in public health practice C3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate C4. Interpret results of data analysis for public health research, policy, or practice C11. Select methods to evaluate public health programs C18. Select communication strategies for different audiences and sectors C19. Communicate audience-appropriate public health content, both in writing and through oral presentation C20. Describe the importance of cultural competence in communicating public health content **Biostatistics Concentration Competencies:** 1. Demonstrate mastery of fundamental concepts of statistical analysis for databases in health studies 2. Employ specialized computational methods for analysis of scientifically-relevant public health datasets	

3. Recommend research study designs to support public-health-relevant analysis 5. Prepare a detailed written report explaining the statistical analysis, results, and implications of a study conducted using appropriate statistical methods

Table D7.1.2 MPH Integrative Learning Experience for Community Health Sciences including the Executive MPH-HP Program

Integrative Learning Experience	How Competencies Are Synthesized
Comprehensive Exam	• Students take a comprehensive exam during their second year • The exam is a weekend-long take-home exam and covers material from the program's core courses, electives, and field experience • Students critically assess research literature • Students design a health program using skills in program planning and evaluation • Competencies are pre-selected
Foundational Competencies: C9. Design a population-based policy, program, project, or intervention C11. Select methods to evaluate public health programs **CHS Concentration Competencies:** 4. Design, implement, conduct, or evaluate a comprehensive social or behaviorally-based intervention in diverse settings 7. Recommend improvements in existing community health interventions based on knowledge of evaluation design, analysis, and critique	

Table D7.1.3 MPH Integrative Learning Experience for Environmental Health Sciences

Integrative Learning Experience	How Competencies Are Synthesized
Policy Analysis Report	• Students enroll in ENV HLT 200D: Policy Analysis for Environmental Health • Students produce a policy analysis report, which includes developing a statement of the problem, proposed policy solution, descriptive statistics on the population, analysis of relevant health disparities using appropriate statistical/GIS methods, a logic framework, quantitative analysis, recommendations, and an executive summary • Competencies are pre-selected
Foundational Competencies: C1. Apply epidemiological methods to the breadth of settings and situations in public health practice C7. Assess population needs, assets, and capacities that affect communities' health C19. Communicate audience-appropriate public health content, both in writing and through oral presentation **EHS Concentration Competencies:** 1. Assess the risks and effects of environmental and occupational stressors on human health and safety 2. Differentiate the biological processes and the parameters determining the toxicokinetics of xenobiotics.	

Table D7.1.4 MPH Integrative Learning Experience for Epidemiology

Integrative Learning Experience	How Competencies Are Synthesized
Epidemiology Final Report – students select an option below:	• Students produce an epidemiology report, in which they select a minimum of three competencies (at least one

1. Analyze and write up existing data - Students define a research problem and use existing data to carry out the data analysis to answer the problem. The final product is in a research paper format. 2. An original research project - After defining a research problem, students design and carry out the research to answer the problem posed using their own data (e.g., medical records, interview, vital records, etc.) 3. Literature review of a disease and development of a proposal for relevant epidemiologic study - Students produce an in-depth analysis of existing literature leading to the development of a research proposal, which includes objectives, rationale, methods, and discussion	CEPH foundational and one concentration-specific competency) • The topic of the capstone project is determined by the student in consultation with their faculty advisor
Competencies: In consultation with their faculty advisor, students select at least three competencies. At least one must be concentration-specific, and at least one must be foundational.	

Table D7.1.5 MPH Integrative Learning Experience for Health Policy, Health Management, and the Executive MPH

Integrative Learning Experience	How Competencies Are Synthesized
Consulting Report	• Students enroll in HLT POL 400: Field Studies • Students develop a professional policy-related consulting report based on an organizational problem or health policy issue related to their internship • Competencies are pre-selected by the instructor
Foundational Competencies: C4. Interpret results of data analysis for public health research, policy, or practice C18. Select communication strategies for different audiences and sectors C19. Communicate audience-appropriate public health content, both in writing and through oral presentation C22. Apply systems thinking tools to a public health issue **Health Policy Concentration Competencies:** HPM3. Apply problem-solving skills to improve functioning of organizations and agencies in public health and healthcare systems	

2) Briefly summarize the process, expectations and assessment for each integrative learning experience.

Biostatistics
All Biostatistics MPH students enroll in BIOSTAT 595: Effective Integration of Statistical Concepts in Public Health Research during their second year. Students work with their faculty advisor on a proposed project and produce a high-quality written report describing how they have used biostatistical methods to assess data from a public health study. Students select relevant design and analysis techniques, synthesize knowledge, and apply insights to address public health problems. The Biostatistics Final Report is graded by their faculty advisor.

Community Health Sciences
The MPH in Community Health Sciences, including MPH-HP, requires a master's comprehensive examination in the final year of the program. The exam draws on knowledge from all required courses and tests the student's ability to fulfill CHS competencies 4 and 7. The exam has two parts. The first part requires the student to critically assess the research literature. Several research articles are provided; the student chooses one to write an article critique. The second part asks the student to create a health program. This program should draw upon the student's skills in planning and evaluation. The written examination is reviewed by a minimum of two CHS faculty members, and is marked High Pass, Pass, Low Pass, or Fail. A grade of High Pass, Pass, or Low Pass is needed to pass the comprehensive exam.

Environmental Health Sciences
MPH students in EHS fulfill their ILE requirement through completion of ENV HLT 200D: Policy Analysis for Environmental Health, a required capstone course taken in the last quarter of their two-year program. In this practice-focused course, students apply content from prior courses to the analysis of a current environmental health policy issue. Through class discussions and coursework, students synthesize and advance their knowledge of fundamentals of environmental health law, regulatory frameworks, communication strategies, approaches for working with community-based organizations, and a range of policy analysis methods. The final product is a policy analysis report, where students develop a statement of the general problem, the proposed policy solution, descriptive statistics on the demographic, analysis of relevant health disparities using appropriate statistical and GIS methods, a logic framework, assessment of potential impacts of policy changes through qualitative analysis, recommendations, and an executive summary. The policy analysis report is graded by the ENV HLT 200D faculty instructor.

Epidemiology
Students produce an epidemiology final report that is based on their experience from their internship. Students have three options for their report, as listed in Table D7.1.4. The report should demonstrate understanding of an epidemiologic topic and analytic competence in epidemiology. The final report is graded by their faculty advisor.

The Epidemiology department is transitioning to a written exam, and will work on shaping this exam by the end of 2021. Because developing such exam in both structure, content and educational goals requires careful and extensive discussions and deliberations with input from the faculty, staff, and students, the department is devoting its next faculty retreat in late fall 2021 to this item.

Health Policy, Health Management, and Executive MPH
During their second year, all HPM MPH students, including those in the Executive MPH program, enroll in HLT POL 400: Field Studies, where they prepare a written consulting report that synthesizes their practice and academic experiences. This includes a proposal, literature review, and policy implications and/or management recommendations. The consulting report focuses on an operational problem or decision identified with an outside organization. This might be any organizational issue, process management initiative, policy white paper, research project, strategic plan, business plan, or any of a number of analyses. The consulting report documents student learning across the curriculum and serves as the culminating experience of the program. Two-year HPM MPH students enroll in HLT POL 400 in the fall and one-year HPM MPH students enroll in the spring. The faculty for the course reviews and grades the field reports, which is based on the clarity of the identified problem, coherence of the approach and methods, feasibility and palatability of the recommendation, statement of limitations of findings, and use of scholarly literature.

3) Provide documentation, including syllabi and/or handbooks, that communicates integrative learning experience policies and procedures to students.

- ERF D7.3.1 – BIOSTAT 595 Syllabus
- ERF D7.3.2 – CHS Comprehensive Exam Policies and Procedures
- ERF D7.3.3 – ENV HLT 200D Syllabus
- ERF D7.3.4 – EPI 400 Handbook

- ERF D7.3.5 – HLT POL 400 Syllabus for HPM students
- ERF D7.3.6 – HLT POL 400 Syllabus for Executive MPH students

4) Provide documentation, including rubrics or guidelines, that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students' demonstration of the selected competencies.

Rubrics and guidelines for each concentration in ERF D7.3 are available in the ERFs referenced in section D7.3.

5) Include completed, graded samples of deliverables associated with each integrative learning experience option from different concentrations, if applicable. The school must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.

Graded ILE samples are available in the electronic resource files:

- ERF D7.5.1 Graded ILE samples for the MPH in Biostatistics
- ERF D7.5.2 Graded ILE samples for the MPH in Community Health Sciences (including MPH-HP)
- ERF D7.5.3 Graded ILE samples for the MPH in Environmental Health Sciences
- ERF D7.5.4 Graded ILE samples for the MPH in Epidemiology
- ERF D7.5.5 Graded ILE samples for the MPH in Health Policy
- ERF D7.5.6 Graded ILE samples for the MPH in Health Management
- ERF D7.5.7 Graded ILE samples for the MPH in Executive MPH

Note: ENV HLT 200D, which until the upcoming academic year was optional, has been taught only twice — winter 2018 and spring 2020. The final assignment was cancelled when the course was taught last spring due to the impact of the Black Lives Matter movement during the last weeks of the quarter. Only four students enrolled in winter 2018. The final project at that time was a group assignment with three components — a class presentation, a written report, and a mock radio interview. The ENV HLT 400 report previously served as the ILE requirement. ENV HLT 400 samples are also included as examples since there is only one ENV HLT 200D report produced in the past three years.

The ILE requirement for the Epidemiology department was previously fulfilled through the 400 report (see Epidemiology department in D5). Since EPI is transitioning to a written exam starting AY 21-22, there are no comprehensive exam samples available yet. EPIDEM 400 reports, which previously served as the ILE requirement, are provided instead.

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: Each concentration manages the ILE process, rubric, and grading. While the ILE varies across the departments and concentrations, this approach allows the capstone project to be tailored to the student's concentration and educational goals. Students receive individualized attention and oversight from a faculty member in their department during the ILE process.

Weaknesses: None.

Plans for Improvement: None.

D8. DrPH Integrative Learning Experience

Not applicable.

D9. Public Health Bachelor's Degree General Curriculum

Not applicable.

D10. Public Health Bachelor's Degree Foundational Domains

Not applicable.

D11. Public Health Bachelor's Degree Foundational Competencies

Not applicable.

D12. Public Health Bachelor's Degree Cumulative and Experiential Activities

Not applicable.

D13. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences

Not applicable.

D14. MPH Program Length

An MPH degree requires at least 42 semester-credits, 56 quarter-credits or the equivalent for completion.

Schools use university definitions for credit hours.

1) Provide information about the minimum credit-hour requirements for all MPH degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form.

Table D14.1.1 outlines the minimum requirements. MPH students are required to complete at least 58 quarter units. The minimum unit requirement varies among different dual-degree programs and offerings.

Table D14.1.1 Minimum Credit Requirement (in quarter units)

MPH Degree Options	Minimum Credit-Hour
MPH	60 units
MPH one-year in HPM or EPI	58 units
MPH/MBA	146 units (58 for the MPH)
MPH/MPP	126 units (58 for the MPH)
MPH/JD	73 semester units for the JD (60 quarter units for the MPH)
MPH/MD	No specified units for MD (58 units for the MPH)
MPH/MSW	155 units (60 for the MPH)
MPH/MA in African Studies	92 units (60 for the MPH)
MPH/MA in Asian American Studies	92 units (60 for the MPH)
MPH/MA in Latin American Studies	96 units (60 for the MPH)
MPH/MURP	120 units (64 for the MPH)
Executive MPH	74 units
MPH-HP	60 units

2) Define a credit with regard to classroom/contact hours.

Academic Senate Regulation SR[760] provides that a quarter "credit be reckoned at the rate of one unit per three hours of work per week, per term, or the equivalent." Academic Senate regulations define course credit in terms of total hours of work required of the student and do not impose specific requirements as to the number of hours spent in class. Similarly, the Los Angeles Division has adopted a policy of breaking the lockstep between course credit and hours spent in class, and of encouraging experimentation and innovation in format and instructional methods. Nevertheless, as noted above, Academic Senate regulations indicate that one unit must carry with it a corresponding three hours of work per week on behalf of the student.

D15. DrPH Program Length

Not applicable.

D16. Bachelor's Degree Program Length

Not applicable.

D17. Academic Public Health Master's Degrees

These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and translation of public health knowledge in the context of a population health framework.

Finally, students complete coursework that provides instruction in the foundational public health knowledge at an appropriate level of complexity. This instruction may be delivered through online, in-person or blended methodologies, but it must meet the following requirements while covering the defined content areas.

The school identifies at least one required assessment activity for each of the foundational public health learning objectives.

The school validates academic public health master's students' foundational public health knowledge through appropriate methods.

1) List the curricular requirements for each relevant degree in the unit of accreditation.

The curricular requirements for the master of science programs are found under "Program Requirements" at the following links:

- Master of Science in Biostatistics
- Master of Science in Community Health Sciences
- Master of Science in Environmental Health Sciences
- Master of Science in Epidemiology
- Master of Science in Health Policy and Management

2) Provide a matrix, in the format of Template D17-1, that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). Typically, the school will present a separate matrix for each degree school, but matrices may be combined if requirements are identical.

All MS students achieve the public health foundational learning objectives through PUB HLT C201: Foundations in Public Health. This course meets the 12 foundational public health learning objectives for MS students who do not have previous completion of a CEPH-accredited degree (bachelor's, master's or doctoral degree). The school also uses this course to provide the required grounding in scientific and analytical approaches to discovery and translation of public health knowledge. The online modules are as follows:

Module 1: Foundations of the Profession and the Science of Public Health

- Lesson 1: Introduction to Public Health
- Lesson 2: Morbidity, Mortality and the Aging Population
- Lesson 3: Epidemiologic Basis of Public Health
- Lesson 4: Quantitative and Qualitative Methods in Public Health
- Lesson 5: Public Health and the Science of Prevention
- Lesson 6: Public Health Ethics

Module 2: Factors Related to Human Health

- Lesson 7: Determinants of Health
- Lesson 8: Contemporary Issues in Environmental Health and One Health
- Lesson 9: Mental Health, Health Education and Behavior Change
- Lesson 10: Contemporary Issues in Global Health

Table D17.2.1 Foundational Public Health Learning Objective Coverage for the Academic Public Health Master's Degrees

Content	Course	Assessment
1. Explain public health history, philosophy, and values	PUB HLT C201: Foundations of Public Health	**Minute Paper/Video 1:** Students describe the mission of public health and how it has changed over the years. Students explain how public health history, philosophy, and values align with their interests.
2. Identify the core functions of public health and the 10 Essential Services		**Minute Paper/Video 1:** Students identify and describe the three core functions of public health and 10 essential public health services based on the Institute of Medicine (IOM) report on the Future of Public Health.
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health		**Quiz 3:** Students select the appropriate multiple-choice answer for questions relating to explaining the role of quantitative and qualitative methods for assessing population health.
4. List major causes and trends of morbidity and mortality in the U.S. or other community relevant to the school or program		**Minute Paper/Video 1:** Students list the highest crude death rates in high-income countries and in low-income countries. They then describe how these causes of death differ.
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.		**Minute Paper/Video 4**: Students discuss primary, secondary, and tertiary prevention and give examples of each within a population health context.
6. Explain the critical importance of evidence in advancing public health knowledge		**Quiz 3**: Students select the correct multiple-choice answer for questions relating to explaining the critical importance of evidence in advancing public health knowledge through epidemiology concepts and study design.
7. Explain effects of environmental factors on a population's health		**Quiz 6:** Students select the correct multiple-choice answer for questions related to explaining the effects of the environmental factors affecting population health.
8. Explain biological and genetic factors that affect a population's health		**Minute Paper/Video 5:** Students identify three biological and genetic factors and explain how these factors impact health at the population level.
9. Explain behavioral and psychological factors that affect a population's health		**Quiz 5:** Students select the correct multiple-choice answer on questions about concepts related to health promotion, behavior, and mental health in population health.
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities		**Minute Paper/Video 5:** Students provide the best explanation of social, political, and economic determinants of health and how each contributes to population health and health inequalities.
11. Explain how globalization affects global burdens of disease		**Minute Paper/Video 5:** Students name three or more "flows" associated with globalization that have direct/indirect impacts on health, and

		describe how they affect the global burden of disease.
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health)		**Quiz 6:** Students select the correct multiple-choice answer on questions related to ecology, the ecological perspective and population health.

3) Provide a matrix, in the format of Template D17-2, that lists competencies for each relevant degree and concentration. The matrix indicates at least one assessment activity for each of the listed competencies. Typically, the school will present a separate matrix for each concentration. Note: these competencies are defined by the school and are distinct from the foundational public health learning objectives defined in this criterion.

Competency maps for the academic master's degrees are available as Tables D17.3.1 – D17.3.6.

Table D17.3.1 Assessment of Competencies for the MS in Biostatistics

Competency	Course	Assessment
1. Demonstrate mastery of the foundations of probability theory and biostatistical concepts	BIOSTAT 202AB: Mathematical Statistics AB	**BIOSTAT 202A Midterm**: Students use enumeration techniques, inequalities, and theories on random variables to solve probability and modeling problems. **BIOSTAT 202A Final Exam**: Students demonstrate mastery of conditional probabilities and expectation, transformations of random variables, properties of Poisson, and univariate and bivariate normal distributions. **BIOSTAT 202B Midterm Exam**: Students demonstrate mastery of convergence concepts and their use in point and interval estimation. **BIOSTAT 202B Final Exam**: Students demonstrate mastery of maximum likelihood, UMVU, and Bayes estimation and hypotheses testing.
2. Examine foundations of linear and generalized linear models	BIOSTAT 200B: Methods in Biostatistics B	**Homework Assignment #1**: Students use a mix of mathematical derivations and data analysis on a simple linear regression model, including derivation of estimates, fitting the model to data, and checking model assumptions. **Midterm Exam:** Students comprehend key concepts and interpret model results in simple and multiple linear regression, regression coefficients, regression diagnostics, and modeling nonlinear relationships.
	BIOSTAT 200C: Methods in Biostatistics C	**Homework Assignment 1:** Students demonstrate mastery of logistic regression and use R to analyze a biomedical data set with binary or binomial outcomes. **Mid-term Exam**: assesses student's understanding of inference methods in logistic, Poisson, and multinomial regression models (questions 1-11) and the theory of exponential family of distributions and GLM (questions 12-14).

3. Employ computational methods of applied regression to the analysis of biomedical datasets	BIOSTAT 200B: Methods in Biostatistics B	**Data Analysis Project**: Students analyze a real public health data set from the Study on the Efficacy of Nosocomial Infection Control Project (SENIC) using linear regression in R or SAS, with the goal of answering a specific research question. Students prepare a written report containing tables, figures, and a text summary of the methods and results. The reports are graded based on appropriate use and execution of methods, clarity of presentation, and correct interpretation of results.
4. Provide effective biostatistical advice in collaborative research projects	BIOSTAT 402A: Principles of Biostatistical Consulting	**Assignment 7:** Students participate in a research project provided by a client. Students (working in teams of 3-4) are required to complete a consulting worksheet and provide a written and oral presentation of the results, including: statements of statistical hypothesis(es); background information; sample data description; variable assessments; analysis of data set; and interpretation of results in terms of the original research hypotheses. The sample project is joint with students in CHS and concerns design of the Mothers in Prison Managing Stress (MPMS) intervention study.
	BIOSTAT 402B: Biostatistical Consulting	**Final Project Report and Oral Presentation:** Students participate in a collaborative research project and are required to provide a written report and an oral presentation of the project. Supporting materials include a list of recent projects and sample projects in areas of genetics, obstetrics, and health services.
5. Communicate results of biostatistical research both orally and in writing	BIOSTAT 596: Directed Individual Study or Research	**Individual Guided Study:** Under faculty supervision, students develop a culminating written MS report.
	BIOSTAT 244: Master's Seminar and Research Resources for Graduating MS Biostatistics Students	**Oral Presentations:** Students give two short presentations on pre-assigned topics and a longer talk related to the MS research area. **Written Report:** Students prepare a written report related to their MS research area.

Table D17.3.2 Assessment of Competencies for the MS in Community Health Sciences

Competency	Course	Assessment
1. Critique the underlying assumptions behind demographic categories such as gender, race, or class	COM HLT 210: Community Health Sciences	**Midterm, Q1, 5, 6, 7:** Students critique the implications of poverty, social determinants of health, and gender.
2. Apply social or behavioral theories of health determinants to community health research questions	COM HLT 210: Community Health Sciences	**Final, Q2:** Students design a program by applying the PRECEDE-PROCEED framework. **Q5:** Students identify two communication messages for behavior change.
	COM HLT 212: Advanced Social Research Methods in Health	**Paper Proposal**: Students prepare a research proposal that will identify a clear research question that you can answer using MHSS data. They review existing findings and methods from past studies of their topic and identify a jumping-off point for their own analysis. This allows them both to

		ask theory-based research questions, apply social or behavioral theories to their research question in their proposal, and assess the strengths and limitations of existing studies.
3. Select and apply research methods to plan and conduct community health research	COM HLT 211A, 211B: Program Planning, Research, and Evaluation in Community Health Sciences	**Assignment 1 and 4** (211A)**:** Students conduct a needs assessment and define the problem for their intervention proposal. Assignment 4 incorporates skills students learn to select and use needs assessments, program planning tools, and program monitoring methods to adapt or create evidence-based interventions to address public health issues. **Assignment 6, 7, 8** (211B)**:** Students select and describe their research design strategy and data collection for their proposal.
	COM HLT 212: Advanced Social Research Methods in Health	**Paper Proposal:** Students develop a plan for conducting secondary data analysis to answer their chosen community health research question. **Final Paper**: Students situate their approach in existing research on the topic and discuss how their own findings agree or disagree with existing research.
4. Determine how research goals, methods, and analysis should be adapted to a specific population	COM HLT 211A: Program Planning, Research, and Evaluation in Community Health Sciences	**Assignment 2, 4**: Students prepare a research proposal that includes an analysis of a targeted population and apply it to the goals and objectives for their proposal. Then, they apply research methods.
	COM HLT 212: Advanced Social Research Methods in Health	**Final Paper**: Students address the methodological strengths and limitations of the study, assess the external validity of the findings in relation to existing studies, and assess the practical significance of their findings.
5. Conduct analysis of public health and community health data, interpret findings, and draw conclusions about community health research questions	COM HLT 212: Advanced Social Research Methods in Health	**Assignment 1-5:** Students develop an intervention proposal, in which they select and conduct data analysis and draw conclusions on their research question. **Final Paper**: Students identify, implement, and diagnose the correct univariate, bivariate, and multivariate statistical methods. Students then test the robustness of their results through specification checks; present the results in graphical and written form; and assess the significance, strengths, limitations, and novelty of their findings in relation to past studies.

Table D17.3.3 Assessment of Competencies for the MS in Environmental Health Sciences

Competency	Course	Assessment
1. Evaluate how humans are exposed to chemical, physical, biological, mechanical, and psychosocial stressors in the workplace and ambient environment	ENV HLT C200C: Foundations of Environmental Health Sciences	**Final Written Report:** Students investigate a research question to evaluate and identify routes through which humans are exposed to pollutants in the water or air.

2. Differentiate the biological processes and the parameters determining the toxicokinetics of xenobiotics.	ENV HLT C240: Fundamentals of Toxicology	**Homework Assignment #1 Q4:** Students describe and identify characteristics, sources and routes of exposure, toxicokinetics, and modes of action of different toxins.
	ENV HLT C257: Risk Assessment and Standard Setting	**Homework Assignment #1**: Students report on cancer and non-cancer guidelines of their assigned chemical.
3. Interpret the hypothesis, study design, methods, and results presented in a peer-reviewed article in environmental health sciences and related fields	ENV HLT C200A: Foundations of Environmental Health Sciences	**Literature Review:** Students conduct a literature review on a specific environmental health topic, including discussion of strengths and limitations of the peer-reviewed article.
4. Identify areas of uncertainty in exposure and risk assessment processes	ENV HLT C200C: Foundations of Environmental Health Sciences	**Assignment No. 1 AIR:** Students investigate, research and report on airborne chemicals and pollutants that affect human health.
	ENV HLT C257: Risk Assessment and Standard Setting	**Homework Assignment #2:** Students identify occupational exposure guidelines and disparities in the data base of their assigned chemical.
5. Identify methods of control and prevention that reduce major chemical, biological, mechanical, and psychosocial stressors and risks	ENV HLT C257: Risk Assessment and Standard Setting	**Final Oral Report**: Students identify methods of control and prevention guidelines from OSHA and EPA on an assigned chemical. This requires students to address methodology and prevention measures set by OSHA and EPA.
6. Communicate the basic characteristics of major chemical, physical, biological, mechanical, and psychosocial stressors that affect human health	ENV HLT 200A: Foundations of Environmental Health Sciences	**Presentations:** Students give three oral presentations that demonstrate their ability to critically analyze peer-reviewed articles and summarize and explain findings in a professional format. The presentations are a culmination of the skills learned throughout the course, in which students identify and describe environmental stressors.
	ENV HLT C200C: Foundations of Environmental Health Sciences	**Assignment No. 1 AIR:** This independent written report requires students to investigate, research and report on airborne chemicals and pollutants that affect human health.

Table D17.3.4 Assessment of Competencies for the MS in Epidemiology

Competency	Course	Assessment
1. Critique and synthesize existing literature to formulate a research hypothesis that can be evaluated through empirical epidemiologic investigation	EPIDEM 200B: Methods II: Prediction and Validity	**Final Exam:** Students read a research paper in preparation for the exam; during the exam they show that they understand the literature, critique the research methods, and propose alternate approaches.

2. Appraise the advantages and disadvantages of different study designs for a specific research hypothesis	EPIDEM 200A: Methods I: Basic Concepts and Study Designs	**Homework 3, Q3**: Students identify the study design and compare the advantages and disadvantages of cohort and case-control studies.
3. Identify sources of bias and approaches to reduce bias during data collection, management, and analysis	EPIDEM 200B: Methods II: Prediction and Validity	**Midterm Q3**: Students quantitatively assess confounding using stratified analyses and standardization. **Final Exam Q1-6, 9, 11, and 12:** Students evaluate study designs for their potential for selection bias and exposure misclassification; draw directed acyclic graphs that state their assumptions; and suggest approaches that would avoid these biases.
4. Analyze and interpret epidemiologic studies using appropriate methods	EPIDEM 200C: Methods III: Analysis	**Assignment #4, #5**: Students fit logistic regression and survival models for estimating effects and interpreting associations.
5. Communicate the results of research in writing in an ethical manner	EPIDEM 200A: Methods I: Basic Concepts and Study Designs	**Homework 4 Part 1, Q1 and 2:** Students calculate the appropriate measures of association for different studies, consider ethics, and interpret the results. **Final Exam Q2 and Section II Q4:** Students calculate the appropriate measures of association in the cohort study and interpret the results in writing in an ethical manner.
	EPIDEM 200C: Methods III: Analysis	**Assignment #1**: Students complete the CITI (Collaborative Institutional Training Initiative) and HIPPA (Health Insurance Portability and Accountability Act) trainings.
6. Draw appropriate inferences from epidemiologic data	EPIDEM 200C: Methods III: Analysis	**Assignment #2:** Students interpret estimated regression coefficients, confidence intervals, and p-values

Table D17.3.5 Assessment of Competencies for the MS in Health Policy and Management

Competency	Course	Assessment
1. Demonstrate knowledge of procedures that ensure the ethical treatment of research subjects	HLT POL 225A: Health Services Research Design	**Human Subjects Protection Certification via the Collaborative Institutional Training Initiative (CITI) Program:** As a course requirement, student complete Human Subject Protection training and receive a certificate, in order to be able to be informed on policies and procedures and to ethically conduct research on human subjects. Training consists of a review of key documents regarding the ethical conduct of research, review of online case studies, and completion of multiple-choice quizzes to assess understanding of the material. An average score of 80% on each quiz is required to earn the certificate.
2. Identify and critique existing research around a topic relevant to health services, health policy, population health or health management research	HLT POL 225A: Health Services Research Design	**Draft Literature Review:** Students receive two tutorials on conducting literature searches by the public health librarian at the UCLA biomedical sciences library, including how to optimize literature search engines, using software for organizing literature and managing citations, and making literature search methods reproducible and transparent. Student also

		receive an in-class lecture on conducting and using systematic literature reviews. Students then conduct their own literature review on the topic they identify for their final paper. This preliminary literature review is approximately five pages long and identifies relevant literature related to the chosen topic. Detailed instructor feedback and in-class discussion is provided to aid in revising the literature review for inclusion as part of the final paper.
	HLT POL 225A: Health Services Research Design	**Final Paper:** In the final research paper on health services or health policy, students identify and critique existing literature on an issue of their choice, and will identify the gaps in the research area. Students will have the opportunity to discuss, both in class and in their written paper, what their research will add to public health knowledge.
3. Use a theoretical or conceptual model to generate a concrete research question relevant to health services research	HLT POL 225A: Health Services Research Design	**Draft of Conceptual Model and Discussion of Causality:** Following from the literature review, students identify one or more research questions that they plan to pursue as part of their final paper. They also identify specific hypotheses and a rationale for each one. They then develop a conceptual model that makes it clear which variables ought to be in the model, direction of (presumed) causality, and specification of hypothesized mediation and moderation (if applicable). The 3-5 page document includes a diagram or another suitable approach (equation, directed acyclic graph) illustrating hypothesized causal relationships. **Peer Review of Conceptual Models:** Students present their conceptual model to the class for peer review and discussion. The revised conceptual model forms part of the final paper. **Final Paper:** In the final research paper on health services or health policy, students include a conceptual model and link this with the existing literature as well as the student's research questions and specific hypotheses. The model guides the student's data analysis plan and is used to interpret and discuss the results obtained.

4) Identify required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three-semester-credit course.

All MS students are required to take PUB HLT C201, which introduces them to a variety of public health research methods. From the course C201, students will be able to:

- Explain the role and importance of quantitative methods, qualitative methods, and evidence in describing and assessing population health and advancing public health knowledge.
- Use a range of research methods and techniques for designing and conducting health research, with particular emphasis on evaluation of community-based public health programs.
- Determine appropriate use of qualitative and quantitative methods.
- Distinguish the different study designs.

In addition to PUB HLT C201, students in each department take advanced quantitative and qualitative research-focused courses. Some of the required courses listed below focus on research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge. MS students also complete a capstone project and/or research thesis.

Biostatistics

- BIOSTAT 200A: Methods in Biostatistics A
- BIOSTAT 200B: Methods in Biostatistics B
- BIOSTAT 200C: Methods in Biostatistics C
- BIOSTAT 402B: Biostatistical Consulting

Community Health Sciences

- BIOSTAT 100A: Introduction of Biostatistics
- BIOSTAT 100B: Introduction of Biostatistics
- EPIDEM 100: Principles of Epidemiology
- BIOSTAT 406: Applied Multivariate Biostatistics
- COM HLT 212: Advanced Social Research Methods in Health

Environmental Health Sciences

- ENV HLT 200A: Foundations of Environmental Health Sciences
- ENV HLT C200C: Foundations of Environmental Health Sciences

Epidemiology

- EPIDEM 200A: Methods I: Basic Concepts and Study Design
- EPIDEM 200B: Methods II: Prediction & Validity
- EPIDEM 200C: Methods III: Analysis
- EPIDEM 220: Principles of Infectious Disease Epidemiology

Health Policy and Management

- HLT POL 225A: Health Services Research Design
- HLT POL 225B: Health Services Research Design

5) Briefly summarize policies and procedures relating to production and assessment of the final research project or paper.

All MS students follow UCLA Graduate Division's policies and procedures. Students earning an MS degree choose between (1) a capstone plan, which is a written comprehensive examination combined with an in-depth written report, or (2) a thesis plan. Students who choose the combination exam/report must pass a comprehensive exam in their major area of study and prepare an approved in-depth report. Students who choose the thesis plan must have it approved by a thesis committee. The options are outlined in Table D17.5.1. During their second year, students assemble their master's committee, which is generally comprised of three faculty members who will be responsible for reviewing their work periodically, advising on their direction, and approving the thesis. UCLA has specific guidelines for how each thesis must be formatted. Requirement information can be found here. Having these two different options allows students to choose a capstone that aligns with their career goals. Typically, option 2 is for MS students who progress onto a PhD program or are interested in pursuing a career in academia.

Table D17.5.1 Capstone Project Options by Department

Department	Option 1: Capstone Plan - Comprehensive Exam and/or Report		Option 2: Thesis
	Comprehensive Exam	Written Report/Project	
Biostatistics	X	X	
Community Health Sciences	X	X	X
Epidemiology	X	X	X
Environmental Health Sciences	X	X	X

Health Policy and Management		X	X

6) Provide links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree school.

- Master of Science in Biostatistics
- Master of Science in Community Health Sciences
- Master of Science in Environmental Health Sciences
- Master of Science in Epidemiology
- Master of Science in Health Policy and Management
- UCLA Thesis and Dissertation Filing Requirements

7) Include completed, graded samples of deliverables associated with the major paper or project. The school must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.

Completed, graded samples of deliverables are found through the following electronic resource files:

- ERF D17.7.1 – MS in Biostatistics
- ERF D17.7.2 – MS in Community Health Sciences
- ERF D17.7.3 – MS in Environmental Health Sciences
- ERF D17.7.4 – MS in Epidemiology
- ERF D17.7.5 – MS in Health Policy and Management

8) Briefly explain how the school ensures that the instruction and assessment in basic public health knowledge is generally equivalent to the instruction and assessment typically associated with a three-semester-credit course.

PUB HLT C201: Fundamentals of Public Health is a course that covers all 12 learning experiences of public health. The course is required for all MS/PhD students who do not have previous completion of a CEPH-accredited degree (bachelor's, master's, or doctoral degree). The course for MS/PhD students is taught asynchronously online and taken over the course of a single academic quarter, preferably in the student's first academic quarter at UCLA. The synchronous and asynchronous versions of PUB HLT C201 have the same instructional content and assessments and differ only with respect to their instructional modality. The course is equivalent to a total of 120 hours of content, which is equivalent to a 4-unit course.

9) Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus.

Syllabi are available in the electronic resource files below:

- ERF D17.9.1 – MS in Biostatistics
- ERF D17.9.2 – MS in Community Health Sciences
- ERF D17.9.3 – MS in Environmental Health Sciences
- ERF D17.9.4 – MS in Epidemiology
- ERF D17.9.5 – MS in Health Policy and Management

10) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: All MS programs fully prepare students for careers post-graduation and for those who would like to further their education and pursue a PhD degree. Students may choose a capstone or thesis option; whichever aligns with their interests and career goals. In addition, faculty regularly review and revise degree requirements to ensure students are receiving the most up to date preparation.

Weaknesses: One challenge is the financial support for MS students. In 2019, approximately 76% of MS students received financial support (scholarships, grants, fellowships, and TA and GSR positions). About 12% of MS students took out federal loans. Departments typically prioritize their resources to support doctoral students and faculty also tend to hire doctoral students as GSRs on their research projects.

Plans for Improvement: With the development of the public health undergraduate major, FSPH expects to have more TA opportunities for undergraduate courses that some MS students may apply to.

D18. Academic Public Health Doctoral Degrees

These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and translation of public health knowledge in the context of a population health framework.

These students complete doctoral-level, advanced coursework and other experiences that distinguish the school of study from a master's degree in the same field.

The school defines appropriate policies for advancement to candidacy, within the context of the institution.

Finally, students complete coursework that provides instruction in the foundational public health knowledge at an appropriate level of complexity. This instruction may be delivered through online, in-person or blended methodologies, but it must meet the following requirements while covering the defined content areas.

The school identifies at least one required assessment activity for each of the foundational public health learning objectives.

The school validates academic doctoral students' foundational public health knowledge through appropriate methods.

1) List the curricular requirements for each non-DrPH doctoral degree in the unit of accreditation, EXCLUDING requirements associated with the final research project. The list must indicate (using shading) each required curricular element that a) is designed expressly for doctoral, rather than master's, students or b) would not typically be associated with completion of a master's degree in the same area of study.

The school may present accompanying narrative to provide context and information that aids reviewers' understanding of the ways in which doctoral study is distinguished from master's-level study. This narrative is especially important for institutions that do not formally distinguish master's-level courses from doctoral-level courses.

The school will present a separate list for each degree program and concentration as appropriate.

FSPH offers the PhD in Biostatistics, Community Health Sciences, Environmental Health Sciences, Epidemiology, and Health Policy and Management. The tables below list the coursework for each PhD program, with courses specific to the doctoral programs shaded in gray.

Table D18.1.1 Coursework for the PhD in Biostatistics

Course number	Course title
BIOSTAT 250A	Linear Statistical Models
BIOSTAT 250B	Linear Statistical Models
BIOSTAT 250C	Multivariate Biostatistics
BIOSTAT 257	Computational Methods for Biostatistical Research
Six 200-level biostatistics courses	
One special-topic elective course from BIOSTAT 210 and above	
Students who have not completed a master's degree or equivalent in Biostatistics, the student must take BIOSTAT 200A, 200B, 200C, 202A, 202B, and six 200-level courses	

Table D18.1.2 Coursework for the PhD in Community Health Sciences

Course number	Course title
BIOSTAT 100A	Introduction to Biostatistics

BIOSTAT 100B	Introduction to Biostatistics
BIOSTAT 406	Applied Multivariate Biostatistics
COM HLT 212	Advanced Social Research Methods in Health
EPIDEM 100	Principles of Epidemiology
An epidemiology course	
COM HLT 210	Community Health Sciences
COM HLT 211A	Program Planning, Research, and Evaluation in Community Health Sciences
COM HLT 211B	Program Planning, Research, and Evaluation in Community Health Sciences
COM HLT 219	Theory-Based Data Analysis
COM HLT 270A	Foundations of Community Health Sciences
COM HLT 270B	Foundations of Community Health Sciences
COM HLT 286	Doctoral Roundtable in Community Health Sciences
16 units coursework in research methodology and statistics	
16 units coursework in minor field (students minor in a PhD-granting department outside of FSPH in a discipline relevant to Community Health Sciences)	

Table D18.1.3 Coursework for the PhD in Environmental Health Sciences

Course number	Course title
ENV HLT C200A	Foundations of Environmental Health Sciences
ENV HLT C200C	Foundations of Environmental Health Sciences
ENV HLT 411	Environmental Health Sciences Seminar
ENV HLT 414A	Research Methods and Effective Communication in Environmental Health Sciences
ENV HLT 414B	Research Methods and Effective Communication in Environmental Health Sciences
One course in epidemiology	

Table D18.1.4 Coursework for the PhD in Epidemiology

Course number	Course title
EPIDEM 200A	Methods I: Basic Concepts and Study Designs
EPIDEM 200B	Methods II: Prediction and Validity
EPIDEM 200C	Methods III: Analysis
EPIDEM M204	Logic, Causation, and Probability
EPIDEM 292	Advanced Seminar: Epidemiology
EPIDEM 293 OR EPIDEM 295	International HIV/AIDS Seminar Cancer Epidemiology Seminar
One course in pathology	
One course in statistics	
Courses in additional areas of specialization	
Three doctoral seminars	

Table D18.1.5 Coursework for the PhD in Health Policy and Management

Course number	Course title
HLT POL 200A	Health Systems Organization and Financing
HLT POL 225A	Health Services Research Design I
HLT POL 225B	Health Services Research Design II
HLT POL 226A	Readings in Health Services Research I
HLT POL 226B	Readings in Health Services Research II
HLT POL 227A	Special Topics in Health Services: Seminar Series
HLT POL 237C	Issues in Health Services Methodologies
HLT POL 423	Advanced Evaluation Theory and Methods of Health Services
BIOSTAT 201A	Topics in Applied Regression
BIOSTAT 201B	Topics in Applied Regression

EPIDEM 100 or equivalent course	Principles of Epidemiology
One biostatistics course at 200 level or above	
Five or more electives	

2) Provide a matrix, in the format of Template D18-1, that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). Typically, the school will present a separate matrix for each degree program, but matrices may be combined if requirements are identical.

Like the MS students, all PhD students achieve the public health foundational learning objectives through PUB HLT C201: Foundations in Public Health. This course meets the 12 foundational public health learning objectives for PhD students who do not have previous completion of a CEPH-accredited degree (bachelor's, master's or doctoral degree). The course is split into two modules:

Module 1: Foundations of the Profession and the Science of Public Health
- Lesson 1: Introduction to Public Health
- Lesson 2: Morbidity, Mortality and the Aging Population
- Lesson 3: Epidemiologic Basis of Public Health
- Lesson 4: Quantitative and Qualitative Methods in Public Health
- Lesson 5: Public Health and the Science of Prevention
- Lesson 6: Public Health Ethics

Module 2: Factors Related to Human Health
- Lesson 7: Determinants of Health
- Lesson 8: Contemporary Issues in Environmental Health and One Health
- Lesson 9: Mental Health, Health Education and Behavior Change
- Lesson 10: Contemporary Issues in Global Health

Table D18.2.1 Foundational Public Health Learning Objective Coverage for the Academic Public Health Doctoral Degrees

Content	Course	Assessment
1. Explain public health history, philosophy, and values	PUB HLT C201: Foundations of Public Health	**Minute Paper/Video 1:** Students describe the mission of public health and how it has changed over the years. Students explain how public health history, philosophy, and values align with their interests.
2. Identify the core functions of public health and the 10 Essential Services		**Minute Paper/Video 1:** Students identify and describe the three core functions of public health and 10 essential public health services based on the Institute of Medicine (IOM) report on the Future of Public Health.
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health		**Quiz 3:** Students select the appropriate multiple-choice answer for questions relating to explaining the role of quantitative and qualitative methods for assessing population health.
4. List major causes and trends of morbidity and mortality in the U.S. or other community relevant to the school or program		**Minute Paper/Video 1:** Students list the highest crude death rates in high-income countries and in low-income countries. They then describe how these causes of death differ.

5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.		**Minute Paper/Video 4**: Students discuss primary, secondary, and tertiary prevention and give examples of each within a population health context.
6. Explain the critical importance of evidence in advancing public health knowledge		**Quiz 3**: Students select the correct multiple-choice answer for questions relating to explaining the critical importance of evidence in advancing public health knowledge through epidemiology concepts and study design.
7. Explain effects of environmental factors on a population's health		**Quiz 6:** Students select the correct multiple-choice answer for questions related to explaining the effects of the environmental factors affecting population health.
8. Explain biological and genetic factors that affect a population's health		**Minute Paper/Video 5:** Students identify three biological and genetic factors and explain how these factors impact health at the population-level.
9. Explain behavioral and psychological factors that affect a population's health		**Quiz 5:** Students select the correct multiple-choice answer on questions about concepts related to health promotion, behavior, and mental health in population health.
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities		**Minute Paper/Video 5:** Students provide the best explanation of social, political, and economic determinants of health and how each contributes to population health and health inequalities.
11. Explain how globalization affects global burdens of disease		**Minute Paper/Video 5:** Students name three or more "flows" associated with globalization that have direct/indirect impacts on health, and how they affect the global burden of disease
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health)		**Quiz 6:** Students select the correct multiple-choice answer on questions related to ecology, the ecological perspective and population health.

3) Provide a matrix, in the format of Template D18-2, that lists competencies for each relevant degree and concentration. The matrix indicates at least one assessment activity for each of the listed competencies. Typically, the school will present a separate matrix for each concentration. Note: these competencies are defined by the school and are distinct from the introductory public health learning objectives defined in this criterion.

Table D18.3.1 Assessment of Competencies for the PhD in Biostatistics

Competency	Course	Assessment
1. Demonstrate mastery of theory and applications of statistical models	BIOSTAT 250A: Linear Statistical Models	**Homework 6**: Students demonstrate mastery of weighted least squares regression and graphical diagnostic tools such as the added variable plot and partial residual plot. **Midterm Exam**: Students show mastery of linear algebra, properties of chi-square, and multivariate normal distribution. **Final Exam**: Students demonstrate mastery of Moore-Penrose inverse, projection matrices, properties of chi-square distribution, unbiased and maximum likelihood estimation (MLE) in linear models, weighted least squares estimation, and hypotheses testing in linear models.
	BIOSTAT 250B: Linear Statistical Models	**Homework 2:** Students apply maximum likelihood estimation, hypotheses testing, and setting simultaneous confidence intervals in the one-way ANOVA model. **Final Exam, Problem #4**: Students formulate real questions by laboratory scientists into testable hypotheses for linear models and use data to make inferences.
	BIOSTAT 250C: Multivariate Biostatistics	**Midterm:** Students demonstrate mastery of inner product vector spaces and matrix algebra to solve problems in multivariate statistical analysis and modeling. Problem #1: Students solve a statistical problem in constructing predictors in a big data setting. Problem #2: Students build an inner-product on a vector space of matrices to construct a matrix-valued linear regression model. Problem #3: Students show knowledge of orthogonal projectors on general finite dimensional vector spaces at a more advanced level than they have encountered in 250AB. Problem #4: Students apply the fundamental concepts of linear algebra to create predictors from the intersection of subspaces. **Final:** Problem #1 tests the student's knowledge of the multivariate normal distribution; problems #2 and 3 test the student's knowledge in different aspects of the Inverse-Wishart distribution; problem #4 tests the student's problem-solving skills by using a multivariate model to solve a problem in modeling disease rates for multiple diseases; and problem #5 tests the student's grasp of Bayesian networks and directed acyclicgraphs to model multivariate dependencies.
2. Develop algorithms to implement advanced biostatistical methodologies	BIOSTAT 257: Computational Methods for Biostatistical Research	**Homework 1**: Students demonstrate mastery of computer arithmetic. **Homework 2**: Students demonstrate mastery of basic numerical linear algebra. **Homework 5 and 6**: Students develop and implement Expectation-Maximization (EM) and Majorize-Minimization (MM) algorithms in the linear mixed effects model.

3. Present effective seminars on biostatistical research and research in public health sciences	BIOSTAT 246: Advanced Student Seminar	**Student Presentations**: Students give a 10-15 minute talk on either a seminal paper from the literature or their current research. Slides are provided to the instructor for pre-talk review and follow-up feedback is given after the presentation. **Discussion:** All students will ask questions and join in discussions following each student presentation.
4. Promote effective use of biostatistics in collaborative team research on public health problems	BIOSTAT 409A: Doctoral Consulting Seminar	**Assignment 2:** Students work in teams to make oral presentations summarizing the initial phases of their consulting project, including the project's purpose, background, statistical design, and methodologies. A sample presentation is included. **Assignment 3:** Students work in teams to critically evaluate clinical trial proposals by completing brief written biostatistical reviews addressing hypotheses, design analysis, randomization methods, sample size calculations, and analysis. **Assignment 4:** Student work in teams to prepare a written report analyzing and critiquing their research projects. The report should cover the project's purpose, background and data, statistical methods, analysis results (with tables/figures, as appropriate), discussion, and references. The discussion should contain a critical assessment of the project and any future considerations. A sample report is included.
5. Develop original research in the theory/methodology of biostatistics and demonstrate its application in a substantive field	BIOSTAT 599: Doctoral Dissertation Research	**Doctoral Thesis and Oral Exam**: Students demonstrate mastery through development of doctoral-level research examining methods in biostatistics that involve statistical inference, computational methods, and application in a substantive field.

Table D18.3.2 Assessment of Competencies for the PhD in Community Health Sciences

Competencies	Course	Assessment
1. Describe and critique social, behavioral, or public health theories about the social determinants of health or health behavior and apply these theories to an area of research	COM HLT 270A: Foundations of Community Health Sciences	**Assignment 1, 2, 3** (270A): Students select one major construct in their area of interest and review three to five published definitions of it; then they critically evaluate a self-report survey instrument to measure the construct, and analyze two major theories that have been applied to the same health problem. **Papers 1, 2** (270B): Students apply theories to develop a conceptual framework and then operationalize and measure constructs in the conceptual framework.
2. Demonstrate the ability to apply advanced research methods (including research design and implementation, data analysis, and statistics) in the social or behavioral sciences	COM HLT 219: Theory-Based Data Analysis	**Final Paper:** The final paper is a culmination of assignments in which students demonstrate their ability to apply advanced research methods, including research design and implementation (assignments 2-3), data analysis (assignment 4-5), and statistics (assignments 6-7).

	Dissertation	Students apply advanced research methods by developing the Methods and Results sections.
3. Formulate a research question and testable hypotheses on an important community health topic, and design an empirical study to answer it	COM HLT 270B: Foundations of Community Health Sciences	**Paper 1:** Students take one or two of the theories discussed in this course and use them to develop a conceptual framework that would be useful in investigating their research topic.
4. Design a research project that is responsive to concerns about public health research among diverse social groups, including cultural, racial/ethnic, national origin, linguistic, gender, sexual orientation, and community groups	COM HLT 270B: Foundations of Community Health Sciences	**Paper 2**: Students refine their conceptual framework and operationalize and measure constructs in their conceptual framework for a public health research among diverse groups.
	Dissertation Proposal	**Dissertation:** Students respond to public health research concerns during their dissertation proposal research design.

Table D18.3.3 Assessment of Competencies for the PhD in Environmental Health Sciences

Competency	Courses	Assessment
1. Formulate a testable hypothesis about a current critical issue in environmental health sciences and related fields	ENV HLT 414A: Research Methods and Effective Communication in Environmental Health Sciences	**Writing Assignment No. 2:** Students select a current critical issue in environmental health sciences and related fields with input from their doctoral dissertation advisor. Students conduct a literature review to identify knowledge gaps, formulate testable hypotheses to address these gaps, and present these hypotheses in the format of the Specific Aims section of an NIH proposal.
2. Propose appropriate data collection strategies and data analysis methods to test hypotheses in environmental health sciences and related fields	ENV HLT 414B: Research Methods and Effective Communication in Environmental Health Sciences	**Writing Assignment No 3:** Students conduct data collection, data analysis, and results interpretation. They then write the Results and Discussion sections of a manuscript.
3. Prepare a research proposal for submission to a funding source or a scientific manuscript for publication in a peer-reviewed journal in environmental health sciences and related fields	ENV HLT414A: Research Methods and Effective Communication in Environmental Health Sciences	**Final Written Report:** Students write a pilot research proposal ready for submission to a funding source (such as the Pilot Project Research Training Program of the Southern California NIOSH Education and Research Center, UCLA COEH research projects, or UCLA Graduate Research Mentorship Program).
	ENV HLT 414B: Research Methods and Effective Communication in Environmental Health Sciences	**Final Written Report**: Students work with their doctoral dissertation advisor and use data already collected from a completed project to write a full-length manuscript for submission to a peer-reviewed journal in environmental health sciences and related fields.

4. Communicate scientific results at a national or international conference in environmental health sciences and related fields	ENV HLT 414B: Research Methods and Effective Communication in Environmental Health Sciences	**Final Oral Presentation:** Students identify a national or international conference suitable for presenting the results of their research project. They then prepare a PowerPoint presentation based on the completed full-length manuscript and deliver an oral presentation towards the end of the course as a rehearsal and receive feedback.

Table D18.3.4 Assessment of Competencies for the PhD in Epidemiology

Competencies	Course	Assessment
1. Critically review and evaluate the scientific literature, synthesizing the findings across studies and developing an informed judgment on the state of knowledge in that area; presenting appropriate implications for public health practice, public policy; and implications for further research in an ethical manner	EPIDEM 292: Doctoral Seminar	Students present and discuss their prospective dissertation projects, based on a critical review of relevant scientific literature.
2. Demonstrate proficiency in choosing and applying appropriate analytical methods for empirical epidemiologic investigations	EPIDEM 200 C: Methods III: Analysis	**Assignment #4**: Students choose and fit an appropriate generalized linear model for estimating associations and effects.
	EPIDEM M204 / STATS M243: Logic, Causation and Probability	**Assignment #1, #2, and #3:** Students fit various statistical and causal models for etiologic epidemiologic research.
	EPIDEM M211/STATS M250: Statistical Methods for Epidemiology	**Assignment #1, #2, and #3:** Students apply g-methods for causal modeling in epidemiology.
3. Evaluate and apply modern techniques for estimating causal effects in epidemiology	EPIDEM M204 / STATS M243: Logic, Causation and Probability	**Assignments #1, #2, and #3:** Students specify and fit causal models using outcome regression, exposure scoring and g-methods.
	EPIDEM M211/STATS M250: Statistical Methods for Epidemiology	**Assignment #2, #3, and #4:** Students apply g-methods for time-varying exposure effects in epidemiology.
4. Identify the sources of bias and apply modern techniques for quantitative bias analysis	EPIDEM M204 / STATS M243: Logic, Causation and Probability	**Assignment #4:** Students specify and fit models for quantitative bias analysis to address measurement error, uncontrolled confounding, and selection bias.
	EPIDEM 212: Statistical Modeling in Epidemiology	**Assignment #5:** Students demonstrate their ability to analyze collider-stratification bias due to unmeasured mediator-outcome confounding.
5. Demonstrate proficiency in specifying a research question,	Dissertation	Students work with their faculty committee members to formulate a research question, choose an appropriate study design for data collection, analyze the data, and

choosing a study design for data collection, analyzing the data, and interpreting and writing up the results		interpret and write up the results as dissertation chapters submittable for peer review.
6. Demonstrate understanding in ethical principles and research integrity when conducting an epidemiologic study	EPIDEM 200 C: Methods III: Analysis	**Assignment #1:** Students demonstrate understanding in ethical principles and research integrity through completing the CITI and HIPPA trainings.

Table D18.3.4 Assessment of Competencies for the PhD in Health Policy and Management

Competency	Course	Assessment
1. Appraise the strengths and weaknesses of study designs to appropriately address specific research questions in health services, health policy, population health, or health management	HLT POL 226A: Readings in Health Services Research I	**Class Presentation:** Each week, one student presents their summaries and critiques on the research papers assigned. They facilitate a class discussion with their peers on the strengths and weaknesses of the literature, and make recommendations on how to improve the articles' data, study designs, or methods. **Paper Critique:** In their weekly discussion posts, students critique the strengths and weaknesses of the study designs discussed in the literature, and evaluate their effectiveness in addressing the issues being discussed.
	HLT POL 226B: Readings in Health Services Research II	**Class Presentation:** Each week, one student presents their summaries and critiques on the research papers assigned. They facilitate a class discussion with their peers on the strengths and weaknesses of the literature, and make recommendations on how to improve the articles' data, study designs, or methods. **Paper Critique:** In their weekly discussion posts, students critique the strengths and weaknesses of the study designs discussed in the literature, and evaluate their effectiveness in addressing the issues being discussed.
2. Critique the interpretation of research results in published literature in the areas of health services, health policy, population health, or health management	HLT POL 226A: Readings in Health Services Research I	**Class Presentation:** Each week, one student presents their summaries and critiques on the research papers assigned. They facilitate a class discussion with their peers on the strengths and weaknesses of the literature, and make recommendations on how to improve the articles' data, study designs, or methods. **Paper Critique:** Each week, students have an opportunity to critique the arguments, methods, results, and interpretations in the assigned research literature through an online discussion forum. Study topics include healthcare markets, healthcare costs, health insurance, and healthcare workforce in the medical market.

	HLT POL 226B: Readings in Health Services Research II	**Paper Critique:** Each week, students have an opportunity to critique the arguments, methods, results, and interpretations in the assigned research literature through an online discussion forum. Study topics include racial and immigration status disparities in healthcare delivery and outcomes, international healthcare system and policy comparisons, effects of Medicaid expansion on mortality rates, and creation of Accountable Care Organizations (ACOs).
3. Assemble data about medical care, population health, or health policy, either directly from study participants or from existing public or private sources	HLT POL 225A: Readings in Health Services Research I	**Study Design and Variable Construction:** As part of the process of drafting their final research papers, students develop and implement a study design (usually observational cross-sectional or longitudinal) that is relevant and appropriate to their research question. The 3-5 page draft document discusses in depth how the research design answers the research question of interest, tests specific hypotheses, and informs on the causal relationships hypothesized.
		Data Analysis Lab Sessions: Students participate in eight laboratory sessions in which they will learn the basics of data cleaning, management, variable construction, and statistical analysis using the STATA statistical analysis software. In-class exercises illustrate concepts and apply them to real secondary datasets.
		Final Paper: As part of the final paper, students download a secondary dataset, construct the main measures of interest, assess each variable's functional form, identify any missing values, define their independent and dependent variables, and test their main hypotheses. These empirical analyses are presented in class for peer review and form the basis of the Results section of their 15-page final paper.
4. Design a research study to evaluate research questions in the areas of health policy, medical care, population health, health services research, or related areas	HLT POL 225C: Research Methods for Improvement and Implementation Science	**Study Design**: Using the goals and methods of improvement science discussed throughout the course, students develop a research design for an improvement science study based on a real-world problem. Students select an appropriate measure of improvement, and meet scientific standards to report results. Students present their final projects during the last course.

4) Identify required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three-semester-credit course.

All PhD students are introduced to a variety of public health research methods in PUB HLT C201. From the C201 course, students will be able to:

- Explain the role and importance of quantitative methods, qualitative methods, and evidence in describing and assessing population health and advancing public health knowledge.
- Use a range of research methods and techniques for designing and conducting health research, with particular emphasis on evaluation of community-based public health programs.

- Determine appropriate use of qualitative and quantitative methods.
- Distinguish the different study designs.

In addition to PUB HLT C201, students in each department take advanced quantitative and qualitative research-focused courses. Some of the required courses listed below focus on research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge. PhD students also complete a dissertation.

Biostatistics

- BIOSTAT 250A: Linear Statistical Models
- BIOSTAT 250B: Linear Statistical Models
- BIOSTAT 250C: Multivariate Biostatistics
- BIOSTAT 257: Computational Methods for Biostatistical Research
- BIOSTAT 409: Doctoral Statistical Consulting Seminar

Community Health Sciences

- COM HLT 270A: Foundations of Community Health Sciences
- COM HLT 270B: Foundations of Community Health Sciences
- COM HLT 219: Theory-Based Data Analysis

Environmental Health Sciences

- ENV HLT 414A: Research Methods and Effective Communication in Environmental Health Sciences
- ENV HLT 414B: Research Methods and Effective Communication in Environmental Health Sciences

Epidemiology

- EPIDEM 200A: Methods I: Basic Concepts and Study Design
- EPIDEM 200B: Methods II: Prediction & Validity
- EPIDEM 200C: Methods III: Analysis
- EPIDEM M204: Logic, Causation, and Probability
- EPIDEM 292: Advanced Seminar: Epidemiology

Health Policy and Management

- HLT POL 225A: Health Services Research Design I
- HLT POL 225B: Health Services Research Design II
- BIOSTAT 201A: Topics in Applied Regression
- BIOSTAT 201B: Topics in Applied Regression
- HLT POL 237C: Issues in Health Services Methodologies

5) Briefly summarize policies and procedures relating to production and assessment of the final research project or paper.

Each doctoral-degree program requires the completion of an approved dissertation that demonstrates the student's ability to perform original, independent research and constitutes a distinct contribution to knowledge in the principal field of study. All doctoral students must complete essential coursework and pass both the Written Doctoral Qualifying Examination and the Oral Qualifying Examination (Defense of Dissertation) in order to advance to candidacy. As one of the requirements for conferral of a degree, students must make their thesis publicly available through the UC's institutional repository, eScholarship. Under Academic Senate regulations, the University Oral Qualifying Examination is open only to the student and appointed members of the doctoral committee. Doctoral students must form a doctoral committee according to the Minimum Standards for Doctoral Committee Constitution required by the university.

6) Provide links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree school.

- Biostatistics
- Community Health Sciences
- Environmental Health Sciences
- Epidemiology
- Health Policy and Management

7) Include completed, graded samples of deliverables associated with the advanced research project. The school must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.

Completed, graded samples of deliverables are available through the following electronic resource files:

- ERF D18.7.1 – PhD in Biostatistics
- ERF D18.7.2 – PhD in Community Health Sciences
- ERF D18.7.3 – PhD in Environmental Health Sciences
- ERF D18.7.4 – PhD in Epidemiology
- ERF D18.7.5 – PhD in Health Policy and Management

8) Briefly explain how the school ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three semester-credit course.

PUB HLT C201: Fundamentals of Public Health is a course that covers all 12 foundational learning objectives for PhD students who do not have previous completion of a CEPH-accredited degree (bachelor's, master's, or doctoral degree). The course for PhD students is taught asynchronously online and taken over the course of a single academic quarter, preferably in the student's first academic quarter at UCLA. The course is equivalent to 120 hours of content, which is equivalent to a four-unit course.

9) Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus.

Syllabi for the PhD programs are available as electronic resource files, as indicated below.

- ERF D18.9.1 – PhD in Biostatistics
- ERF D18.9.2 – PhD in Community Health Sciences
- ERF D18.9.3 – PhD in Environmental Health Sciences
- ERF D18.9.4 – PhD in Epidemiology
- ERF D18.9.5 – PhD in Health Policy and Management

10) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: FSPH offers dynamic doctoral programs aimed at training the next generation of researchers and scholars in the school's five departments. The programs are structured for individual-level flexibility and catered to students' research interests. As an example, CHS is unique in having a minor outside of public health that can be in any PhD-granting department on campus. Because of FSPH's unique offerings and rigor in its curriculum, the school consistently attracts an impressive pool of applicants nationwide and internationally, which makes the program competitive with the highest standards of scholarship. Furthermore, the school boasts a stellar faculty lineup with spectacular records in research and scholarship who are also excellent at mentoring and supervising dissertations.

Weaknesses: Challenges facing the school include the university policy regarding non-resident tuition for international and out-of-state students. This somewhat limits the ability to attract the brightest applicants to our programs and diminishes our competitive edge. Approximately 91% of doctoral students receive financial support, including scholarships, fellowships, grants, awards, and TA and GSR positions.

Plans for Improvement: Starting AY 20-21, FSPH plans to offer new fellowships for BIPOC students, which will help further diversify the school's PhD student population.

D19. All Remaining Degrees

Students enrolled in any of the SPH's degree programs that are not addressed in Criteria D2, D3, D9, D17 or D18 complete coursework that provides instruction in the foundational public health knowledge at a level of complexity appropriate to the level of the student's degree program.

The instruction and assessment of students' foundational public health knowledge are equivalent in depth to the instruction and assessment that would typically be associated with a three-semester-credit class, regardless of the number of credits awarded for the experience or the mode of delivery.

The school identifies at least one required assessment activity for each of the foundational public health learning objectives.

1) **Provide a matrix in the format of Template D19-1 that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). Typically, the school will present a separate matrix for each degree program, but matrices may be combined if requirements are identical.**

Students in the interdepartmental PhD in Molecular Toxicology (Mol Tox) and the online Master of Healthcare Administration (MHA) achieve the public health foundational learning objectives through PUB HLT C201: Foundations in Public Health. This course meets the 12 foundational public health learning objectives for students who do not have previous completion of a CEPH-accredited degree (bachelor's, master's or doctoral degree).

Table D19.1.1 Foundational Public Health Learning Objective Coverage for the Molecular Toxicology PhD Degree and Master of Healthcare Administration Degree

Content	Course	Assessment
1. Explain public health history, philosophy, and values	PUB HLT C201: Foundations of Public Health	**Minute Paper/Video 1:** Students describe the mission of public health and how it has changed over the years. Students explain how public health history, philosophy, and values align with their interests.
2. Identify the core functions of public health and the 10 Essential Services		**Minute Paper/Video 1:** Students identify and describe the three core functions of public health and 10 essential public health services based on the Institute of Medicine (IOM) report on the Future of Public Health.
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health		**Quiz 3:** Students select the appropriate multiple-choice answer for questions relating to explaining the role of quantitative and qualitative methods for assessing population health.
4. List major causes and trends of morbidity and mortality in the U.S. or other community relevant to the school or program		**Minute Paper/Video 1:** Students list the highest crude death rates in high-income countries and in low-income countries. They then describe how these causes of death differ.
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.		**Minute Paper/Video 4**: Students discuss primary, secondary, and tertiary prevention and give examples of each within a population health context.
6. Explain the critical importance of evidence in advancing public health knowledge		**Quiz 3**: Students select the correct multiple-choice answer for questions relating to explaining the critical importance of evidence in advancing

		public health knowledge through epidemiology concepts and study design.
7. Explain effects of environmental factors on a population's health		**Quiz 6:** Students select the correct multiple-choice answer for questions related to explaining the effects of the environmental factors affecting population health.
8. Explain biological and genetic factors that affect a population's health		**Minute Paper/Video 5:** Students identify three biological and genetic factors and explain how these factors impact health at the population-level.
9. Explain behavioral and psychological factors that affect a population's health		**Quiz 5:** Students select the correct multiple-choice answer on questions about concepts related to health promotion, behavior, and mental health in population health.
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities		**Minute Paper/Video 5:** Students provide the best explanation of social, political, and economic determinants of health and how each contributes to population health and health inequalities.
11. Explain how globalization affects global burdens of disease		**Minute Paper/Video 5:** Students name three or more "flows" associated with globalization that have direct/indirect impacts on health, and how they affect the global burden of disease
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health)		**Quiz 6:** Students select the correct multiple-choice answer on questions related to ecology, the ecological perspective and population health.

2) Briefly explain how the school ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three-semester-credit course.

PUB HLT C201 is a course that covers all 12 foundational learning objectives of public health through its online modules, required assignments, quizzes, and assigned readings. The course for students is taught asynchronously online and taken over the course of a single academic quarter, preferably in the student's first academic quarter at UCLA. The course is equivalent to 120 hours of content, which is equivalent to a four-unit course.

3) Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus.

PUB HLT C201 syllabus may be viewed at ERF D19.3.1.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: The PUB HLT C201 course, which is taken by all MS, PhD, executive-style MPH, MHA, and Mol Tox students, promotes consistency across the degree programs. It ensures that students meet the 12 foundational learning objectives of public health as outlined by CEPH, and having the asynchronous format allows students to complete the course at their own pace.

Weaknesses: None.

Plans for Improvement: None.

D20. Distance Education

The university provides needed support for the school, including administrative, communication, information technology and student services.

There is an ongoing effort to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate school improvements. Evaluation of student outcomes and of the learning model are especially important in institutions that offer distance learning but do not offer a comparable in-residence school.

1) Identify all public health distance education degree programs and/or concentrations that offer a curriculum or course of study that can be obtained via distance education. Template Intro-1 may be referenced for this purpose.

The two-year predominantly online Master of Healthcare Administration (MHA) degree program provides a strong business foundation for health care professionals to excel in administrative roles within professional healthcare organizations. The MHA is designed to offer students innovative training, knowledge, and experiences through industry-specific courses in preparation for positions of leadership in the health industry, including care delivery and financing, biotechnology and medical devices, information technology, and consulting. Through project-based coursework and a capstone project developed in conjunction with health industry partners, MHA graduate students will apply real-world problem-solving skills in healthcare administration. The program is in alignment with the scope, objectives, and quality of the FSPH's current program offerings. The MHA is one of the earlier online programs offered by UCLA and the first MHA in the UC system. The full MHA proposal can be found at ERF D20.1.1.

Timeline

The MHA program proposal has been approved at all campus levels by University of California Office of the President (UCOP). The first cohort will start in summer 2021.

2) Describe the public health distance education programs, including
a) an explanation of the model or methods used

Instruction will be conducted online with a blend of asynchronous and synchronous delivery techniques. The asynchronous program structure is designed to accommodate the schedules of working professionals, allowing participants to complete required activities and coursework at convenient times. Each course will also include a weekly synchronous component facilitated by FSPH faculty and opportunities for students to interact with classmates and instructors via the learning management system (LMS) and through office hours, project meetings, direct messaging, etc. These two modes of instruction and communication offer students both "flipped classroom" and face-to-face interaction. Students will benefit from the flexibility of the courses, yet will experience a sense of community through faculty and peer interaction when regularly communicating in real time.

Students who enroll in the online MHA on a full-time basis will be able to complete the program in two calendar years (six academic quarters plus two summers). Students will also be eligible to enroll on a part-time basis. Maximum time-to-completion is 19 academic quarters. This allows for completion of a minimum of one four-unit course per quarter (16 quarters) and Graduate Division's maximum allowable leave of absence time (three quarters). The normative time-to-degree is six academic quarters plus two summers. MHA students will also complete a capstone project, an opportunity for students to demonstrate mastery and integration of knowledge and skills through a consulting-style project for an organization. The written analysis addresses an applied management topic and advances existing skills and techniques in healthcare administration.

An online instructional design vendor has been contracted for the first five years to create exceptional online courses, as well as providing ongoing assistance. One of the vendors, iDesign, will assist faculty with pedagogical planning, instructional design, faculty training and support, and ongoing course improvements. Once a course has been developed and piloted, it will be offered every quarter. All 18 courses (13 required and five elective options) will be developed and piloted by the seventh term.

b) the school's rationale for offering these programs

The online MHA program will cater to students seeking graduate-level professional education in healthcare administration who (1) desire the preeminent degree in the field of healthcare management; (2) are living farther geographically than UCLA's on-ground programs can accommodate; and (3) are working professionals, some of whom may enroll as part-time students and complete the program while advancing in their current job. The MHA's curriculum emphasis will build off of FSPH's unique faculty and other strengths, and will offer a more "business-school" approach to management professionals. The MHA program is designed to help address the acute shortage of trained health care leaders in California and the nation.

Research shows the West Coast has been slower in developing all online programs, including in the field of healthcare administration. Of the top 10 healthcare management degree programs, as ranked by U.S. News & World Report, six offer an online option, six are housed in a school of public health, and none are on the West Coast. Research shows that the majority of online students live in the same state as their institution. Offering an online MHA at UCLA will further expand the UC system's catchment area, thereby strengthening the competitive advantage over its East Coast counterparts. There are currently only two CEPH-accredited schools of public health on the West Coast offering an MHA. With demand for on-campus and online healthcare administration degree graduates expected to rise, all of these reasons give UCLA and FSPH a unique and timely opportunity to establish this new degree designation.

c) the manner in which it provides necessary administrative, information technology and student support services

The MHA is well-equipped and prepared for the first cohort. FSPH already has a robust offering of resources that the MHA program can draw on for additional support, if needed. The MHA program has been well thought-out and has already taken into consideration the following administrative, IT, and student support services:

- **Staffing** - The MHA will be administered from the current executive MPH program office with plans to hire additional personnel, such as an SAO and technology/IT specialist.
- **TA** - Due to the maximum cap of 35-40 students per course, per quarter, the online MHA program will not require the support of teaching assistantships.
- **Campus Equipment** - It is not expected that any additional resources will be needed in this area. Costs for recording and other equipment will be built into the services paid to the online instructional design team and will be supplemented, in kind, by UCLA's Online Teaching & Learning Initiative team.
- **Campus Space** - While most courses will take place online, the on-campus immersions will require planning and hosting-classroom resources. The MHA program will pay direct expenses for rentable classroom space and does not plan to use campus-owned facilities.

In addition, the HPM department will work closely with an external vendor, Online Program Manager (OPM), to provide administrative support, student tracking, and retention analytics. FSPH has a strong IT support system through DGIT that will be utilized should any issue arise.

d) the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the university

The new online curriculum will provide the same level of academic excellence that is expected from graduate programs at UCLA. Research shows that online delivery of course content can be just as, if not more, effective than classroom lectures alone (see *Appendix V in* ERF D20.1.1). Effective instruction has been found to be less about the medium of delivery and more about the instructional strategies used to activate and engage the learner. The online program will use the best content and HPM faculty to meet the competency requirements set forth by CEPH.

The MHA administrative team will closely monitor and evaluate data to ensure academic rigor. There are plans that three years after the admission of the program's first cohort, the Graduate Council will conduct an independent review of the program to ensure retention and graduation rates among students and faculty are comparable to other programs. In addition, annual reports conducted by APB will be appended to the progress reports to enable the council to consider the financial feasibility of the program. Following a successful year-three review by the Graduate Council, the MHA program will be incorporated into the Academic Senate's regular, eight-year program review process. Should immediate concerns arise as a product of the year-three review, the Graduate Council will address them directly with the department chair and monitor the program's progress in addressing the concerns.

e) the manner in which it evaluates the educational outcomes, as well as the format and methods

The MHA will be evaluated according to rules and procedures set forth by the Graduate Council of the UCLA Academic Senate for self-supporting graduate professional degree programs. Internal program evaluations will be conducted on an annual basis by the program's academic and administrative leadership via annual surveys of current students, employers' satisfaction with student preparedness, and feedback from faculty. Outcomes from the annual evaluations will be presented to various stakeholders such as the HPM department faculty, FSPH Professional Advisory Committee, and the FEC. In addition, a Faculty Advisory Committee (FAC) will be established specifically for the MHA program. Membership will consist of representative senate and adjunct faculty, and program and school staff. This mirrors the current department's MPH committee and is an expectation of being appointed to the FSPH faculty as service to the department.

3) Describe the processes that the university uses to verify that the student who registers in a distance education course (as part of a distance-based degree) or a fully distance-based degree is the same student who participates in and completes the course or degree and receives the academic credit.

Academic integrity and the honor code are policies and expectations at UCLA. The MHA administrative team consulted with other established online MHA programs to learn best practices. FSPH will mirror other online programs' strategies, such as minimizing individual exams and integrating more project and discussion-based assessments. In addition, assignments and papers will be submitted through a program similar to Turnitin and checked for plagiarism. Finally, all files are accessed on CCLE, which requires a login and password and two-factor authentication. Putting these strategies into place will help maintain academic integrity.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Since the program has not been formally implemented, FSPH cannot comment on the strengths and weaknesses. The school does not foresee any issues and believes the program is well-equipped for its first cohort to begin in summer 2021.

E1. Faculty Alignment with Degrees Offered

Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their education and experience.

Faculty education and experience is appropriate for the degree level (bachelor's, master's, doctoral) and the nature of the degree (research, professional practice, etc.) with which they are associated.

1) Provide a table showing the school's primary instructional faculty in the format of Template E1-1. The template presents data effective at the beginning of the academic year in which the final self-study is submitted to CEPH and must be updated at the beginning of the site visit if any changes have occurred since final self-study submission. The identification of instructional areas must correspond to the data presented in Template C2-1.

Table E1.1.1 Primary Instructional Faculty Alignment with Degrees Offered

Name	Title/ Academic Rank	Tenure Status	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with C2-1
ARAH, Onyebuchi	Professor	Y	PhD, MPH, DSc, MSc, MD	U OF AMSTERDAM	Epidemiology	EPI
ARALIS, Hilary	Assistant Professor in Residence	N	MS, PhD	UC LOS ANGELES	Statistics	Biostatistics
BANERJEE, Sudipto	Professor	Y	MSTAT, PhD	U OF CONNECTICUT	Statistics	Biostatistics
BASTANI, Roshan	Professor	Y	MPH, PhD	U OF HOUSTON	Social/Health Policy	HP
BELIN, Thomas	Professor	Y	MS, PhD	HARVARD U	Statistics	Biostatistics
BELTRAN-SANCHEZ, Hiram	Associate Professor	Y	MS, MA, PhD	U OF PENNSYLVANIA	Demography	CHS
BROOKMEYER, Ronald	Professor	Y	MS, PhD	U OF WISCONSIN MADISON	Statistics	Biostatistics
CHEN, Liwei	Associate Professor	Y	MD, MS, MHS, PhD	JOHNS HOPKINS U	Nutritional Epidemiology	EPI
COCHRAN, Susan	Professor	Y	MA, PhD, MS	UC LOS ANGELES	Clinical Psychology	EPI
COLE, Brian	Assistant Professor in Residence	N	PhD	UC LOS ANGELES	Biology	EHS
COLLINS, Michael	Professor	Y	MS, MSPH, PhD	U OF MISSOURI COLUMBIA	Civil Engineering	EHS
COWGILL, Burt	Adjunct Assistant Professor	N	MPH, PhD	UC LOS ANGELES	Health Services	CHS
CRESPI-CHUN, Catherine	Professor in Residence	Y	MS, PhD	UC LOS ANGELES	Biostatistics	Biostatistics
CUMBERLAND, William	Professor	Y	MA, PhD	JOHNS HOPKINS U	Statistics	Biostatistics
CUSHING, Lara	Assistant Professor	N	MPH, PhD	UC BERKELEY	Energy & Resources	EHS

DABROWSKA, Dorota	Professor	Y	MA, PhD	UC BERKELEY	Statistics	Biostatistics
DAVEY (Joseph), Dvora Leah	Adjunct Assistant Professor	N	PhD, MPH	UC LOS ANGELES	Epidemiology	EPI
DORIAN, Alina	Adjunct Associate Professor	N	PhD	JOHNS HOPKINS U	International Health	CHS
EISENBERG, Daniel	Professor	Y	PhD	STANFORD	Economics	HP
ERSKINE, Laura	Adjunct Professor	N	PhD, MBA	USC	Organizational Behavior	HM
FEI, Zhe	Assistant Professor in Residence	N	MS, PhD	U OF MICHIGAN ANN ARBOR	Biostatistics	Biostatistics
FIELDING, Jonathan	Professor in Residence	Y	MA, MD, MPH, MBA	HARVARD U	Health Services Administration	HM
FLORES, Yvonne Nicole	Adjunct Associate Professor	N	PhD, MPH	JOHNS HOPKINS U	Family Planning	HP
FORD, Chandra	Professor	Y	PhD, MPH, MLIS	U OF NORTH CAROLINA CHAPEL HILL	Community Health Sciences	CHS
GANZ, Patricia	Professor	Y	MD	UC LOS ANGELES	Health Policy and Management	HM
GEE, Gilbert	Professor	Y	PhD	JOHNS HOPKINS U	Community Health Sciences	CHS
GIPSON, Jessica	Associate Professor	Y	PhD, MPH	JOHNS HOPKINS U	Community Health Sciences	CHS
GLENN-MALLOUK, Beth	Professor	Y	MS, PhD	CHICAGO MEDICAL SCH	Clinical Psychology	HP
GLIK, Deborah	Professor	Y	ScD	JOHNS HOPKINS U	Behavioral Sciences	CHS

GORBACH, Pamina	Professor	Y	DrPH	U OF NORTH CAROLINA CHAPEL HILL	Behavioral Sciences	EPI
HECK, Julia	Adjunct Associate Professor	N	PhD, MPH	COLUMBIA U	Epidemiology	EPI
HEYMANN, Jody	Professor	Y	MPP, MD, PhD	HARVARD	Health Care Mgmt/Policy	HP
HOLBROOK, Andrew	Assistant Professor	N	MS, PhD	UC IRVINE	Statistics	Biostatistics
INKELAS, Moira	Professor	Y	MPH, Mphil, PhD	RAND	Child/Family Health	HP
JERRETT, Michael	Professor	Y	MA, PhD	U OF TORONTO	Geography	EHS
KHEIFETS, Leeka	Professor in Residence	Y	MA, PhD	UC BERKELEY	Epidemiology	EPI
KIM-FARLEY, Robert	Professor in Residence	Y	MPH, MD	UC LOS ANGELES	International Health	EPI
KOMINSKI, Gerald	Professor	Y	PhD	U OF PENNSYLVANIA	Public Policy	HP
KRAUSE, Niklas	Professor	Y	MD, PhD, MPH	U OF HAMBURG	Environmental Health Sciences	EHS
KUHN, Randall	Associate Professor	Y	MA, PhD	U OF PENNSYLVANIA	Demography	CHS
LI, Gang	Professor	Y	MS, PhD	FLORIDA STATE U	Statistics	Biostatistics
LI, Jian	Professor	Y	MPH, PhD	U OF WUPPERTAL	Occupational Safety and Health	EHS
MACINKO, James	Professor	Y	MA, PhD	JOHNS HOPKINS U	Health & Social Policy	CHS / HP
MARLIER, Miriam	Assistant Professor	N	PhD	COLUMBIA U	Ecology, Evolution, and Env. Biology	EHS
MAYEDA, Elizabeth Rose	Assistant Professor	N	MPH, PhD	UC SAN FRANCISCO	Epidemiology	EPI

MICHELS, Karin	Professor	Y	MS, MPH, ScD, PhD	U OF CAMBRIDGE	Biostatistics	EPI
MIMIAGA, Matthew	Professor	Y	MPH, ScD	HARVARD U	Psychiatric and Infectious Disease Epidemiology	EPI
MOUCHERAUD, Corrina	Assistant Professor	N	MPH, ScD	HARVARD U	Global Health	HP
NEEDLEMAN, Jack	Professor	Y	MA, PhD	HARVARD U	Health Policy and Management	HP
NIANOGO, Roch	Assistant Professor	N	MD, MPH, PhD	UC LOS ANGELES	Epidemiology	EPI
NISHI, Akihiro	Assistant Professor	N	MD, MPH, DrPH	HARVARD	Social and Behavioral Sciences	EPI
PEBLEY, Anne	Professor	Y	MPS, PhD	CORNELL U	Sociology	CHS
PONCE, Ninez	Professor	Y	MPP, DrPH	UC LOS ANGELES	Health Services	HM
POURAT, Nadereh	Professor in Residence	Y	MSPH, PhD	UC LOS ANGELES	Health Services	HP
PRELIP, Michael	Professor	Y	MPH, DPA	UC LOS ANGELES	Public Admin	CHS
QUE HEE, Shane	Professor	Y	MSc, PhD	U OF SASKATCH-EWAN	Chemistry/ Chem Eng	EHS
RAMIREZ, Christina	Professor	Y	MS, PhD	CALIFORNIA INST OF TECHNOLOGY	Statistics	Biostatistics
RICE, Thomas	Professor	Y	PhD	UC BERKELEY	Health Policy and Management	HP
RIMOIN, Anne	Professor	Y	MPH, PhD	JOHNS HOPKINS U	International Health	EPI
RITZ, Beate	Professor	Y	MD, PhD, MPH	UC LOS ANGELES	Epidemiology	EPI
ROSENSTOCK, Linda	Professor	Y	MPH, MD	JOHNS HOPKINS U	Medicine	HP
SCHWARZ, Kirsten	Associate Professor	Y	PhD	RUTGERS U	Ecology	EHS

SEAMANS, Marissa	Assistant Professor	N	MSPH, PhD	U OF NORTH CAROLINA CHAPEL HILL	Epidemiology	EPI
SENTURK, Damla	Professor	Y	MS, PhD	UC DAVIS	Statistics	Biostatistics
SHAFIR, Shira	Adjunct Associate Professor	N	PhD, MPH	UC LOS ANGELES	Epidemiology	EPI / CHS
SMITH, Lisa	Adjunct Professor	N	DrPH, MPH, MS	UC LOS ANGELES	Epidemiology	EPI
SUDHINARASET, May	Associate Professor	Y	PhD	JOHNS HOPKINS U	Family and Reproductive Health	CHS
SUFFET, Irwin	Professor	Y	MS, PhD	RUTGERS U	Environmental Science	EHS
SUGAR, Catherine	Professor in Residence	Y	MS, PhD	STANFORD	Statistics	Biostatistics
THOMAS TOBIN, Courtney	Assistant Professor	N	MA, PhD	VANDERBILT	Sociology	CHS
TSAI, Candice	Associate Professor	Y	MS, ScD	U of MASS LOWELL	Cleaner Production & Occupational Hygiene	EHS
UPCHURCH, Dawn	Professor	Y	MD, MTOM LAc	JOHNS HOPKINS U	Community Health Sciences	CHS
VALENTINE, Jane	Associate Professor	Y	MS, PhD	U OF TEXAS	Environmental Health Sciences	EHS
VARGAS BUSTAMANTE, Arturo	Associate Professor	Y	PhD	UC BERKELEY	Health Policy and Management	HM
VON EHRENSTEIN, Ondine	Associate Professor	Y	PhD, MPH, MS	U OF BIELEFELD	Epidemiology and Public Health, Biology	CHS

VRIESMAN, Leah	Adjunct Professor	N	PhD, MBA, MHA	UC LOS ANGELES	Health Policy and Management	HM
WAGMAN, Jennifer	Assistant Professor	N	MHS, PhD	JOHNS HOPKINS U	Reproductive and Women's Health	CHS
WANG, May-Choo	Professor	Y	DrPH	UC BERKELEY	Community Health Sciences	CHS
WONG, Weng Kee	Professor	Y	MS, PhD	U OF MINNESOTA	Statistics	Biostatistics
YZQUIERDO, Elizabeth	Adjunct Assistant Professor	N	EdD, MPH	UC LOS ANGELES	Educational Leadership, Community Health	CHS
ZHANG, Zuo-Feng	Professor	Y	MD, MPH, PhD	STATE U OF NEW YORK AT BUFFALO	Cancer Epidemiology	EPI
ZHOU, Hua	Associate Professor	Y	MS, PhD	STANFORD	Statistics	Biostatistics
ZHU, Xi	Associate Professor	Y	MS, PhD	U OF MINNESOTA TWIN CITIES	Sociology	HM
ZHU, Yifang	Professor	Y	PhD	UC LOS ANGELES	Environmental Health Sciences	EHS
ZIMMERMAN, Frederick	Professor	Y	PhD	U OF WISCONSIN MADISON	Health Policy and Management	HM

2) Provide summary data on the qualifications of any other faculty with significant involvement in the school's public health instruction in the format of Template E1-2. Schools define "significant" in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students' practice experience (preceptors, etc.) is not required. The identification of instructional areas must correspond to the data presented in Template C2-1.

Table E1.2.1 lists other faculty with significant involvement in the school's public health instruction. Faculty who are listed in the table are adjuncts (not part of the Academic Senate), were promoted in the last five years, and teach on a regular basis. In order to receive a promotion within FSPH, instructors must be regularly involved in service, research, and teaching.

Table E1.2.1 Non-Primary Instructional Faculty Regularly Involved in Instruction

Name	Academic Rank	Title and Current Employment	FTE	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration Affiliated with in C2-1
AZIZ, Najib	Adjunct Professor	Senior Scientist, UCLA FSPH Epidemiology Department	0	MD	Kabul University	Medicine	EPI
BAILEY, Julia	Adjunct Professor	Director, Statistical Genetics Core, Epilepsy Genetics/Genomics Laboratories - West Los Angeles VA Medical Center	0.22	PhD	Yale University	Epidemiology	EPI
BONTA, Diane	Adjunct Professor	President and CEO, The Bonta Group	0	DrPH, MPH, MS	UCLA	CHS	CHS
BRADBURY, Brian	Adjunct Professor	Executive Director, CfOR Data & Analytic Center, Amgen	0	DrSc, MA	Boston University	Epidemiology	EPI
ELGINER, Julie	Adjunct Assistant Professor	Adjunct Assistant Professor, UCLA FSPH	0.47	DrPH, MBA	UCLA	HPM	HM
GALPER, Michael	Adjunct Professor	Retired Partner, PwC	0.45	MPH	UCLA	HPM	HM
GIDWANI-MARSZOWSKI, Risha	Adjunct Associate Professor	Health Economist, Health Economics Research Center, Department of Veteran Affairs, Menlo Park	0	DrPH, MA	UCLA	Health Services	HP
HERMAN, Dena	Adjunct Associate Professor	Clinical Dietitian, UCLA Fit for Healthy Weight Clinic, David Geffen School of Medicine	0.25	PhD, MPH, RD	UCLA	CHS	CHS
HUNNES, Dana Ellis	Adjunct Assistant Professor	Clinical Dietitian, UCLA Medical Center	0	PhD, MPH, RD	UCLA	CHS	CHS
KATONA, Peter	Adjunct Professor	Professor, UCLA David Geffen School of Medicine	0	MD	University of Florida	Medicine	EPI
MEYER, Ilan H.	Adjunct Professor	Senior Scholar for Public Policy, The Williams	0	MA, PhD	Columbia University	Psychology	CHS

		Institute at UCLA School of Law					
MUTH, Natalie	Adjunct Assistant Professor	Pediatrician	0	MPH, MD	University of North Carolina, Chapel Hill	Medicine	CHS
NJABO, Kevin	Adjunct Assistant Professor	Director, Center for Tropical Research	0	PhD, MsC	Boston University	Biology	EHS
SAPHONN, Vonthanak	Adjunct Professor	CEO of the University of Health Sciences, Cambodia	0	PhD, MsC, MD	UCLA	Epidemiology	EPI
SLUSSER, Wendelin	Adjunct Professor	Associate Vice Provost, Semel Healthy Campus Initiative	0	MD, MS	Columbia University	Medicine	CHS
TAVROW, Paula	Adjunct Professor	Director, Bixby Program in Population and Reproductive Health	0	PhD, MSc, MA	University of Michigan, Ann Arbor; Tufts	Health Services Organization and Policy	CHS
TAYLOR, Stephanie	Adjunct Associate Professor	Associate Director, VA Greater Los Angeles Healthcare System Center for the Study of Healthcare Innovation	0	PhD, MPH	Columbia University	Sociology	HP
USLAN, Daniel	Adjunct Associate Professor	Associate Clinical Professor, UCLA David Geffen School of Medicine	0	MD, MS	USC	Medicine	EHS
YANO, Elizabeth	Adjunct Professor	Director, Center for the Study of Healthcare Innovation, Implementation & Policy, VA Greater Los Angeles Healthcare System	0	MPSH, PhD	UCLA	HPM	HM

3) Include CVs for all individuals listed in the templates above.

CVs for the individuals listed are found in ERF E1.3.1.

4) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates.

As mentioned in C2. Faculty Resources, primary instructional faculty are employed by UCLA with a 100% effort. Non-primary are adjuncts and typically have a primary appointment outside of UCLA. Although non-primary instructional faculty have the adjunct title, they can still be very involved in the school.

In Table E1.2.1, some adjuncts have a listed 0 FTE because their primary position is outside of UCLA and their adjunct position with FSPH is without salary.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: FSPH primary instructional faculty members have excellent educational backgrounds, a distinguished record of research, and a broad range of practice experiences. FSPH non-primary instructional faculty members also have excellent credentials and often provide much needed practice opportunities for our students. FSPH is organized in a way that invites all faculty, both primary and non-primary, across all five departments, to contribute to strategic initiatives, particularly those related to teaching, advising, and mentoring students. The interdisciplinary nature of the newly developed integrated core (PUB HLT 200A and 200B) curriculum allows faculty to work across department and disciplinary boundaries, which benefits both faculty and students.

Weaknesses: Faculty recruitment in the past was largely driven by retirement and lacks strategic vision.

Plans for Improvement: Based on input from faculty throughout the 2020 strategic planning process, the school identified five thematic areas of significantly increasing importance to the field of public health. The five thematic areas are: big data in public health; climate change impact on public health; health equity; infectious diseases and public health; and public health communication. Over the next five years (AY 21-26), faculty recruitments in these areas are critical for the FSPH to continue on its trajectory as one of the leading schools of public health in the nation and will be essential for meeting the goals outlined in the strategic plan.

E2. Integration of Faculty with Practice Experience

To assure a broad public health perspective, the school employs faculty who have professional experience in settings outside of academia and have demonstrated competence in public health practice. Schools encourage faculty to maintain ongoing practice links with public health agencies, especially at state and local levels.

To assure the relevance of curricula and individual learning experiences to current and future practice needs and opportunities, schools regularly involve public health practitioners and other individuals involved in public health work through arrangements that may include adjunct and part-time faculty appointments, guest lectures, involvement in committee work, mentoring students, etc.

1) Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if applicable. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

FSPH is staffed with primary instructional faculty who are distinguished public health leaders. Many have connections that enhance professional development opportunities for students. They are also able to share their experiences and focus expertise in the classroom. In addition, FSPH employs experienced public health practitioners as adjunct/non-primary instructional faculty members who are renowned public health leaders, experts and innovators active at the local, state, national, and international levels. Both primary and non-primary instructional faculty integrate perspectives from the field of practice into the work of the school through their exceptional field experience. Furthermore, service in public health practice is a criterion for appointment and promotion for both primary and non-primary instructional faculty. What makes FSPH faculty unique is that they all have demonstrated service to the school, the university, and the community.

The following is a partial list of both primary and non-primary instructional FSPH faculty with significant practice experience in the field.

Primary Instructional Faculty

Dr. Catherine Crespi, professor in biostatistics, brings her expertise in cancer prevention and control to her teaching and mentoring as well as contributing her research to the UCLA Jonsson Comprehensive Cancer Center. She was appointed by former California Governor Jerry Brown to the state's Carcinogen Identification Committee. Members of the committee are responsible for identifying chemicals that have been shown through scientific testing to cause cancer.

Dr. Dvora Joseph Davey works with the South African Department of Health on COVID-19 contact tracing. In addition, Dr. Joseph Davey serves as a co-lead of the national working group for the HIV Think Tank and PrEP Working Group in South Africa. She previously served as a country director of Absolute Return for Kids and Population Services International, an NGO in Mozambique, and served as an epidemiologist for BroadReach in South Africa.

Dr. Jonathan Fielding is chair of the National Academies of Sciences, Engineering and Medicine Committee on Challenges in Initiating and Conducting Long-Term Health Monitoring of Populations Following Nuclear and Radiological Emergencies in the United States; member of the National Academies Committee on a National Strategy for Cancer Control in the United States; and member of the Board of Directors of TreePeople, a Los Angeles-based nonprofit fighting climate change. Prior to joining FSPH, Dr. Fielding was appointed as the Massachusetts statewide health commissioner and was later appointed as the first public health director for Los Angeles County. With the support of L.A. County supervisors, he started the county's ABC restaurant grading system and now is extending that to the mobile food industry. He currently serves as the co-chair for the Healthy People 2030 objectives. At

UCLA, Dr. Fielding founded the UCLA Center for Health Advancement and the UCLA Center for Healthy Climate Solutions. In 2014 Dr. Fielding and his wife Karin gave a gift to UCLA to endow the Jonathan and Karin Fielding School of Public Health.

Dr. Michael Jerrett worked for three years as a professional environmental planner in the Ontario Ministry of the Environment, Canada. He also served on the Clean Air Scientific Advisory Committee (CASAC) for nitrogen oxides as a scientific consultant and advisor from 2013 to 2016. The CASAC advises the U.S. Environmental Protection Agency on the adequacy of standards promulgated under the Clean Air Act.

Dr. Robert Kim-Farley served as an associate editor for the American Journal of Public Health and served as the director of communicable disease control and prevention for the Los Angeles County Department of Public Health (2004-2018); the World Health Organization (WHO) representative to India (1999-2002); the WHO representative to Indonesia (1993-1999); the WHO director for the Expanded Program on Immunization (1990-1993); public health adviser for the United States Agency for International Development (1988-1989); the WHO regional adviser and medical officer for the Expanded Program on Immunization for the South East Asia Regional Office (1984-1988); and medical epidemiologist (1983-1984) and Epidemic Intelligence Service officer (1981-1983) for the Centers for Disease Control and Prevention (CDC).

Dr. Jack Needleman, professor and department chair for HPM, has participated in a wide range of consulting and advisory committees, including membership on the Institute of Medicine's (National Academy of Medicine's) Committee on the Future of Nursing Report Evaluation, Standing Committee on Credentialing Research in Nursing, and Committee on the Consequences of Uninsurance Subcommittee on Societal Impacts of Uninsurance. Prior to FSPH, he spent 17 years at Lewin and Associates (later Lewin-ICF), a widely respected health policy research and consulting firm, conducting studies for the federal and multiple state governments on public health and health policy issues. Among these were support of the Utah Governor's Task Force on Health Care Costs, New Mexico Health Care Cost and Access Commission, Connecticut Blue Ribbon Commission on State Health Insurance, and the Philadelphia Department of Public Health study of the delivery and financing of health care for the poor. For the federal government, his work included a cross-agency analysis of risk-assessment methodologies used by environmental health and consumer safety agencies for the HHS deputy assistant secretary for health and Office for Health Promotion; the design of a study of the delivery and financing of drug and alcohol services for the Substance Abuse and Mental Health Administration; analysis of alternative programs for health insurance reform for the Health Care Financing Administration (now CMS); and an assessment of the factors influencing the success and failure of interagency task forces and working groups for the assistant secretary of health, among others.

Dr. Michael Prelip, professor and department chair for CHS, currently serves as a co-principal director of Connected California COVID-19 Virtual Training Academy, the State of California’s inclusive pandemic response training program designed to train California’s workforce dedicated to COVID-19 case investigation and contact tracing training across California. Prior to his appointment in the FSPH, Dr. Prelip served as an officer on the County of Los Angeles Tobacco Programs Advisory Board from 1991 to 1995, the City of Pasadena HIV Prevention Planning Council from 1995 to 1996, and director of multiple public health programs for community-based organizations, including the East Valley Community Health Center and AIDS Project Los Angeles. Through this work, Dr. Prelip was involved in the design, implementation, and evaluation of public health programs focused on tuberculosis, tobacco, adolescent pregnancy, family planning, substance use, HIV, and STIs.

Dr. Linda Rosenstock served as dean of the UCLA Fielding School of Public Health from 2000 to 2012. Prior to joining UCLA, she served as director of the National Institute for Occupational Safety and Health (1994-2000). As an elected member of the Institute of Medicine (now National Academy of Medicine), she has served in several leadership roles, including in 2003, as co-chair of the IOM committee that authored the report "Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century," and in 2011 she chaired the IOM committee that authored the highly influential report “Clinical

Preventive Services for Women: Closing the Gaps." For this latter effort, in 2012 she received the David Rall Award, the NAM leadership award for exceptional service. In 2010 she was appointed by President Obama to the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, a position she held until 2016.

Dr. Catherine Sugar has acted as a consultant and as director of data and statistics for the VISN 22 Mental Illness Research, Education and Clinical Center with the Veterans Administration in Greater Los Angeles, Long Beach, and San Diego. She has also served for several years as co-chair of a Technical Expert Panel (TEP) for the Centers for Medicare and Medicaid Services (CMS) focused on the evaluation of kidney dialysis centers.

Dr. Jane Valentine has a depth of public health practice experience through her certification as a Registered Environmental Health Specialist (REHS) and REHS coordinator for the EHS program for more than 30 years, including reviewing and counseling of students for such careers. Dr. Valentine has also served as president of the American Water Resources Association (AWRA) and has been a member of its board and member of Trace Elements in Man and Animals (TEMA) for more than 20 years.

Non-primary Instructional Faculty

Non-primary instructional faculty are often public health practitioners who teach part-time and are often involved with research centers and local organizations. A substantial number of non-primary instructional faculty are primarily practitioners and bring a wealth of practical experience into the classroom. Examples of how non-primary instructional faculty bridge their perspectives to the school's education:

Dr. Hamid Arabzadeh served on the advisory boards of Occupational and Environmental Health and Safety at the University of California, Irvine, as well as on the California State University Workers Compensation reform board. He has worked with governmental and corporate entities in the U.S. and Canada as well as in Southeast Asia, including Indonesia, Philippines, and Thailand, as well as in the Netherlands and UK on environmental and worker protection efforts. As the founding principal of HRA Environmental Consultant Inc., Dr. Arabzadeh teaches graduate industrial hygiene and occupational health classes at FSPH.

Dr. Angelo J. Bellomo is a former deputy director at the L.A. County Department of Public Health (DPH), and has worked with the EHS chair to foster collaboration with county DPH in the area of climate change mitigation and preparedness, as well as the school's participation in studies associated with DPH's response to the Aliso Canyon natural gas disaster.

Dr. Julie Elginer spent five years in the public sector in appointed roles as a public member of the State of California Board of Chiropractic Examiners and an environmental commissioner for the City of Calabasas. Not only is she a guest lecturer on public health advocacy for the PUB HLT 200A: Foundations in Public Health course, but she also teaches a financial management, marketing, and a reproductive health advocacy class.

Dr. Alison Herrmann is a health services researcher, with a background and training in psychology. She is currently an associate research scientist in HPM and associate director of the UCLA Kaiser Permanente Center for Health Equity. Her primary focus is on designing, implementing, and evaluating sustainable, systems-based interventions that leverage cultural and community assets to improve health behaviors and mitigate health disparities among diverse population groups. She is deeply committed to working in priority communities and serves on the Los Angeles County HPV Community Advisory Board.

Dr. Wendelin Slusser currently serves as the associate vice provost for the UCLA Semel Healthy Campus Initiative (HCI), and is also a board member of the nonprofit called Danone Institute North America. Danone Institute North America fosters transdisciplinary, community-based work to promote sustainable food systems globally. She was formally the principal investigator (PI) on the Prevention of

Childhood Overweight through Parent Training Intervention Project focused on low-income preschool children and their parents; the L.A. County Department of Public Health is now implementing this parenting project countywide. Previous research included positions as PI on the Fruit and Vegetable Bar Intervention study to promote fruit and vegetable consumption among low-income elementary school children in LAUSD, which inspired national legislation and First Lady Michelle Obama's Let's Move Salad Bar to Schools. Dr. Slusser also helped produce Our Food Chain Documentary (www.ourfoodchain.org) in collaboration with LAUSD to engage parents, policymakers and children in advocating for healthy food in the school breakfast, lunch, and dinner programs.

Dr. Lisa V. Smith is a supervising epidemiologist at the L.A. County Department of Public Health (LACDPH), where she directs the Rapid Assessment, Training and Evaluation (RATE) Unit in the Office of Health Assessment and Epidemiology. RATE is responsible for designing and implementing rapid assessment surveys (2-3 pages; 1,000+ respondents; high response rates) on emergent public health issues that necessitate quick feedback, and RATE's research has appeared in various peer-reviewed publications. In addition, Dr. Smith facilitates workshops to enhance and maintain the data skills of the LACDPH workforce (including SAS, Microsoft Access, and data management); serves as managing editor of the department's MyEpiNews newsletter, which highlights statistical and methodologic issues concerning public health data; provides technical assistance to various infectious and chronic disease programs; and coordinates internships and training programs for graduate epidemiology students.

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: FSPH recruits faculty with expertise and experience in a breadth of different backgrounds in public health. Many faculty are leaders in their fields and contribute to public health education, practice, research, and service. Their wealth of experience enriches the classroom environment and provides students with real world perspectives on public health. With connections in their respective fields, faculty are able to provide guidance, mentorship, and opportunities for students. Faculty with diverse focus areas of service and practice and strong community network attracts students to the school. FSPH regularly involves practitioners in instruction through a variety of methods, such as serving as adjunct faculty and guest lecturers.

Weaknesses: None.

Plans for Improvement: None.

E3. Faculty Instructional Effectiveness

The school ensures that systems, policies and procedures are in place to document that all faculty (full-time and part-time) are current in their areas of instructional responsibility and in pedagogical methods.

The school establishes and consistently applies procedures for evaluating faculty competence and performance in instruction.

The school supports professional development and advancement in instructional effectiveness.

1) Describe the means through which the school ensures that faculty are informed and maintain currency in their areas of instructional responsibility. The description must address both primary instructional and non-primary instructional faculty and should provide examples as relevant.

For more than 40 years, UCLA has made an explicit commitment to developing programs and activities that enrich university instruction. Since 1975, The UC Regents and the California Legislature allocated funds for UC-wide instructional improvement. UCLA's **Center for Advancement of Teaching (CAT)** serves as the primary hub for enhancing and supporting teaching excellence. The center offers multiple services and resources for pedagogical development through workshops, educational technology software, and curricular assessments. CAT's efforts are organized in four main areas:

- The **Center for Educational Assessment** provides support in developing sustainable assessment initiatives to evaluate educational programs, quality of instruction, student learning, grant funding, and research publications
- **Instructional Improvement Programs** enhance curricular experimentation and development
- **Learning Spaces** ensures faculty have the best possible resources in the classroom to support teaching
- The **Teaching and Learning Technologies** unit augments and facilitates remote teaching and instructional media

UCLA CAT offers a wide spectrum of teaching and learning opportunities tailored for either junior or senior faculty. For example, junior faculty are required to attend on-boarding trainings through CAT, while senior faculty can seek assistance implementing emerging instructional technology. Some unique offerings from CAT involve analyzing student feedback and critiquing recorded instruction. FSPH continually encourages faculty to take advantage of CAT resources throughout the year.

New to 2021, UCLA is implementing a new Learning Management System (LMS) Transformation that will enable a world-class, integrated teaching and learning experience for faculty and students that sets the standard for teaching excellence, academic achievement, and inclusivity. The LMS will cultivate an academic team of learning and instructional designers that will work closely with faculty in creating an engaging and effective online learning experiences.

Enhancing professional development of all faculty is a primary consideration in the school. The goal is congruent with priorities of the campus and university, which make faculty development a systemwide priority. Merit and promotion reviews of faculty (both primary and non-primary) with regard to research, teaching, and service are conducted in a manner that maximizes constructive feedback to the individual. Redacted versions of all letters of evaluation and other commentary are available, and counseling sessions with department chairs, deans, and other senior faculty are incorporated into the process.

Both primary and non-primary instructional faculty are encouraged to stay current in their area of teaching. They stay informed of cutting-edge research and innovative teaching practices by regularly attending conferences, participating in workshops or seminars, reading peer review articles, and writing journal articles. Course evaluations from students also help gauge whether faculty are maintaining

currency or should seek resources to improve instruction. Instructors are encouraged to include current events in their teaching, such as developing a new case on the COVID-19 pandemic in PUB HLT 200.

2) Describe the school's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable.

FSPH offers ongoing and regular peer review of faculty members' instructional effectiveness. Faculty undergo merit review every two to three years by faculty peers in the department and by administrators. During the merit review, the school follows the Academic Personnel Manual (APM) guidelines that are set forth by the UC system, which was designed to create consistency and equity across campuses. Candidates for advancement to a new rank (i.e., to associate professor with tenure or to full professor) can obtain input from disciplinary experts across the nation and the world, and are reviewed by administrators, such as the department chair; the dean; UCLA's Council on Academic Personnel (CAP); and the vice chancellor for academic personnel.

At the end of each quarter, students complete an online course evaluation asking them to rate the effectiveness and organization of the instructor(s) in delivering the course material and whether the course helped them achieve the learning objectives specified by the instructor. The evaluation ends with open-ended comments on the instructor's performance and the course overall. A summary of student scores and comments for each course is made available to the instructor and the department chair after all final grades are submitted for the course. These scores are summed up to yield matrices of how courses taken by students within a particular degree program contribute to the development of competencies, and can be used by the EPCC and administration to assess whether there are gaps in the curriculum as a whole that need to be addressed. Likewise, individual faculty and department chairs can use individual reports for instructors and courses to identify areas for improvement in course content, teaching delivery, and level of success in improving faculty's instructional effectiveness.

3) Describe available university and programmatic support for continuous improvement in faculty's instructional roles. Provide three to five examples of school involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty.

UCLA offers a number of ongoing support mechanisms for faculty instructional improvement. Both non-primary and primary instructional faculty are able to utilize the following:

Center for Education Innovation and Learning in the Sciences (CEILS)

CEILS serves as a clearinghouse for the education tools and assessment resources instructors need to engage in effective, validated teaching practices that promote student learning, and to create inclusive classrooms, mainly for UCLA's Life and Physical Sciences faculty. As the associate dean for EDI and the associate dean for practice, as well as adjunct professor in CHS, **Dr. Alina Dorian** attended a two-day workshop called "Bringing Theory to Practice" hosted by CEILS. The workshop discusses barriers to student learning such as implicit bias, social identity threat, and microaggressions, as well as strategies for creating equitable learning environments. After participating in the training, Dr. Dorian incorporated inclusive pedagogy into her courses and shared best practices with other FSPH faculty.

Center for the Advancement of Teaching (CAT)

Several junior FSPH faculty attend workshops held by CAT. For example, **Dr. Roch Nianogo**, assistant professor of epidemiology, has attended three teaching workshops: the New Faculty Teaching Engagement (NFTE), Teaching at UCLA: A Symposium to Showcase Innovation and Inspire Excellence, and Teaching at UCLA: Next Steps for Improved Remote Instruction. These workshops offered didactic instructions, peer discussions, and experience-sharing by a panel of more advanced instructors. Topics covered ranged from best evaluation assessment tools to ways to engage students for more interactive

and inclusive learning, such as using polling tools to assess students' learning and comprehension. The workshops also encouraged instructors to set learning goals and anticipated outcomes, and to regularly check in with students through the administration of periodic surveys such as at the beginning and mid-point of the quarter. Since then, Dr. Nianogo has implemented some of these recommended best practice measures in his teaching, which has been positively received.

Similarly, **Dr. Elizabeth Rose Mayeda**, assistant professor of epidemiology, adopted strategies from CAT workshops to encourage student participation and helpful tips for creating a more inclusive classroom environment. After participating in the workshop, Dr. Mayeda completely reorganized the first lecture of her life-course epidemiology class, and found the new format much more engaging than the lecture format she used previously, starting the quarter off on a stronger trajectory. In sum, the workshops were timely, informative, and invaluable in preparing and improving her courses.

Online Teaching and Learning Initiative

In 2019, **Dr. Shira Shafir,** adjunct professor of CHS, took the lead in restructuring the PUB HLT C201: Fundamentals of Public Health class to an online format. She worked with an instructional designer and learning technologist at the UCLA Online Teaching and Learning Initiative within CAT and developed an engaging, online asynchronous class. Designed to cover the 12 CEPH learning experiences for MS/PhD students who do not have an MPH, the course is divided into two modules: Foundations of the Profession, and the Science of Public Health and Factors that Affect Human Health. While the content remains the same as the former face-to-face format, the course and syllabus needed to be completely restructured to encourage students to engage with the material in a different way. Rather than using quizzes and knowledge checks as the only mechanisms of assessment, Dr. Shafir worked with the instructional designer to construct opportunities for students to not only learn about the fundamentals of the field, but also reflect on how each of these areas directly impact, and are directly impacted by, the work that they plan to do. Over the course of a year, the team examined the content to ensure that all materials were relevant, mapped to the competencies, and developed slides that were visually compelling and appropriate. Once the content and structure of the course were finalized, they recorded the lectures into 10-12 minute "chunks," which were considered a best practice for online learning. The staff at the UCLA Online Learning and Teaching Initiative then edited and uploaded the videos. Over the summer, the TA and Dr. Shafir built the website for the course, found appropriate readings and assets to supplement the lecture materials and assessments, and ensured that all materials were in compliance with ADA requirements.

Faculty mentoring

In addition to educational workshops, UCLA offers various mentoring services to support faculty development. Mentoring is an important part of developing and retaining both new and more senior faculty. Through mentoring, critical information is passed along that helps a faculty member guide and advance his/her career to tenure and beyond. Especially important, mentoring enables cultural and political acclimation for new faculty, and often enables social networking, which helps faculty members feel welcomed and connected with the department and campus. All of these elements are crucial to a culture of inclusion for women and minorities in particular, who may experience more difficulty connecting with established social, political, and informational networks.

4) Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement.

Teaching is intrinsic to UCLA's mission. As mentioned in B1. Guiding Statements, UCLA's core mission is education, research, and service, and faculty are evaluated holistically on a full scope of activities. Guidelines for faculty advancement are set forth by APM, where in teaching, "clearly demonstrated evidence of high quality" is essential for appointment, advancement, and promotion.

Faculty are carefully evaluated based on their quality of teaching, course evaluations, and personal testimonies from students. The course evaluations are distributed at the end of every quarter for each

class. They play a huge role in informing faculty of teaching methodology, classroom management, and course sequencing.

5) Select at least three indicators, with one from each of the listed categories that are meaningful to the school and relate to instructional quality. Describe the school's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the lists in the criteria, the school may add indicators that are significant to its own mission and context.

Faculty currency

Peer/internal review of syllabi/curricula for currency of readings, topics, methods, etc.
EPCC and departments continually conduct reviews of faculty's curricula to ensure they are relevant and of high quality. EPCC reviews all syllabi when a new course is proposed, and typically departments will review currency of courses. Over the past three years, EPCC reviewed 25 syllabi in AY 17-18, 22 syllabi in AY 18-19, and 22 syllabi in 19-20. In addition, reviews take place across all departments, but vary slightly. As an example, the CHS department conducts a comprehensive teaching evaluation of each faculty member on an ongoing basis. This evaluation consists of a two- to three-person committee that reviews teaching evaluations (numeric and text), observes a class session, reviews the syllabus, assesses student co-authorship, and evaluates other mentoring activities. Teaching awards are also included if applicable. This review can also include input from mentees. The committee then writes a short report, which includes recommendations for improvement, including specific campus teaching resources.

Faculty instructional technique

Student satisfaction with instructional quality
At the end of the quarter, students complete course evaluations. The evaluations include rating the instructor's performance and the course overall, and are used to inform curriculum development and the selection of instructors to teach the courses. Annually, CAT calculates the average score based on the course evaluation questions on a nine-point (1 to 9) scale. Data from the past three years show that the school average score for all instructors are 8.05 for AY 2017-18, 8.06 for AY 2018-19, and 8.24 for AY 2019-20.

School- or program-level outcomes

Teaching assistants trained in pedagogical techniques
Effective training and advising of TAs benefits both the students in their learning and TAs in their professional development. TAs are required to take PUB HLT 495: Preparation for Teaching Public Health prior to teaching. This two-unit course prepares individuals who will serve as teaching assistants and covers topics such as methodologies in teaching public health, including implementing active learning strategies, effectively communicating goals for student learning, developing course materials that are consistent with expectations for student learning, creating an inclusive teaching environment, and conflict resolution. In addition, TAs are encouraged to take the Creative Inclusive Classrooms training through CAT to enhance awareness and understanding of differences such as race, ethnicity, and socioeconomic status. At the end of the quarter, faculty provide feedback to the TA. Over the last three years, 32, 45, and 51 TAs took PUB HLT 495.

Data for the mentioned three indicators are provided in Table E3.5.1.

Table E3.5.1 Indicators for Instructional Quality

	Year 1 AY 2017-2018	Year 2 AY 2018-2019	Year 3 AY 2019-2020
Faculty Currency Number of syllabi reviewed by EPCC	25	22	22
Faculty Instructional Technique Student satisfaction with instructional quality (average instructional score)	8.05	8.06	8.24
School-Level Outcomes Number of TAs trained through PUB HLT 495	32	45	51

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: Course evaluations are administered at the end of each quarter, allowing faculty to review the feedback and make changes before the course is offered again. Course evaluations are an important component of measuring instructional effectiveness as part of faculty appointments, advancement, and promotion.

Weaknesses: While UCLA offers a plethora of training on the university level, FSPH faculty participation in such training is uneven, with more junior faculty engaged and senior faculty having limited engagement.

Plans for Improvement: Starting AY 20-21, the senior associate dean for academic programs is working with department chairs to better leverage UCLA campus resources to host workshops at the school and departmental levels to broadly engage faculty, especially senior faculty, to share best pedagogy practices.

E4. Faculty Scholarship

The school has policies and practices in place to support faculty involvement in scholarly activities. As many faculty as possible are involved in research and scholarly activity in some form, whether funded or unfunded. Ongoing participation in research and scholarly activity ensures that faculty are relevant and current in their field of expertise, that their work is peer reviewed and that they are content experts.

The types and extent of faculty research align with university and school missions and relate to the types of degrees offered.

Faculty integrate research and scholarship with their instructional activities. Research allows faculty to bring real-world examples into the classroom to update and inspire teaching and provides opportunities for students to engage in research activities, if desired or appropriate for the degree program.

1) Describe the school's definition of and expectations regarding faculty research and scholarly activity.

Located in one of the world's top research universities, FSPH has access to UCLA's intellectual capital and extensive research facilities necessary to tackle society's most challenging issues. In fiscal year 2019-2020, FSPH received $47.3M in research awards. Research at the school strives to understand and design solutions to the evolving public health needs of our local, state, national and global communities.

The school places a high priority on recruiting faculty members who have a demonstrated academic research record or strong potential for conducting cutting-edge research. UCLA's mission can be simply described in three words: education, research, and service. FSPH is in line with the university's mission, and provides full support for faculty research activities. All faculty are expected to participate in research and scholarly activity.

FSPH's research administration and policies are guided by UCOP and the university's Office of the Vice Chancellor for Research, along with the associated subdivisions, the Office of Research Administration and the Office of Intellectual Property and Industry Sponsored Research.

2) Describe available university and school support for research and scholarly activities.

Research and scholarly activities are supported at the university, school, and department level.

At the campus level, UCLA offers the following resources:

- UCLA encourages faculty to utilize resources of campus-level research administrative units, such as the **UCLA Office of the Vice Chancellor for Research** and the UCLA Office of Diversity & Faculty Development for research development support. The UCLA Office of the Vice Chancellor for Research oversees the Office of Research Administration (ORA), Technology Department Group (TDG), Research Enhancement Office (REO), and Research Policy & Compliance (RPC). For example, the Council of Advisors Program, which is housed in the Office of Diversity & Faculty Development, matches experienced faculty member mentors/advisors with junior faculty. These assigned mentors are from different departments, which enables a broader view of the campus-wide advancement process and valuable networking with distinguished colleagues.
- UCLA offers targeted email subscriptions to announce internal and external funding opportunities. The Office of the Vice Chancellor for Research distributes regular newsletters for funding opportunities, as well as information on upcoming workshops or resources related to research and career development, such as grant writing.

- The **UCLA Office of Research Administration** (ORA) provides operational infrastructure, regulatory compliance oversight and guidance, financial management and reporting, and administrative services in support of the UCLA research program and the campus research community. The office was developed to reduce administrative workload, improve institutional and regulatory compliance, and increase operational efficiencies. The ORA provides UCLA faculty assistance and education in research through its seven units: Contract and Grant Administration (OCGA), Extramural Fund Management (EFM), Human Research Protection Program (OHRPP), Research Safety and Animal Welfare Administration (RSAWA), Research Data Management (ORDM), Research Information System (ORIS) and ORA Business and Financial Services (OBFS). The ORA is crucial in enforcing community university policies and procedures.
- The **UCLA Technology Development Group's** (TDG) mission is to promote the capabilities and capacity of the UCLA research community and make connections with industry in areas of shared interest. It serves as a campus-wide gateway to innovation, research, and entrepreneurship for industry-sponsored research projects.
- The **UCLA Library** provides information and consultation services regarding copyright, publishing, intellectual property, library resources, research databases, and research workshops. Some of the topics for consultation include: Data Management Planning Tool, NIH's Data Sharing Policy, and Finding Funding for Research.
- In an effort to provide additional funding for junior faculty, UCLA launched the Faculty Career Development Award for Assistant Professors (FCD awards). The funding is to assist faculty as they advance an on-going research project or creative activity, as they embark on a new project.
- The **Clinical and Translational Science Institute** (CTSI) offers consulting and resources surrounding clinical studies. Some of the services it offers are biostatistical consults and study design, community engagement and research services, training, and dissemination tools.

At the school level, faculty can meet with the department chair, the associate dean for research, and the director of research administration to discuss ways to improve research development. The associate dean for research and the director for research administration can provide information regarding research policy and compliance, mentorship for junior faculty in early career development, assistance in the research proposal submission process, and resources to support faculty for their research development. They also organize one-to-one meetings with junior faculty to discuss their career development plans and provide guidance on the submission of career development-related grant applications (e.g., NIH K-awards).

Research Support Office (RSO)

As mentioned in B6, in an effort to provide support for the submission of proposals to expand training-related programs and large collaborative grants such as program projects, the school expanded the RSO**.** The additional administrative support for the submission of these complex training grants and large collaborative grants increases the school's ability to improve the quality of the grant proposal submissions in order to improve the faculty's chances for research and training awards. The support provided by RSO reduces the administrative burden on the faculty and department staff during the pre- and post-award management of these grants. Increasing center and training grants at the school would not only facilitate faculty collaborations across campus and beyond to create innovative and cutting-edge public health research and resources, but would also provide additional funding and continued educational support for FSPH graduate students and postdoctoral scholars. For example, the multi-year training grant that supports the Southern California NIOSH Education and Research Center (ERC) mandates a 70% minimum allocation toward direct trainee costs in the form of student stipends, tuition, and fees.

With the additional staff support, the RSO has also been able to provide regular announcements of funding opportunities through email blasts to all faculty on a regular basis. The RSO also meets with faculty on an individual basis to better understand their funding needs so that it can customize

prospecting of funding opportunities. Similarly, based on announcements of proposal requests, the RSO may reach out to a team of faculty with specific expertise to collaborate and brainstorm ideas to better respond to the specific proposal request.

Finally, the RSO provides research administrative support for all departments at the school, such as providing back-up support for departments that may be short-staffed or under transition with changing department managers. The RSO continues to provide general research administrative support for all faculty, staff, and students at the school.

FSPH-Affiliated Centers

Many faculty create novel knowledge in the research field and contribute their expertise through the 19 centers affiliated with FSPH. The diverse and dynamic centers provide major avenues for interdisciplinary research efforts to address critical public health needs. A table of all the centers appears below, and a full description of all the centers can be found here.

Centers Associated with FSPH
Biobehavioral Assessment Research Center
Bixby Center on Population and Reproductive Health
Center for Cancer Prevention and Control Research
Center for Environmental Genomics
Center for Global and Immigrant Health
Center for Healthcare Management
Center for Healthier Children, Families, and Communities
Center for Occupational and Environmental Health
Center for Public Health and Disasters
Center for the Study of Racism, Social Justice, and Health
Southern California NIOSH Education and Research Center
UCLA Center for Health Advancement
UCLA Center for Health Policy Research
UCLA Center for Healthy Climate Solutions
UCLA Center for LGBTQ Advocacy, Research & Health
UCLA Center for Prevention Research
UCLA Kaiser Permanente Center for Health Equity
UCLA Labor Occupational Safety and Health Program
WORLD Policy Analysis Center

3) Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students.

Dr. Catherine Crespi is the head biostatistician in the Center for Cancer Prevention and Control Research at UCLA. In this capacity she collaborates on the design, conduct, and analysis of cancer and chronic disease prevention intervention trials with public health researchers from throughout FSPH, and conducts methodological research on improved design methods for intervention studies. She created a new course, BIOSTAT 231: Sample Size and Power Methods for Health Research, in which she trains students in methods of power and sample-size analysis. In this course, Dr. Crespi uses examples of studies that she has helped to design and conduct. As part of the course, the students also serve as statistician co-investigators with student “principal investigators” from the department of Community Health Sciences (CHS) who are developing intervention studies. The students act as statistical consultants and produce a written report akin to the power analysis and data analysis plan for an actual study proposal.

Dr. Beth Glenn’s research focuses on the design, implementation, and evaluation of interventions to improve the adoption of prevention recommendations and reduce racial/ethnic and socioeconomic disparities in cancer and other chronic diseases. In the course HLT POL 423: Advanced Evaluation

Theory and Methods for Health Services, Dr. Glenn integrates examples from her own prior research that illustrate some of the challenges of designing and implementing evaluations that are both pragmatic and rigorous. She also leverages her extensive relationships with community organizations and clinics to link students to an organization that is seeking assistance with developing an evaluation for an ongoing or planned program or policy. In addition to the experience that students gain in designing a feasible evaluation proposal for a real-world intervention, they receive the opportunity to gain professional skills collaborating with an organization that delivers health programming in the community.

Dr. James Macinko applies his expertise in health policy and health services research to study the performance of national health systems and the impacts of public health policies, primarily using large secondary data sources. In the course HLT POL 225A: Health Services Research Design, he brings his research experience to the classroom by having students design and execute original research projects using the latest wave of the National Health Interview Survey (NHIS), an annual survey on health status, health care access and utilization, and health behaviors representative of the entire non-institutionalized U.S. population. In class and weekly lab sessions, students become proficient in data management and analysis using statistical analysis software (STATA). They then learn about and apply different research designs, develop detailed conceptual frameworks, conduct structured literature reviews, specify research questions and hypotheses, and then empirically test their hypotheses using each year's NHIS data. Student projects are tailored to the student's own area(s) of interest but are focused on assessing the effects—both intended and unintended—of health system and policy changes on healthcare access and health behaviors that also characterize much of Dr. Macinko's work.

Dr. Michael Jerrett applies his research expertise in environment health, air pollution, and Geographical Information Systems (GIS) for exposure assessment and spatial epidemiology to his classroom teaching. In the course ENV HLT 200C: Foundations of Environmental Health Sciences, he brings his research experience to the classroom by having students conduct projects in which they collect and analyze low-cost air sensor data to better understand the air quality impact at community levels. These student projects are modeled on Dr. Jerrett's research efforts on air quality and environmental health disparities conducted in communities with environmental justice concerns.

Dr. Zuo-Feng Zhang investigates the risk and protective factors associated with tobacco-related cancers, with special focus on in molecular genetic epidemiology. He has expertise in tobacco smoking, alcohol consumption, nutritional factors, environmental pollution, and risk of cancers. In his courses EPIDEM 242: Cancer Epidemiology, EPIDEM 243: Cancer Molecular Epidemiology, and EPIDEM 295: Seminar in Cancer Epidemiology, Dr. Zhang brings his research experience to the classroom by guiding students to search epidemiology literature, describe cancer patterns in populations, generate research hypotheses, design appropriate epidemiologic studies, and obtain laboratory experience by performing laboratory assays. PhD students are encouraged to use Dr. Zhang's cancer molecular epidemiological datasets, data from international consortia of specific cancers, and publicly available data in their classes and research.

4) Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities.

Dr. Ninez Ponce, professor of HPM and director of the UCLA Center for Health Policy Research, offers multiple opportunities for student engagement. She invites student interns and graduate student researchers to work side-by-side with the center's research staff on a multitude of projects in a variety of disciplines, including qualitative and quantitative studies, data collection, statistical and data processing, project management, data analysis, and report production. She also assists students in turning the experience into published papers and conference presentations, as appropriate. Because hers is a soft-money funded center, past student workers have been exposed to the full project cycle, from drafting concepts and funding proposals to data collections and analyses, through publication and information dissemination, including leading the center's monthly seminar/webinar series subscribed by legislative offices, researchers, media, and community organizations in California and nationwide. Opportunities are available for long-standing projects such as the California Health Interview Survey (in production since

2001), or rapid turnaround work, such as an analysis of policy proposals with a limited public comment period.

Partnering with the UCLA Luskin School of Public Policy and the RAND Corporation, FSPH faculty led a two-year evaluation program to examine an "open streets" program in Los Angeles, the so-called CicLAvia, which creates a temporary car-free linear park for tens of thousands Angelenos. **Dr. Yifang Zhu** led the investigation of CicLAvia's impact on local air pollution levels, while **Dr. Brian Cole** led the investigation of CicLAvia's impacts on participant attitudes and practices, business activity along CicLAvia routes, and crime. A PhD student from Environmental Health Sciences (EHS) served as project manager and helped co-author the final report. One MPH student from EHS who started out by distributing surveys went on to plan, conduct, and analyze results from key informant interviews with local community leaders. A student from CHS developed an innovative participant sampling method to randomly select prospective survey participants at different times and locations during CicLAvia events. Overall, a total of 22 MPH students were involved over two years in all aspects of the study, from using GIS methods to help plan mobile air pollution monitoring routes to distributing surveys to event participants and business owners, and entering data.

Dr. Randall Kuhn, professor in CHS, led a report and review paper on homelessness and public health in Los Angeles County. Hunger and homelessness affect many of the same populations, often at the same times. Many food bank clients are homeless or on the threshold of homelessness. PhD students have assisted Dr. Kuhn by taking the lead in organizing the conceptual framework, seeking out models for the report, and conducting the bulk of the literature review. They also took on the facilitator role for key informant interviews. The work done to date by students is already contributing to a new campus-wide initiative on homelessness.

Dr. Beate Ritz is the PI of the long-running Parkinson's disease, Environment, and Genes study (PEG). Since 2001, this study has enrolled and clinically characterized early-in-disease 860 PD patients from three Central California counties in a population-based manner, as well as following 550 patients for up to 10 years and collecting clinical progression data including motor scores, depression, and cognition data. PEG also enrolled 1,000 age-matched community controls randomly selected from tax assessors' records of these counties. For all PEG participants, the researchers have collected lifelong pesticide exposure (home, occupational and ambient), behavioral/lifestyle, occupational and medical history data, and biosamples for genetic and metabolomic analyses. The field work, data collection, and analysis has included the involvement of dozens of FSPH graduate students hired for graduate student researcher positions. MPH students have worked as research assistants and conducted field work including routine visits to the California Central Valley, where these data are being collected, as well as working as interviewers.

Dr. Roger Detels is the PI of the Los Angeles center of the Multicenter AIDS Cohort (MACS) and Women's Interagency HIV Study Combined Cohort Study (MWCCS), which began in 1981 and continues. The MWCCS is currently following more than 5,000 individuals with or at risk of HIV infection. The massive data set has been used by many FSPH students for their dissertations and theses. In addition, Dr. Detels uses the MACS as an example in several classes that he teaches. The MACS has published more than 1,700 papers in well-respected journals, many of them authored or co-authored by UCLA students.

5) Describe the role of research and scholarly activity in decisions about faculty advancement.

Research productivity and creativity is an explicit criterion for UCLA's APM Criteria for Appointment, Promotion and Appraisal of all faculty members. Per APM, there should be evidence that the candidate is continuously and effectively engaged in creative activity of high quality and significance, and the individual should demonstrate distinction in the special achievements of their research field. Research productivity is regularly assessed during faculty appointment, merit, and promotion review.

6) Select at least three of the measures that are meaningful to the school and demonstrate its success in research and scholarly activities. Provide a target for each measure and data from the

last three years in the format of Template E4-1. In addition to at least three from the list in the criteria, the school may add measures that are significant to its own mission and context.

Table E4.6.1 Outcome Measures for Faculty Research and Scholarly Activities

Outcome measure	Target	Year 1 FY 2017-2018	Year 2 FY 2018-2019	Year 3 FY 2019-2020
Average number of articles published in peer-reviewed journals per year by Academic Senate faculty with primary appointments in the school (N=74)[1]	At least 3.0 publications per full-time faculty per year on average	Total 446 publications; median 5 publications per full-time core faculty	Total 510 publications; median 5 publications per full-time core faculty	Total 507 publications; median 5.5 publication per full-time core faculty
Total research funding (annual contract and grant awards)[2]	At least $35 million	$54 million	$50 million	$47 million
Competitive proposal success rate[3]	At least 25%	214 proposals 79 awarded 37%	206 proposals 84 awarded 41%	187 proposals 82 awarded 44%

[1] Publications were counted for years 2018, 2019, and 2020 for years 1, 2, and 3, respectively.
[2] Only funds that are directly administered by the school are included in these tables. Many of our faculty members receive extramural funds administered by other units on campus that are not reflected in these numbers.
[3] Data provided by UCLA Office of Research Administration (ORA) and is based on proposals received/processed by ORA, and then awarded following their receipt. These counts do not include proposals that were withdrawn. Data as of 3/30/2021.

Three measures were selected to demonstrate the school's success in research and scholarly activities: the number of articles published in peer-reviewed journals by Academic Senate faculty per year (N=74); total research funding represented by the annual contract and grant award dollars received; and the competitive proposal success rate that is measured by the conversion rate of the number of proposals submitted and the number of awards received. The target values for each of these measures were created after reviewing and analyzing the results of these measurements from the last accreditation. The data from these measures for the last three fiscal years demonstrate that the school has not only met the established targets, but has exceeded each of these target measurements.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: UCLA and FSPH offer numerous resources for faculty to support scholarly activity including startup packages, pilot funds, various core facilities, formal mentoring programs, grant-writing workshops, and a well-established pre-award and post-award system. FSPH faculty have the freedom to determine the type and topic of their scholarly activity and contribute to a broad range of public health research and scholarship. The quantity and quality of faculty research are reviewed regularly and are an essential part of the criteria for faculty appointment, merit, and promotion. Through classroom teaching and one-on-one mentoring, students are immersed in cutting-edge research and engage in in-depth research with faculty in the field. Under the leadership of the dean and associate dean for research, the grants administrators working in the RSO are experienced professionals who support FSPH faculty on center and training grants. In the last three fiscal years, the school's success rate for research funding is approximately 35% — which is higher than the NIH average success rate of 23% for FY19.

Weaknesses: None.

Plans for Improvement: One area that FSPH would like to expand in the near future is to provide additional support beyond training and complex center grant submissions, especially to junior faculty and their grant submissions, such as copy editing and ensuring submitted applications maximally address all required components. Providing this additional support would help to increase the conversion rate of proposals to awards, which would then lead to an increase in annual contracts and grant award dollars, as well as the increase of peer-reviewed journal articles that reflect and highlight funded research.

E5. Faculty Extramural Service

The school defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service as described here refers to contributions of professional expertise to the community, including professional practice. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.

As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the school's professional knowledge and skills. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

1) Describe the school's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations.

The mission of FSPH — *to enhance the public's health by training future leaders and health professionals from diverse backgrounds, conducting innovative research, translating research into policy and practice, and serving our local communities and those of the nation and the world* — reflects the collective values of building health and equity, and the commitment to driving positive change for all people. Through academic and service programs, UCLA faculty, students, and staff are deeply involved in improving lives throughout Los Angeles neighborhoods and around the world. FSPH instills a culture that encourages service by the schoolwide community. Service is one of FSPH's mission imperatives. During the 2020 strategic planning process, the school reaffirmed the importance of service. Under the goal to nurture enduring partnerships with communities and organizations, a specific initiative is to encourage faculty to build community partnerships and collaborations.

Because civic engagement is fundamental to UCLA's mission as a public university, service is a specific criterion in faculty appointment, merit, and promotion. A spirit of service to the community is very characteristic of the FSPH faculty and students.

2) Describe available university and school support for extramural service activities.

The Dean's Office provides support through many of the extramural service activities across the school in the following ways:

- The Research Support Office (RSO) provides support through the pre- and post-award process. Personnel from the office help identify funding opportunities that support service-oriented or community-based initiatives.
- The Dean's Office may provide funding for staffing support across the research centers and service programs. For example, FSPH provides funding for a student assistant as well as infrastructure and staff support to support the Mobile Clinic Project, a student-run, non-profit, street-side clinic, composed of physicians and volunteers who provide medical and social services to the homeless and underserved populations in Los Angeles.
- The Dean's Office supports faculty's extramural service activities for international organizations. For example, the Dean's Office is currently supporting the Association of Pacific Rim Universities (APRU) crisis management task force for the COVID-19 pandemic. Six FSPH faculty members have been involved in the task force, and has organized a series of collaborative webinars on epidemiology, government-university roles, vaccination, and non-communicable diseases in COVID-19.
- Finally, the Office for Public Health Practice helps build external partnerships and continually reaches out to alumni, community partners, and stakeholders to create opportunities. The office plays an important role in bridging these practice and service opportunities with FSPH faculty, students, and staff. During the COVID-19 pandemic, Dr. Dorian, the associate dean for public health practice, joined Dr. Michael Prelip in building a team to lead the workforce contact tracing

training and provide technical assistance to the California Department of Public Health in collaboration with UC San Francisco. They recruited students, faculty, and staff in facilitating the training of over to 10,000 individuals across the state in case investigation and contact tracing.

3) Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students.

In the Fielding School classrooms and in communities near and far, students are acquiring the tools they will use to make a difference in the world. Below are a few examples of how faculty bridge their service experiences into the classroom.

A student interest group, CHS Grads for Racial Justice, in partnership with **Dr. Gilbert Gee**, professor in CHS, developed and led an innovative and experimental course, COM HLT 296: Advanced Research Topics in Community Health Sciences. This course was built on Dr. Gee's numerous prior extramural service activities, including being a member of the Measures of Racism Working Group of the Centers for Disease Control and Prevention, member of the Racial/Ethnic Identity in the 21st Century Study Group via Arizona State University, board member of the Environmental Justice Initiative at the University of Michigan, and member of the External Advisory Committee for the Center for Addressing Health Disparities through Research and Education at the University of Alaska. In spring 2016, this course focused on addressing racism and anti-black violence as a public health crisis. It was designed to disentangle the historical legacies of racism and anti-black violence in this country to inform students' public health practice, and to equip them with the tools to identify, challenge, and address racism within their public health practice as well as its impact on the health statuses of communities of color. Dr. Gee and student leaders from the CHS Grads for Racial Justice were honored with the Delta Omega Award for Innovative Public Health Curriculum.

Dr. Anne Rimoin, professor of epidemiology, is an internationally recognized expert on emerging infections, global health, surveillance systems, and vaccination. Her pioneering work has focused on the emergence of infectious disease in populations living at the intersection of animal-human contact, primarily in the Democratic Republic of Congo (DRC). She has served as an adviser for the DRC Ministry of Health on emerging disease and disease surveillance for many years. These service activities allow Dr. Rimoin to integrate real-world examples of projects that she has conducted in DRC into her course, EPIDEM 420: Field Trials of Health Interventions in Low-Research Settings. This course has taught students about the long-term consequences of Ebola virus in survivors, as well as several important discoveries — including the emergence of monkeypox since the cessation of smallpox vaccination, the identification of a new pathogen (Bas Congo Virus), and novel strains of Simian Foamy Virus in humans.

As a major thought leader in children's health policy and health systems change, **Dr. Neal Halfon,** adjunct professor in HPM, has played a role in shaping U.S. health policy and reform for more than 20 years. His experiences range from participating in a health policy leadership meeting at the White House to discuss plans for launching the Accountable Care Organization to developing the Life Course Health Development model, which was adopted by the federal MCH Bureau in 2010 for its 10-year strategic plan. He brings his knowledge of developing strategies to improve the health status of children to his COM HLT 436A/HS M449A: Child Health, Policies, and Programs course. He references his work and literature in his lectures, and encourages students to incorporate principles into a policy report.

Prior to arriving at UCLA, **Dr. Paula Tavrow**, adjunct professor in CHS and director of UCLA's Bixby Program in Population and Reproductive Health, had worked for nearly a decade as a USAID contractor in various African countries. She also served as a deputy research director for a USAID cooperating agency to design operations research to improve the quality of women's health care in eight African countries. Building on this practice experience, Dr. Tavrow designed an ongoing FSPH graduate-level course, COM HLT 427: Reproductive Health in Sub-Saharan Africa, where students critique health programs and policies in Africa, and learn how to write a consultant evaluation report for an international agency or NGO. Dr. Tavrow also designed an FSPH summer intensive graduate course, COM HLT 296: Advanced Research Topics in CHS: Women's Health and Empowerment, which included guest lecturers with practical global experience in Africa and Asia, and was open to students from all UC campuses.

Subsequently, in partnership with the Aga Khan University (Pakistan) and Sonke Gender Justice (South Africa), she offered this intensive course in Kenya and Botswana to both American and international students.

Dr. Leah Vriesman, adjunct professor and executive director of Health Policy and Management's executive program, has always believed that what you teach in the classroom should be practiced outside in the community. As a young careerist, she was a healthcare strategy consultant for large health systems and multi-specialty group practices nationally. While pursuing her PhD in Medical Sociology at UCLA, she worked as senior director in North American Business Development for a biopharmaceutical consulting company – designing and presenting quality of life, economic modeling, and long-term registry projects. Combining her career in strategy consulting and then biopharma science and healthcare delivery, she has maintained a 20-year executive leadership consulting practice to external clients while bringing what she has learned into her HLT POL 433: Healthcare Strategy course in the Fielding School of Public Health. Dr. Vriesman travels in the U.S. and internationally (Singapore, Korea, China, East Africa, and Europe), engaging healthcare professionals in the public and private sectors to encourage strategic leadership and bridge a connection between her professional FSPH students and national and international colleagues.

4) Describe and provide three to five examples of student opportunities for involvement in faculty extramural service.

The Partners in Excellence for Leadership in Maternal and Child Health Nutrition, led by **Dr. Dena Herman,** prepares nutrition graduates and professionals for leadership roles in nutrition education, service, research, administration, and advocacy for the Maternal and Child Health (MCH) population. Students interested in MCH nutrition who have or are planning to obtain their dietician license disseminate education resources and provide technical assistance in 13 states. Dr. Herman also serves as faculty adviser to the Public Health Nutrition Club, where students advocate for nutrition issues and raise awareness through a monthly seminar series addressing public health nutrition and policy topics. The club emphasizes improving student food literacy through quarterly cooking demonstrations at various campus locations in partnership with local farmers markets and other student organizations, supported in part by funding from the Healthy Campus Initiative. Through the demonstrations, the Public Health Nutrition Club teaches easy-to-prepare, healthy recipes utilizing accessible and inexpensive seasonal ingredients.

The **Mobile Clinic Project (MCP)** aims to improve the health outcomes and quality of life of individuals experiencing homelessness and other vulnerable populations in Los Angeles by connecting them to the existing continuum of care. MCP first started as a class project taught by **Dr. Michael Prelip,** where students performed needs assessments for the Greater West Hollywood Food Coalition. It eventually expanded to include medical students, attending physicians, and undergraduate students to provide basic medical care, advocacy, and compassion to the homeless population. Public health volunteers oversee many aspects of MCP, such as survey administration, outreach, education, and resource coordination.

The **Healthy Campus Initiative (HCI)**, supported by the Semel Healthy Campus Initiative Center at UCLA, exemplifies UCLA's commitment to creating meaningful out-of-class educational and service opportunities for students. HCI is devoted to serving faculty, staff, and students by building a culture of physical, mental, and social well-being on campus. Its efforts are oriented toward fostering wellness and reducing health inequities. HCI branches into seven thematic areas, called pods: BeWell, BreatheWell, EatWell, EngageWell, MindWell, MoveWell, and ResearchWell. **Dr. Wendelin Slusser** spearheads this initiative and guides students to be involved in the different pods. For example, students volunteering with the EatWell pod engage in efforts to enhance food literacy, reduce food insecurity, and offer nutritious and sustainable food choices to the UCLA community. In 2019, EatWell hosted a sustainable recipe contest in which the three finalists prepared their meals and served their creation at one of the UCLA dining halls. The students also wrote blog posts and tabled events throughout campus.

Another example of an HCI-supported project that has provided learning opportunities for FSPH students is **Creative Space**, a collaborative community effort that seeks to improve support for breastfeeding mothers on campus. Inspired by grassroots efforts from the Mothers of Color in Academia de UCLA, this service project was designed and founded by the UCLA Reproductive Health Interest Group through a Healthy Campus Initiative student grant funding. **Dr. May Wang**, professor of CHS, has mentored several cohorts of CHS MPH students working on this project. Students also have opportunities to work with faculty outside of FSPH to gain interdisciplinary research experience. For example, a doctoral student worked with Dr. Jennifer Jay from the Civil and Environmental Engineering Department to evaluate the impact of an undergraduate environmental sustainability course on students' food choices and the carbon footprint. This led to the publication of two peer-reviewed manuscripts.

5) Select at least three of the indicators that are meaningful to the school and relate to service. Describe the school's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list in the criteria, the school may add indicators that are significant to its own mission and context.

FSPH selected the following indicators that are meaningful to the school:

- Percent of primary instructional faculty participating in extramural service activities
- Number of awards that are community-based, and
- Annual funding amount associated with community-based contract and grant awards

For all indicators, the department chairs evaluate each faculty member annually in service, in addition to teaching and research. During the last three fiscal years, FSPH maintained a strong presence in community-based work through active research collaborations and community-based awards.

- In 2017, FSPH received 140 contracts and grants, with 76 awards (54%) classified as community-based awards
- In 2018, FSPH received 135 contracts and grants, with 64 awards (47%) classified as community-based awards
- In 2019, FSPH received 144 contracts and grants, with 62 awards (43%) classified as community-based awards

During the data analysis process, the following points were used to classify awards as community based: (1) the project engaged community partners in the delivery of the scope of work; (2) the project outlined the facilitation of stakeholder engagement with community partners and/or the general public, as well as the dissemination of information from study findings to partners as appropriate; (3) the project engaged community partners as touch points for stakeholder engagement. This awards analysis does not reflect all of the contributions of FSPH faculty — only those for which faculty members serve as principal investigators. Across the school, many faculty members are involved in additional community-based projects through roles such as co-investigators and consultants. When these projects are considered, the school's community impact expands even further.

Table E5.5.1 Service Indicators, FY 2017-2020

	2017-2018	2018-2019	2019-2020
Percent of primary faculty participating in extramural service activities	100%	100%	100%
Total # of awards that are community-based (Total number of awards[1])	76 (140)	64 (135)	62 (144)
Annual funding amount associated with community-based contract and grant awards	$37 million	$38 million	$32 million

[1]Only awards that are directly administered by the school are included in these tables. Many faculty members receive extramural funds administered by other units on campus that are not reflected in these numbers. Data are provided by the UCLA Office of Research Administration (ORA).

6) Describe the role of service in decisions about faculty advancement.

FSPH expects faculty to be involved in the community, as service is one of the criteria evaluated for judging merit and promotion for faculty. The APM's Criteria for Appointment, Promotion and Appraisal of all faculty members states: "Services by members of the faculty to the community, state, and nation, both in their special capacities as scholars and in areas beyond those special capacities when the work done is at a sufficiently high level and of sufficiently high quality, should likewise be recognized as evidence for promotion."

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths**:** Service is at the heart of UCLA and all FSPH faculty must have an explicit commitment to service in order to have an appointment or promotion. Many of our students choose FSPH because of the school's strong links with communities and opportunities to engage with our faculty in service.

Weaknesses: None.

Plans for Improvement: None.

F1. Community Involvement in School Evaluation and Assessment

The school engages constituents, including community stakeholders, alumni, employers and other relevant community partners. Stakeholders may include professionals in sectors other than health (e.g., attorneys, architects, parks and recreation personnel).

Specifically, the school ensures that constituents provide regular feedback on its student outcomes, curriculum and overall planning processes, including the self-study process.

1) Describe any formal structures for constituent input (e.g., community advisory board, alumni association, etc.). List members and/or officers as applicable, with their credentials and professional affiliations.

Several formal groups provide input on the school's programming, curriculum, and overall planning processes. These include alumni, employers, practicum supervisors, public health leaders and practitioners, community organizations, and residents. They provide regular feedback on FSPH's ongoing students and curricular efforts; provide feedback on the work of faculty, staff, and students; share feedback on the self-study process; and ensure that the school's activities are meeting the vision, mission, and goals.

FSPH Board of Advisors – The FSPH Board of Advisors provides executive-level representation through community partners of the school. By invitation from the dean, executives regularly provide high-level leadership and expertise. The members are recognized community leaders who understand the importance of public health education, have a commitment to the field of public health, and devote time and energy to advance the strategic initiatives of FSPH. The meetings occur a minimum of three times per year, where board members create professional development and civic engagement opportunities and address important issues regarding the school's academic and service activities. The Board of Advisors leverages the school's strengths and assets nationally and globally to create relationships between the public and private sectors and FSPH faculty, students, alumni, and research centers.

Public Health Alumni Association (PHAA) – The mission of the FSPH's PHAA is to build and strengthen personal and professional connections between FSPH and alumni; raise the visibility and profile of FSPH through volunteer activities and direct support, thereby increasing its reputation, value, and involvement within the public health, healthcare, and local and international communities; and increase public health awareness in the lay community. The PHAA supports more than 11,000 alumni through programs that promote FSPH's research, education, and service. Programming includes public health lectures and forums, networking activities, and student career and mentoring programs.

Health Policy and Management Alumni Association (HPMAA) – HPMAA provides opportunities for HPM alumni to stay connected and strengthen personal and professional relationships among alumni and students. With an experienced and devoted board of directors, HPMAA continues to foster the development of HPM graduates while providing a community for all stages of one's career. HPMAA also co-sponsors two scholarships for the HPM department.

Research Center Advisory Boards – The research centers associated with FSPH have their own advisory committees that advise the research activities and direction of the centers. They recommend research topics and guide program activities to address current public health issues. For example, the California Health Interview Survey within the UCLA Center for Health Policy Research has an advisory board and technical advisory committees, and the Center for Health Equity has an advisory committee.

Career and Professional Development (CPD) Office – The CPD Office gains input from employers and practicum supervisors through surveys and conversations from campus events. Feedback is incorporated into student advising and programmatic direction. As an example, preceptors have suggested a workshop on practical steps to help students prepare for their internship. Since 2017, the CPD Office began offering a "Maximizing Your Internship Experience" workshop, which focuses on professionalism, setting

expectations and goal with preceptor, discussing communication styles, seeking mentorship, and following up after the internship concludes.

EDI Committee – The EDI Committee, which includes students, faculty, and staff, oversees EDI initiatives within FSPH. The committee aims to identify ways in which EDI initiatives can be effectively implemented and integrated into the culture of the school to create sustainable and successful programming and policies to achieve the mission in a manner that enriches the lives of FSPH students, faculty, alumni, and staff. The EDI Committee also provides training opportunities and works with faculty and TAs on creating inclusive classrooms which includes activities such as reviewing syllabi and ensuring that course materials highlight and promote diverse scholars and inclusivity. The EDI Alumni Think Tank is also part of the EDI programming at FSPH and consists of alumni representatives from all departments and all degrees.

Development Office – The Development Office regularly engages in philanthropic activities to raise funds to advance FSPH's mission. This team also cultivates relationships with donors to fund infrastructure, faculty research and grants, school programs and initiatives, and practice opportunities for students. Donors often provide input for funding allocation and have an opportunity to select projects that align with their interests and priorities.

Paul Torrens Forum – FSPH hosts multiple forums each academic year, discussing current public health issues. The events are free and open to the public, and feature community members, ranging from public health experts to leaders in policy, business, and the nonprofit sector. The discussions are planned by the Paul Torrens Health Forum Committee, which is comprised of faculty, community partners, and alumni. Members have diverse backgrounds, expertise, and interests, which results in a committee that broadly represents the field of public health.

Member lists for the mentioned constituents can be found at ERF F1.1.1 – F1.1.7.

2) Describe how the school engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.

The school's commitment to partnership involves collaborations with the greater Los Angeles community. One of our greatest strengths is the school's proximity to the richly diverse communities of Los Angeles and local organizations and health departments. By working together, both FSPH and the community can benefit. Below are some examples of how the school engages external constituents in regular assessments of the content and currency of the school's curricula and practice.

Community Organizations

More than 100 community organizations work closely with the school to contribute to and influence research and practice that have the potential to affect their community. Likewise, the school collaborates with these partners to address their expressed concerns and public health problems in their communities. These collaborations are highlighted through the APE. Working closely with community partners provides opportunities for increased research and service programming. These partnerships dramatically enrich the importance and contribution of collaborative service and research projects. To ensure FSPH is meeting community needs, the school conducts regular surveys and focus groups with a multitude of partners. One example is through the field studies, where the school obtains qualitative and quantitative feedback from internship preceptors about students, their academic preparedness, and their competence in the field. Field studies student surveys also include open-ended questions inquiring about areas of students' professional strengths and areas needing improvement. This information is used by their departmental field studies directors and the Practice Office to inform FSPH curriculum and planning, including CPD professional workshops. A sample list of FSPH's community partners through the APE may be viewed at ERF F1.2.1.

A large percentage of FSPH alumni work in county, city, and state public health departments. The school uses this alumni network to place students in internship opportunities, which brings full-circle the practitioner experience, where students learn cutting-edge concepts and participate in research that benefits student learning and sharing of best-practices with community partners. The alumni-student partnership at the same time feeds into our curriculum development.

FSPH Alumni-Student Mentorship Program

FSPH engages with alumni to assess and ensure curriculum and practice relevance. The FSPH Alumni-Student Mentorship Program leverages the experiences, knowledge, and networks of the FSPH alumni to provide students individualized guidance, support, and advice as they build their careers. The robust program pairs students with an alumnus for the academic year, where matches are made based on shared professional interests and experience. Mentors are required to attend an orientation session at the beginning of the program. They are also expected to meet regularly with their mentees throughout the academic year, and are encouraged to participate in Fielding activities (e.g., Paul Torrens Forum). Mentors are key in providing insight into practice needs as they help shape the next generation of public health leaders. To encourage dialogue and conversation on relevant topics such as resumes, informational interviews, and salary negotiations, Alumni Affairs sends monthly themed emails to the pairs. An evaluation of the mentorship program can be found at ERF F1.2.2.

In addition to the alumni program, alumni surveys that are sent every one year and three years after graduation per cohort, provide valuable insights into the school's ability to ensure that students are provided with opportunities to attain public health competencies in the classroom and the field. As cited in section B4, the alumni survey asks respondents to self-assess their skills, mastery of foundational and concentration competencies, and strengths and weaknesses of their training. Further details of the survey are provided in section F1.3.C below.

Integrated MPH Core Course

Through regular town hall meetings, students, faculty, staff, and community stakeholders provide feedback on the school's curriculum and programming. For example, as discussed in B5, FSPH reshaped the MPH curriculum with the integrated core course PUB HLT 200A and 200B. While preparing for AY20-21, the Integrated MPH Core Committee and alumni met regularly over the summer to incorporate community feedback and to ensure the curriculum meets the evolving public health needs. The committee also hired a 2020 alumnus as the course coordinator, providing a recent graduate's perspective. This individual assisted in updating curriculum content, ensuring cohesiveness of teaching, and being the point person for student inquiries. She also worked with faculty in making the course more relevant, such as changing one of the topic cases to Coronavirus. Furthermore, in light of the political events and protests in 2020, the Integrated MPH Core Committee updated all cases with more of a racial-equity lens. The team also reached out to the EDI Committee to review curriculum materials.

Email Listservs

The school regularly interacts with alumni through email listservs and alumni associations to incorporate alumni feedback for any programmatic change. As an example, the MPH-HP program director reaches out to all MPH-HP alumni for feedback before implementing substantial changes. At the beginning of 2020, MPH-HP needed to change the program designation on students' diplomas. The transcript and diploma for graduates of the MPH-HP program previously listed Health Professional as the degree's major. The administration reached out to alumni for their feedback on which designation option would be appropriate. Once it had consensus from alumni, it presented that option to the steering committee and the CHS department faculty for their approval before it was submitted for a formal change. With alumni feedback, the designation has officially changed to Master of Public Health in Community Health, Health Promotion and Education. In addition, Alumni Affairs, the dean, and the senior associate dean for academic programs reached out through the email listservs to promote the reaccreditation process and recruit volunteers to review the self-study.

FSPH Board of Advisors

The FSPH Board of Advisors provide strategic and policy advice and leadership to ensure that the school will serve as a model for public health research, training, and service well into the 21st century. They contribute to the development of the school by providing high-level input through regular meetings and discussions on the school's strategic direction. Based on findings from strategic planning and student and alumni surveys, the Board of Advisors advises on the allocation of funds for curriculum and projects at the school. In the past few years, endowment income has been used to develop PUB HLT 200 and 200B, support the Response and Action program, and make improvements to educational infrastructure in the CHS building. In October 2020, the Board unanimously agreed to launch a multi-year fundraising initiative to raise funds in alignment with five public health priorities (big data in public health, climate change impact on health, infectious diseases and public health, health equity, and public health communication) for endowed chairs, endowed fellowships, and discretionary support that can be used where it is most needed for the betterment of the school.

3) Describe how the school's external partners contribute to the ongoing operations of the school. At a minimum, this discussion should include community engagement in the following:

a. Developing of the vision, mission, values, goals and evaluation measures

Bidirectional partnerships with communities are crucial for FSPH's programming. During the strategic planning process, community partners participated and provided feedback on FSPH's vision, mission, values, goals, and evaluation measures. FSPH also shared findings from focus groups, alumni surveys, SWOT analysis, and mini-retreats.

Alumni were offered opportunities to work with FSPH to ensure the school and public health at large are upholding the commitment to improving health, well-being, and outcomes for all. The newly hired EDI program manager developed the EDI Think Tank for alumni to provide input on how to improve the FSPH experience. As mentioned in the prior section, the FSPH Alumni-Mentorship Program also provides an avenue for providing input on the vision, mission, value, goals, and evaluation measures.

The FSPH Board of Advisors and donors play a key role in contributing to the school's stated evaluation measures. Funds were used to provide crucial support to faculty through the continuation of high-impact data initiatives. Since one the thematic areas of importance to the field of public health identified in 2020 is big data in public health, and one of the strategic goals from 2015 was providing high-impact public use data and data tools for researchers and leaders around the world, donors developed the High-Impact Data Initiatives Grant Program, which provided funding of up to $50,000 to faculty members who would like to launch high-impact, public-use data initiatives at FSPH. As an example, **Dr. Akihiro Nishi**, assistant professor of epidemiology, received support for a project examining gender and race/ethnicity bias in scientific publications. Dr. Nishi continues to improve the initial method for measuring gender and other bias among biomedical researchers using the PubMed database. His team has stored approximately 3 million papers published over the last 20 years and analyzed approximately 35 million relevant sentences. In 2020, due to the COVID-19 pandemic, Dr. Nishi and his team pivoted and altered the priority research area from race/ethnicity bias to addressing the pandemic. Using the research team's expertise in social epidemiology, network science, and agent-based simulators, as well as the High-Impact Data Initiative funding, the team published its first simulation paper (Network Interventions for Managing the COVID-19 Pandemic and Sustaining Economy) in Proceedings of the National Academy of Sciences (PNAS).

b. Development of the self-study document

Community partners were involved in the development of the self-study in two ways: (1) through focus groups, and (2) by reviewing sections of the self-study document. FSPH held two focus groups with alumni and community partners to collect data about their perceptions.

To circulate the self-study, FSPH developed a web page describing the CEPH re-accreditation process and a link to sign up as a reviewer. An invitation to review the draft was promoted through FSPH community and alumni listservs, emails, and newsletters. More than 150 volunteers, including faculty, staff, alumni, students, and community partners, signed up to be a CEPH contributor. The preliminary draft was circulated to CEPH contributors to ensure accuracy and completeness, and feedback was integrated into the self-study.

c. Assessment of changing practice and research needs

As discussed in B5, during the strategic planning process, partners, students, and faculty stressed a priority in preparing students with skills and expertise to make important contributions to public health. The focus group, coupled with the alumni surveys, have provided valuable feedback on their public health education experiences. For example:

- 20% of alumni mentioned that program planning and evaluation were the most useful skills gained
- 24% of alumni wished they had gained statistical software skills

During the focus groups held in May 2020, FSPH asked community partners about the valued skills in the growing and changing public health workforce. Key findings include priority in developing quantitative skills, community engagement skills, and executive/leadership skills. In summer 2020, the alumni survey asked what skills or knowledge were most needed in the public health workforce. Alumni offered several specific skills that can be classified into three broad categories (see Table F1.3.1). The first and most commonly cited category is quantitative skills, which encompasses data management, analysis, and visualization, along with the ability to effectively use software for any of these purposes (Excel, SQL, R, ARC GIS, Tableau). The second category encompasses the skills necessary to successfully engage communities and diverse stakeholders. These skills include coalition building, advocacy strategies, and the ability to convey public health information to different audiences. The third category encompasses various executive skills that are necessary to lead teams and drive change within organizations. Notable skills included robust program management, evaluation, and budgeting, as well as tools for identifying and implementing anti-racism in public health.

Table F1.3.1 Skills Most Needed in the Public Health Workforce

Quantitative Skills	Community Engagement Skills	Executive Skills
• Epidemiology concepts • Advanced biostatistics • Data management • Data analytics • Data visualization • Software (Excel, SQL, R, ARC GIS, Tableau)	• Coalition building • Community engagement • Advocacy • Policy making • Conveying scientific information to different audiences (the public, media, etc.) • Adaptability • Empathy • Integrity	• Program management • Program evaluation • Implementation science • Grant writing • Budgeting • Public health history • Leadership • Tools for understanding and applying anti-racism to public health work

Based on the feedback provided by employers, the school has modified the core curriculum to ensure students are prepared for the public health workforce. As an example, PUB HLT 200A and B integrated quantitative skills into the curriculum through introducing first-year MPH students to programming and state of the art software packages, such as R. Additionally, the 200 course included a presentation component for students to strengthen their communication skills. The school also created PUB HLT 401: Public Health as a Profession, a required course for all MPH students starting fall 2021. The course was designed for students to develop advocacy and leadership skills, and to provide opportunities to collaborate with students in other disciplines at UCLA.

To reaffirm the school's commitment to a more diverse, inclusive, and equitable community, PUB HLT 200A and B have incorporated an anti-racism lens to their cases. FSPH has also increased opportunities for the community to learn from and engage with experts, artists, and other thought leaders addressing EDI, anti-racism, and social justice in public health.

The CPD Office also analyzes employer and alumni surveys on an ongoing basis to determine workshops and events that meet current needs. In 2019, the CPD team presented at the 2019 ASPPH annual meeting and later to the Dean's Advisory Council, proposing the integration of CEPH competencies into professional development services. The FSPH administration and the Dean's Advisory Council approved moving forward with integrating an even more holistic lens into the curriculum by adding interprofessional components. As a result, PUB HLT 401 was created.

Finally, another noteworthy event involving community partners in the last 10 years is the establishment of the **Paul Torrens Health Forum**. Named in honor of Dr. Paul Torrens, professor emeritus of HPM, this public program provides free community discussion and debate on critical issues in public health and is open to all public health leaders, community groups, faculty, and students. The committee comes together to brainstorm on topics and potential speakers by assessing trends and picking topics that would address current public health issues. Panelists from community organizations are encouraged to share program information with their organization and professional networks to help promote the session, broaden the audience, and increase attendance. Relevant topics have included gun violence prevention and homelessness through a public health lens. The forum invites panels of experts and has robust question-and-answer sessions moderated by a faculty expert.

d. Assessment of program graduates to perform competencies in an employment setting

Feedback on student and alumni performance in employment settings is primarily obtained from APE preceptor surveys, informal feedback from employers to the CPD Office, and alumni surveys. The most recent surveys include alumni rating their confidence in performing the 22 MPH foundational competencies.

In the two focus groups from May 2020 (see section B4), community partners that employ FSPH graduates and host MPH students during their required practicum are asked to provide feedback on students' and graduates' skill mastery and preparation for the workplace. Their feedback is particularly relevant to assess how curriculum changes affect students' ability to successfully perform competencies. The competencies that were most commonly cited during these focus groups included leadership, communication, planning and management, and evidence-based approaches to public health. The consensus among these stakeholders is that although the students they hire perform satisfactory in all these skills, it would be valuable for core skill courses to become mandatory, as opposed to elective courses. This would ensure that all graduating students are equally equipped and equally competitive in today's job market.

In March 2021, given the changes over the past year and the spotlight on public health, FSPH distributed the *FSPH State of the Public Health Employment* survey, where the school received feedback on the in-demand skillsets for interns and new graduates and perception of preparedness of former interns and hires. The ongoing survey was a collaborative effort between the CPD, Alumni Affairs, Student Affairs, and EDI offices. Through the survey, spring 2019 alumni and community partners provided feedback on the in-demand skillsets for interns and new graduates; perceptions of preparedness of any former interns, full time new hires, and alumni themselves; COVID-19's impact on hiring initiatives and in demand skillsets in their workplace; diversity and inclusion initiatives in their workplace; and recruitment opportunities for interns or full-time new hires. Over 160 community partners, alumni, and employers responded. The school is currently analyzing the data and plans on using the survey results to prioritize workshops in skillsets valuable for the public health workforce.

4) Provide documentation (e.g., minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3

ERF F1.4.1 – Alumni Survey Skill Section Results AY 17-18
ERF F1.4.2 – CPD Board Meeting Presentation
ERF F1.4.3 – Paul Torrens Health Forum Attendance and Topics
ERF F1.4.4 – Paul Torrens Health Forum Demographics
ERF F1.4.5 – Town Hall Meeting for PUB HLT 200
ERF F1.4.6 – High-Impact Data Initiatives Grant Program Report
ERF F1.4.7 – FSPH Self-Study Website
ERF F1.4.8 – Focus Group with Community Partners
ERF F1.4.9 – FSPH State of the Public Health Employment Survey

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: FSPH has engaged multiple constituents to provide regular feedback on its student outcomes, curriculum, overall planning processes, and the self-study process.

Weaknesses: None.

Plans for Improvement: None.

F2. Student Involvement in Community and Professional Service

Community and professional service opportunities, in addition to those used to satisfy Criterion D4, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

1) Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate.

Through diverse programs, activities, and investments, FSPH instills the values of community engagement and service among faculty, staff, students, and alumni — leading to efforts that promote population health within our Los Angeles community and around the globe. FSPH partners with diverse organizations, and students leverage these partnerships to gain research, practice, and professional development experiences.

Orientation

Service, community engagement, and professional development activities are introduced during new student orientation. The school has introduced these activities through faculty and student panel discussions and optional field trips to local partner organizations. An in-depth Unleash Your Strengths professional development workshop exposes students to career and professional development services.

UCLA Volunteer Day

For more than a decade, UCLA has hosted Volunteer Day during the first week of fall quarter. With 8,000 volunteers contributing each year, the event is the nation's largest service project for students. Continuing students, staff, faculty, and alumni sign up to volunteer as a task captain or service liaison. FSPH hosts public health-specific sites, and incoming FSPH students have the opportunity to volunteer.

Volunteer sites vary every year; for example, in 2018, students helped restore Manual Arts High School's community garden. The high school is located in South Los Angeles, where more than 90% of students live in poverty. The teaching garden was created to shift the way high school students think about food and increase access to fresh fruits and vegetables. For some Bruins, this is their first experience in the city of Los Angeles and encourages them to continue engaging in community service.

Student Organizations

An organization fair in the fall features the school's 15 active student groups. These organizations implement workshops, community service projects, and social events. Organization officers develop leadership skills, maintain budgets, facilitate meetings, and organize events.

The Public Health Student Association (PHSA) is the central student group. PHSA serves academic and social needs of students and encourages community and public health engagement. In addition to PHSA, each department has a department-specific student association. PHSA and the department associations actively engage students in service opportunities, including donation drives (e.g., canned food or toys), volunteer opportunities (e.g., social justice hackathon, beautification projects, and toiletry kit preparation), and fundraisers.

Another prominent organization is Students of Color for Public Health (SCPH), which aims to improve recruitment, retention, and graduation of students of color. SCPH members participate in a mentorship program with UCLA undergraduates interested in public health. SCPH organizes panel discussions, documentary screenings, and service and social events. Additionally, SCPH hosts the school's National Public Health Week (NPHW) lectures and activities.

The Reproductive Health Interest Group (RHIG) takes reproductive health and justice to new heights through education and advocacy efforts on and off UCLA campus. In 2016, CHS students spent the year partnering with cross-campus organizations on reproductive justice issues at UCLA, uniting with local sexual health and wellness organizations, and providing various educational opportunities promoting

reproductive rights and health. The group has partnered with Planned Parenthood in training UCLA undergraduates and local community college students sex education and contraception, as well as sexually transmitted disease (STD) prevention.

A full list and description of student organizations within FSPH can be found here.

Coursework, Faculty Research and Practice Activities, and Conference Presentations

Service, community engagement, and professional development are embedded in the curriculum and through additional extracurricular opportunities. Several departments, such as CHS, require students to complete professional development credits. Additionally, faculty work closely with community partners, often providing opportunities for doctoral and master's students to participate in research efforts and assist with the implementation of interventions (see sections E2, E4, and E5). Students are encouraged to present their research and practice experiences, which promotes student professional growth. Opportunities exist within school forums, campus symposia, and national conferences. As mentioned in section C1. Fiscal Resources, funding for travel and conference fees is available for students to encourage their participation.

Public Health Training Program on Population Health Advocacy (Advocacy Program)

The Advocacy Program trains and inspires students to lead the way to systemic changes that will improve the public's health while building the capacity of Los Angeles County to engage in public health advocacy. Since its inception in 2015, the program has facilitated partnerships of 61 advocacy fellows with more than 30 organizations. By January 2021, advocacy fellows are projected to contribute more than 31,000 hours toward public health advocacy work. Projects include: evaluating advocacy programs and strategies; developing and conducting surveys to address legislative and institutional policies; mobilizing communities; meeting with elected officials; collaborating with government agencies; and drafting policy recommendations. Fellows benefit from this experiential training, and their work greatly impacts the organizations and communities served. In addition to the fellowship, the program offers professional development and training for the entire FSPH community. Advocacy workshops broaden exposure to topics, such as meeting with elected officials, advocacy strategies, and policy development.

Field Studies and Other Training Programs

The strength of our community partnerships shines through field studies and training program partnerships. Field studies give students the platform to explore career goals and objectives, translate the lessons learned in the classroom to practice, and learn about public health on the ground (see D5). The school also offers more than dozen training programs that provide opportunities for service, community engagement, and professional development. For example, the Hilton Global Summer Scholars program provides UCLA students, including FSPH students, with funding for international fieldwork, technical support, and a forum to share findings with stakeholders. The UCLA Child and Family Health Leadership Training Program provides interdisciplinary training in maternal and child health practice, research, and policy analysis for FSPH students. Trainees receive professional development and summer stipends of up to $4,000, along with additional financial support to attend conferences and training opportunities.

Fellowships

While some of the applied practice internship experiences are paid, many do not offer compensation. To encourage students to engage in meaningful, service-oriented internships, the school offers *Summer Field Studies Funding*, which is secured through a number of funding sources and private donations. In 2019, $276,000 was allocated to 70 students to conduct meaningful service internships. The *Public Health Impact Fellowship* is awarded annually to three students in recognition of their community-based public health impact. One student receives a $5,000 fellowship and public speaking training, and presents their impact story at a lecture. Two $1,000 impact fellowships are also awarded. Additional financial awards encourage students to engage in social-service and community-oriented activities, helping relieve financial pressures so that students can continue their contributions to the community. For example, 10 students are awarded up to $23,000 annually through the *Ric and Suzanne Kayne Fellowships,* recognizing students committed to developing and implementing projects affecting disadvantaged communities. The *Roemer Award in Social Justice* annually provides $20,000 support to one or two

students working on topics of social justice. The *Anne Sullivan Reher Livio Award in the Protection and Well-Being of the Homeless* provides $15,000 for students with demonstrated service in the field of homelessness.

2) Provide examples of professional and community service opportunities in which public health students have participated in the last three years

FSPH Student Ambassadors Program

FSPH Student Ambassadors are selected students who organize events throughout the year and otherwise support admissions and recruitment, career and professional development, donor relations, alumni affairs, and student wellness and engagement. Examples of ambassador-led events include informational interview workshops, time management workshops, and resume review office hours.

Within PHSA, the **Community Outreach and Volunteer Committee** provides opportunities for students to give back to the community in the greater L.A. area. Previous events include volunteering at the L.A. Marathon, beach cleanups, and fundraising for local charities and clinics.

Response + Action

Response + Action helps the FSPH community process current events through a public health and advocacy lens and further support efforts to address pressing social and public health issues. The Office of the Associate Dean for Public Health Practice and the Advocacy Program launched Response + Action in 2017, following the Parkland high school shooting. Violence prevention, mass incarceration, transgender health, and homelessness have been featured. As one example, following a workshop addressing homelessness, the FSPH community took action and volunteered for the L.A. homeless count.

National Public Health Week

The Students of Color for Public Health host a full week's worth of lectures and activities to celebrate National Public Health Week. Every year, FSPH highlights issues that are important to improving the nation’s health and selects a theme. In 2019, the selected theme was “Rooted,” which underscores community-led initiatives that empower communities of color to improve the overall health and well-being of their members. Students volunteered in hosting various events, ranging from discussions of public health issues to serving smoothies at a “healthy grad bar.” Furthermore, students and alumni participated in the Bakersfield College Health and Social Justice Hackathon Event, where they helped contestants with their concept, pitch, and technical prototype in solving a public health issue and raising awareness of public health challenges and solutions in Kern County.

Mobile Clinic Project

The Mobile Clinic Project aims to improve health outcomes and quality of life of the homeless and other vulnerable populations by connecting them to the existing continuum of care. The Mobile Clinic Project is a student-run, street-based clinic that provides health and social services to the homeless population of Los Angeles. This interdisciplinary project involves attending physicians who oversee health services, medical students who perform checkups, public health students who develop and administer surveys and apply for extramural grants, and undergraduates who act as social caseworkers and advocates. Public health students conduct a variety of surveys to support program and service evaluation, patient satisfaction, and community needs assessments, and they coordinate with outside organizations to provide additional services. Undergraduate students receive credit through a service-learning course taught by graduate students. FSPH students developed the Mobile Clinic Project in 2000 from a course project.

UCLA Public Health Scholars Training Program

The UCLA Public Health Scholars Training Program is an eight-week training program designed to increase the diversity of the public health workforce. Graduate students volunteer for the program by serving as mentors, and doctoral students provide lectures. All graduate student mentors found value in

their experience, providing them with opportunities for professional growth. Many of the school's community partners concurrently provide internships for graduate students and undergraduate scholars, further supporting community partners and creating stronger pathways to graduate education and the public health workforce. Graduate students completing internships with undergraduate scholars reported providing guidance to the scholars and indicated that the experience was valuable.

The Minority Training Program in Cancer Control Research (MTPCCR)

The MTPCCR is designed to encourage minority students to pursue doctoral programs that focus on cancer disparities research. The program has been designed to increase (1) students' understanding of the power of research to effect change; (2) awareness of the strengths and limitations of research methods, theory, and interventions in eliminating health disparities; (3) interest in cancer disparities research, from surveillance to epidemiology, individual behavior change, health services, and policy research; and (4) research, networking, information-seeking skills, motivation, and ability to successfully apply to a doctoral program. Over the summer, the program provides concrete didactic and personal tools on how to get into and stay in a doctoral program. In addition, students obtain firsthand experience in a research setting, usually working with diverse and underserved communities.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: Various opportunities for community and professional service opportunities exist for FSPH students. Students are also exposed to the importance of learning and contributing to professional advancement of the field.

Weaknesses: None.

Plans for Improvement: To further increase student participation in service, community engagement, and professional development activities, a required course for all MPH students, PUB HLT 401, was developed to incorporate schoolwide professional and career development training activities. This course will officially launch and will be required by all MPH students in fall 2021.

F3. Assessment of the Community's Professional Development Needs

The school periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities.

1) Define the school's professional community or communities of interest and the rationale for this choice.

Under FSPH's mission of "Creating healthy futures for all, locally, nationally and globally," the school aims to provide training and professional development opportunities for a wide cross-section of the public health workforce, our priority community. The school collaborates with many partners and stakeholders, with an emphasis on competency and capacity building.

The public health workforce includes public health practitioners at state and local governmental agencies, local and global nongovernmental and faith-based organizations, professional public health associations, schools, institutes of higher education, and the private sector. Practitioners include health directors, commissioners, health agents, public health nurses, public health officers, community health workers and *promotores*, homeless outreach workers, school nurses, school health personnel, regulatory staff (e.g., health inspectors, environmental health professionals, and code officers), and employees whose work intersects with public health, including medical, pharmaceutical, biotech, and environmental health workers focused on quality assurance, drug delivery, and managing and interpreting community health data.

FSPH believes that along with teaching and mentoring a new cadre of public health professionals through our degree programs, continuous training and retraining of the public health workforce will provide far more reach and impact in promoting better health outcomes and equity. FSPH aims to use our collaborative relationships with community partners and alumni to create these opportunities, so that diverse agencies, organizations, and programs that directly serve their communities can continue to protect the health of the population.

2) Describe how the school periodically assesses the professional development needs of its priority community or communities, and provide summary results of these assessments. Describe how often assessment occurs.

FSPH faculty, centers, and research collaborations conduct both formal and informal needs assessments of public health practitioners and organizations on an ongoing basis. These assessments allow the identification of training, research, and service needs and priorities. Currently, FSPH identifies workforce needs by:

- conducting large-scale needs assessments and competency-based workforce assessments;
- querying alumni and adjunct practice faculty regarding professional and agency needs;
- creating professional advisory groups in centers that meet several times a year to provide input to program directors;
- having staff, program directors, and administrators attend professional organization meetings to stay current on the needs of the field;
- hosting focus groups with alumni, employers, and community partners;
- consulting with governmental and non-governmental agencies; and
- collecting survey data from continuing education course participants

Frequently, professional and community partners reach out to the school requesting professional development assessments and opportunities. In such cases, FSPH works with partners to conduct the necessary needs and resource assessments, develop the requested trainings, and monitor and evaluate the impact. One of FSPH's strengths is the close relationships and mutual trust it has with its partners. Because of this positive relationship, partners are not afraid to reach out to collaborate and explore opportunities together. An example of this type of collaboration was a four-year leadership training project led by **Dr. Cathy Lang**. Between July 2014 and June 2018, Dr. Lang worked with a southern California

county health department to assess training needs of their public health workforce and led efforts to provide robust in-person trainings to address these needs.

Dr. Lang and colleagues conducted an initial training needs assessment and identified five priority training topics for the county: utilizing social media as a health strategy to improve health communication between the health department and the community; public health program planning; evaluation and evidence-based public health; surveys for program development and strategic planning; and ethical decision-making in public health. Further, in 2018, to address accreditation requirements of the health department, the county health department asked Dr. Lang to conduct a cultural competency and health equity needs assessment of the workforce and provide trainings to address the identified needs. This was accomplished with the support of **Dr. Alina Dorian** to create and conduct a health department-wide competency assessment, along with tailored in-person trainings addressing the specific needs. Supporting documents are available at ERF F3.2.1.

Various other faculty periodically assess the professional development needs of priority communities prior to their research projects. For example, Dr. Dorian has a partnership with the governor's office through the California Department of Public Health. In this capacity, Dr. Dorian, Dr. Prelip, and team respond to the needs expressed by their governmental colleagues. For example, in April of 2020 they shared a request for public health workforce development by retraining state redirected staff.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: The school responds to the needs of its community partners to deliver learning experiences tailored to their needs. Many of the school's professional development efforts are directly aligned with specific requests from the professional and community partners.

Weaknesses: None.

Plans for Improvement: In spring 2021, FSPH implemented the *FSPH State of Public Health Employment* survey to conduct a workforce needs assessment.

F4. Delivery of Professional Development Opportunities for the Workforce

The school advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

1) Describe the school's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3.

UCLA is deeply committed to the advancement and enrichment of continuing education for the greater public health workforce. As mentioned in section F3, the school conducts workforce development needs assessments on an ongoing basis. In addition, the school periodically responds to community partners who reach out and request workforce assessment and development opportunities. Faculty and centers are able to respond with trainings, technical assistance, and subject-matter expertise that meet the professional development needs of the public health workforce.

To strengthen collaborations between the school and the community around public health education and workforce development, FSPH created the Office of Public Health Practice. The office works to bring together the school's efforts in translational research, practice, and service.

2) Provide two to three examples of education/training activities offered by the school in the last three years in response to community-identified needs. For each activity, include the number of external participants served (i.e., individuals who are not faculty or students at the institution that houses the school).

The Southern California NIOSH Education and Research Center (ERC) – The ERC provides professional development and continuing education for occupational health workers. It operates in concert with UC Irvine's Centers for Occupational and Environmental Health, representing a unique and effective partnership. **Dr. Niklas Krause**, a primary instructional faculty in EHS, serves as the director of the center.

The ERC provides continuing education for occupational health workers, and reaches out to all levels of management within business and industry, to leaders of government, to other academic institutions, and to workers to increase their awareness of workplace health and safety issues and safe work practices. Courses are designed around the concept of a systematic approach to health and safety education and integrating occupational and environmental health and safety into the business process. Courses are approved for professional accreditation appropriate to each discipline as appropriate, including the American Board of Industrial Hygiene, Board of Certified Safety Professionals, California Board of Registered Nurses, Continuing Medical Education, and Registered Environmental Health Specialist. A total of 2,263 trainees have participated in the last three years (FY 17-18: 920; FY 18-19: 598; and FY 19-20: 745).

Labor Occupational Safety & Health Program (LOSH) – Similarly, LOSH collaborates with workers, unions, community organizations, employers, academics, students, governmental representatives, and health professionals to improve health and safety conditions for workers in Southern California. Initiatives include health and safety training; education for low-income, minority, and immigrant workers; public advocacy; and participation in industry-wide research relating to policy issues in California. LOSH conducts regular training based on workforce needs. To maximize impact with the resources available, the LOSH education and training model emphasizes a "train-the-trainer" approach, preparing workers to return to their workplaces to take leadership roles in health and safety efforts.

LOSH develops curricula and implements training programs in response to community-identified needs. These include courses for refinery workers, agriculture workers, day laborers, and domestic workers who

are exposed to environmental hazards, such as heat and wildfire smoke. Some training courses include handling hazardous chemicals at their workplaces, cleaning hazardous waste sites (including lead contamination from the Exide battery recycling facility), and preparing for or responding to disasters. Most recently, LOSH began to develop curricula and new courses to respond to the COVID-19 pandemic for workers, including health care providers in acute-care and long-term care facilities, janitors, school and office workers, and community-based health *promotores,* who provide outreach to workers in low-wage jobs such as those in the garment industry.

Over the last three years, LOSH has trained 4,720 workers in response to community-identified needs described above. Table F4.2.1 provides a breakdown of participants in the trainings hosted by LOSH from the past three years.

Table F4.2.1 Number of Participants Trained from LOSH, 2017-2020

Training	2017-2018	2018-2019	2019-2020	TOTAL
Hazardous Waste Worker Training Program (HWWT)	965	413	939	2,317
Hazard Disaster Preparedness Training Program (HDPT)	653	336	587	1,576
Environmental Career Worker Training Program (ECWT)	30	143	61	234
School Action for Safety and Health (SASH)	N/A	153	109	262
Worker Occupational Safety and Health Training and Education Program (WOSHTEP)	52	165	114	331
TOTAL	**1,700 trainees**	**1,210 trainees**	**1,810 trainees**	**4,720 trainees**

Connected California COVID-19 Virtual Training Academy – During the novel COVID-19 pandemic in 2020, FSPH partnered with UC San Francisco and the California Department of Public Health in creating and implementing this virtual training academy. **Dr. Prelip** and **Dr. Dorian** led this initiative and recruited faculty, staff, and students to train more than 10,000 individuals across the state in basic epidemiology, principles of contact tracing, infectious disease containment strategies, case investigation, and administration. The initiative is an effort to increase the capacity and competencies of the public health workforce in both contact tracing and case investigation in order to help mitigate the spread of COVID-19.

Governor Gavin Newsom had laid out six key metrics for modifying the stay-at-home order in California. For the first, the state must have “the ability to monitor and protect our communities through testing, contact tracing, isolation, and supporting those who are positive or exposed.” Gov. Newsom said the following crucial components must be in place:

- A workforce sufficient to rapidly identify every case and contact in the state
- A high-quality training program with capacity to quickly stand up a large, new, competent workforce
- A robust, statewide data management and communications platform to streamline and support COVID-19 contact tracing work done by local health jurisdictions, and to enable monitoring across the state to swiftly signal the need for any changes in the public health response

Over the course of four days for a total of 20 hours, the COVID-19 Virtual Training Academy is used by local health jurisdictions across the state to train government employees to effectively conduct contact tracing and ensure they meet the needs of California’s highly diverse population. Participants also received CEU and BRN credits.

Executive-style MPH Developed for the Public Health Workforce – While we recognize that an MPH degree is not traditionally included in this section, FSPH has demonstrated a deep commitment to the workforce through developing two executive-style MPH programs. These programs are aimed specifically at supporting the formal MPH education of the public health workforce. Students are able to gain a formal public health degree while continuing their employment.

Southern California County Health Department Trainings – As detailed in F3, **Dr. Lang** conducted a training needs assessment with a county public health department in southern California. Based on the needs assessment, Dr. Lang and colleagues developed and coordinated in-person trainings on topics such as: utilizing social media as a health strategy to improve health communication between the health department and the community; public health program planning; evaluation and evidence-based public health; surveys for program development and strategic planning; and ethical decision-making in public health. FSPH invited topic experts for developing and administering the trainings. For the full-day trainings, FSPH provided a competencies-based model of education and training, where participants are expected to make knowledge gains and demonstrate their comprehension and ability by applying new skills to solve problems and analyze, synthesize, and evaluate information and ideas in new ways. Over 150 people attended the trainings, and training materials were distributed to others who were unable to attend.

UCLA Fogarty HIV/AIDS International Training Program – In response to the increasing prevalence of HIV/AIDS in Southeast Asia, several FSPH faculty manage NIH Fogarty training programs with Myanmar, Cambodia, Thailand, and Vietnam. Trainees learn epidemiologic techniques and research methods that prepare them to return to leadership positions in their home country. **Dr. Roger Detels**, emeritus professor of epidemiology, is the founding director of the UCLA/Fogarty-supported training program.

- **Dr. Pamina Gorbach** is the principal investigator and director of the UCLA/Cambodia HIV/AIDS Training Program in Data Management and Analysis, which has ended in 2020. This has been a training program that provides doctoral and master's degrees and postdoctoral training to professionals from Cambodia at UCLA and the Cambodian University of Health Sciences (UHS). Since the program's inception in 2014, the FSPH Department of Epidemiology and the UHS has trained 16 individuals in the management and use of large, repeated-measures datasets to prepare and enable these professionals to apply critical health trends, epidemiologic shifts, and knowledge to inform HIV/AIDS policies and program improvements. In the last three years, the training program has had four degree trainees and four short-term visiting scholars. The last two students will be graduating with their PhDs this spring/summer. Because of the training program's success and the changing epidemiology of HIV in Cambodia, Dr. Gorbach and her Cambodian partner at the UHS have decided to pursue collaborative research opportunities.
- **Dr**. **Sung-Jae Lee** and **Dr. Detels** have a Fogarty training program for individuals from the Thai Ministry of Public Health (UCLA/Thai MoPH Epidemiology Training Program on AIDS). Through a series of in-country courses and short- and long-term training in advanced research methodologies, the FSPH Department of Epidemiology has assisted the Division of Epidemiology of the Thai Ministry of Public Health in achieving goals of the Area-Based Surveillance System to enhance research capacity. This program trained four MS candidates, two PhD candidates, and three short-term postdoctoral trainees at UCLA. Similarly, Dr. Lee directs the UCLA/Myanmar Training Program in Advanced HIV/AIDS Methodologies with the Myanmar University of Public Health (UPH). Four MS candidates, two PhD candidates, and three visiting scholars from Myanmar have been trained.
- **Dr. Li Li** leads the UCLA/Fogarty training with the Hanoi Medical University (HMU) in Vietnam. UCLA collaborates with HMU to conduct in-country summer institutes and workshops on community-based interventions, implementation science, program monitoring and evaluation, research ethics, advanced study design and evaluation, data management/statistical analysis, and grant writing and management. This program has trained three degree students (two PhDs and one MS) and four on-campus visiting scholars at UCLA. There have been more than 60 trainees participating in the annual workshops in HMU in the past three years.
- The UCLA/Fogarty Program with the Fudan University School of Public Health began in 1999 as a supplement to the main Fogarty program at UCLA. This program has graduated five PhD

students. Professors **Drs. Zuo-Feng Zhang** and **Detels** continue to conduct collaborative research on Kaposi's sarcoma and HIV/AIDS-related malignancies with **Dr**. **Na He** on the epidemiology of KSHV among various populations, including HIV/AIDS patients and HIV risk-taking groups, such as former plasma donors, men who have sex with men, and sex workers in China. Professors Detels and Zhang have taught courses on HIV, cancer, research ethics, environmental health sciences and public health at Fudan University.

Supporting documents for the samples listed in this section are available at ERF F4.2.2.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: FSPH offers a range of professional development activities that support the needs of its communities of interest. Faculty are experts who design and deliver professional development programming in concert with the identified community partners.

Weaknesses: None.

Plans for Improvement: None.

G1. Diversity and Cultural Competence

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical under-representation, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status. This list is not intended to be exhaustive.

Cultural competence, in this criterion's context, refers to competencies for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite competencies include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences, especially as these differences may vary from the school's dominant culture. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the competencies for recognizing and adapting to cultural differences and being conscious of these differences in the school's scholarship and/or community engagement.

1) List the school's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the school; and describe the process used to define the priority population(s). These populations must include both faculty and students and may include staff, if appropriate. Populations may differ among these groups.

The school's self-defined, priority underrepresented populations include Black, Indigenous, People of Color (BIPOC) and first-generation (first-gen) college students. By extension, one of the school's goals is to increase the number of individuals from Underrepresented Minorities (URMs). UCLA's definition of URM includes domestic Native American/American Indian/Alaskan Native, African American/Black, Chicano/Mexican American, Latino/Other Hispanic, and Filipino/Filipino-American students. In addition, the school recognizes that there are other factors such as socioeconomic status, and that first-generation, LGBTQ+, and other minority groups are often underrepresented on college campuses and in public health programs as well.

Equity, diversity, and inclusion (EDI) are among UCLA's core values, and promoting EDI with the FSPH community and through public health education are identified as priority areas in the 2021-2025 strategic plan. The academic pursuits of our students and faculty and the field of public health at large are enhanced by individuals from different backgrounds, cultures, and experiences. It is our responsibility to remove systemic barriers for those who have historically encountered them. As such, FSPH is committed to increasing access, retention, and resources in order to ensure a rich environment for learning and professional development in public health education for those in underrepresented groups.

FSPH's goals were also derived from the terms of the California Master Plan for Higher Education, the top 12.5% of California high school graduates are eligible for admission to the University of California. "Underrepresented minorities" are defined as those who come from demographic groups with group eligibility rates that are less than 12.5%. Source: The University of CA 2010 Accountability Report, Chapter 9, Indicator 54 https://regents.universityofcalifornia.edu/regmeet/sept10/j1attach.pdf.

Process Used to Define the Priority Populations

Over the past calendar year, FSPH has collected various quantitative and qualitative data to identify priority areas for EDI programming in the school. Data collection included both formal and informal sessions with students, staff, faculty, and alumni. The school undertook a comprehensive EDI strategic planning exercise, which included a series of Strengths, Weaknesses, Opportunities, and Threats (SWOT) analyses based on organized meetings and retreats with staff, student leadership, the FSPH EDI Committee members, and FSPH leadership. This latter group included personnel from the Student Affairs Office, the Dean's Office, the Office of Public Health Practice, and the CPD Office to discuss the EDI strategic vision and goals. Departments also conducted their own SWOT analyses.

Following the recent racially motivated murders of George Floyd, Breanna Taylor, and Ahmaud Arbery, FSPH students candidly reached out through letters to their departments sharing information on their experiences and identifying areas within the FSPH environment for improvement. FSPH reviewed the letters, held listening sessions, hosted town halls, and met with student groups, department leadership, faculty, and staff. These meetings, roundtables, and exercises provided insight and robust information, which allowed us to actively listen to our key stakeholders and refine key priority areas for building and sustaining an anti-racist culture — a factor essential to the recruitment and retention of BIPOC students, staff, and faculty. In addition, the Office of EDI triangulated these data with student surveys, student enrollment data, and faculty data.

The UC system is also committed to supporting first-gen students to continue to thrive, which is a critical component of UC's mission of education, research, and public service. In a time of deepening inequality, UC is committed to enrolling and graduating first-gen students; providing resources key for student success; providing a supportive learning environment for first-gen students; and delivering an education that would assist them post-graduation. Their success has been documented to contribute to a strong California economy. This aligns with FSPH's key priority area in increasing the number of first-gen students, increasing and enhancing the health professional workforce in California, and more importantly, helping to create a critical mass to enhance an environment of belonging and support on campus.

2) List the school's specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request.

FSPH is committed to increasing the representation of BIPOC and first-gen students. Due to Prop. 209, which eliminated affirmative action, FSPH's focus centers on (1) increasing the pool of BIPOC and first-gen applicants; and (2) increasing the number of accepted offers among BIPOC and first-gen applicants (yield).

As stated in the 2021-2025 strategic plan, the FSPH Office of EDI and the FSPH Diversity Committee, comprised of students, staff, and faculty, consulted broadly and identified six priority areas for programming focusing on addressing anti-racism and creating a culture of inclusion within our community. The priority areas are (1) pathways, (2) recruitment, (3) community, (4) belonging, (5) training, and (6) infrastructure. Based on the input from our stakeholders, the school has prioritized the development of programing that will address the interpersonal and intrapersonal needs of our community, specifically developing a foundation that will secure the ongoing success of stated populations and address systemic inequality within and outside of the school.

PATHWAYS

FSPH seeks to create robust pathways for BIPOC and first-gen undergraduates, graduates, and postgraduate students into public health programs and careers.

RECRUITMENT

FSPH seeks to further diversify the FSPH community at all levels by improving recruitment and retention of BIPOC and first-gen students, faculty, and staff.

COMMUNITY

FSPH seeks to promote community by enhancing faculty, student, and staff awareness and understanding of frames of difference that include dimensions such as race, ethnicity, socioeconomic status, class, gender, sexual orientation, religion, disability, age, language, nationality, citizenship status, and place of origin.

BELONGING

FSPH seeks to build a culture of belonging for faculty, students, and staff, with a focus on honoring BIPOC and first-gen college student scholarship, and each community member's self-worth and self-efficacy.

TRAINING
FSPH seeks to provide a foundation of understanding to address racism and white privilege through training of all FSPH community members.

INFRASTRUCTURE
FSPH seeks to create a sustainable infrastructure equipped with resources and funding to implement and maintain systemic change.

To achieve the above priorities, FSPH will use best practices in EDI programming, create partnerships with campus and community experts, and work with philanthropy programs that promote community values that align with the school's mission and strategic goals.

3) List the actions and strategies identified to advance the goals defined in documentation request 2, and describe the process used to define the actions and strategies. The process may include collection and/or analysis of school-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies.

This section details the actions and strategies used to advance the G1 goals. At the end of 2019, an Associate Dean for EDI was hired, and an EDI Program Manager was hired in early 2020. Together, they lead and implement the goals and strategies. In previous years, FSPH had an assigned equity advisor from UCLA campus who worked on the school's programming surrounding faculty search, community building, and creating a sense of belonging for students. Beginning in January 2020, FSPH has engaged in systematic dialogue and data collection process with the FSPH community (including student, staff, and faculty), a SWOT analysis with over 100 participants (see ERF G1.3.1), and utilized quantitative and qualitative methods such as surveys, focus groups, and SWOT analyses, to determine strategies to improve diversity and inclusion at FSPH. The data collected from these discussions have guided the development of FSPH's framework for EDI programming.

Each priority area listed in section two has a series of associated activities, projects, and programs that will advance the objectives of each. The holistic nature of the framework will actively recruit for BIPOC students, staff, and faculty, will provide BIPOC individuals a sense of community and belonging, ensure high retention and matriculation rates, and address systemic structures that limit the success and mobility of BIPOC and first-gen students, staff, and faculty.

FSPH holds EDI monthly meetings for the entire FSPH community, where all FSPH community members have automatic membership into the EDI Committee. The school recently restructured the EDI Committee to include six subcommittees that represent priority areas. These subcommittees work with FSPH departments and units to develop, implement, and evaluate the programming in each priority area. Below are the FSPH EDI priority areas and some of their related activities:

Pathways

- *Strengthen Partnerships*: We are strengthening partnerships with historically black colleges and universities (HBCUs), community colleges, HSIs including CSUs, and high schools to create pathways into FSPH graduate programming and the professorate. We have successfully applied for grant submissions and received funding from UCOP for an HBCU grant with Tougaloo College, which will provide strong support for African American students. In addition, we actively support Medicos Para El Pueblo, a program sponsored by the Center for the Study of Latino Health and Culture (CESLAC) at UCLA. The program targets community college students throughout California.
- *Develop a Pipeline/Ecosystem for URM students:* We have a CDC-funded undergraduate public health scholars programs (CUPS) that recruits URM students from across the country into an intensive summer program, which provides both academic and experiential learning opportunities with community organizations. The program is designed to support empowerment/self-efficacy, provide academic advising, and expose students to the encompassing field of public health.

FSPH also has an undergraduate minor in public health, where UCLA students provide professional development workshops to encourage URM students to pursue careers in public health. In addition, for many years, the Minority Training Program in Cancer Control Research (MTPCCR) has encouraged and supported underrepresented minority students to pursue doctoral programs that focus on cancer disparities research. The program targets master's-level health professionals in public health and social/behavioral sciences to pursue a doctoral degree and a career in research.

Recruitment

- *Focused Recruitment*: Activities include college recruitment, specifically from HBCUs, HSI, and community colleges. We are building strategic partnerships with pre-health advisors at CSUs and community colleges to increase visibility of graduate school and public health career opportunities.
- *Funded Recruitment Opportunities for Current Students*: We employ graduate students in public health to serve as FSPH student ambassadors. They meet with prospective and admitted students to answer questions about graduate studies. We are continuing to create bridge programs.
- *EDI Training is Foundational:* In our orientation programs, we have provided training on EDI issues and have been clear in our firm commitment to creating an environment to help all students, especially those who have been historically underrepresented in higher education, to thrive.

Community

- *Community Dialogue Series*: We created an intergroup dialogue series for the FSPH community, where we discuss health inequities and/or health disparities and their solutions.
- *Inter-School Partnership Expansion*: We expanded our partnership with the three other health sciences schools (Nursing, Medicine, and Dentistry) at UCLA for interprofessional collaboration and programming on addressing systemic racism within the health sciences, both on and off campus.
- *Expand Health Equity Hub:* We increased access and utilization of the Health Equity Hub to house our community conversations. The space allows for more community building, accessibility, and visibility across all health professional schools.

Belonging

- We offer culturally appropriate mentoring programs for students, faculty, and staff from underrepresented groups.
- We created and encouraged social support networks and student groups.
- We are revising the curriculum to include multicultural and diverse course materials, pedagogy, and content. Through faculty trainings, we promote and support faculty to employ a pedagogy that is open and fosters the growth of students.
- We provide coaching and training for underrepresented students on how to engage with faculty and build support networks. During fall 2020, the FSPH Office of EDI held two sessions on overcoming Imposter Syndrome. One session was in a webinar format and the other was an interactive panel featuring FSPH alumni. In addition, we have held spaces for First-Gen students, staff, and faculty to come together for mentoring and support.
- We are committed to continually creating support services, such as tutoring and academic services, and creating a database of scholarships for underrepresented students.

Training

- We have provided a training series on effective strategies for incorporating EDI in pedagogy or research for faculty. Since summer 2020, trainings topics have included:
    - An Anti-Racism Primer for entering students, continuing students, and new faculty;
    - An Anti-Racism Primer that provided department chairs and the school's leadership with a base understanding of the racial injustice impacting Black students, staff, and faculty;
    - "Confronting Anti-Black Racism in Teaching and Mentoring" for faculty;

    - "Humanizing the Virtual Classroom Experience" for faculty; and
    - "Navigating Challenging Conversations on Racial Justice: A Focus on Advocacy and Positive Change," which was held for the entire FSPH community.
- Future planned faculty trainings include intercultural communication, cultural humility, implicit bias, and undoing racism. We plan on holding a Brown Bag lunch series for faculty covering topics such as inclusive classrooms, classroom pedagogy for the enlightened student, and changes in research best practices.
- Developing "Dismantling Systemic Racism: A Curriculum for the UCLA Health Sciences Community"
    - The UCLA Fielding School of Public Health, UCLA David Geffen School of Medicine, UCLA School of Nursing, and UCLA School of Dentistry created a curriculum to address anti-Black racism and to dismantle systemic racism for students, staff, and faculty. Our goal is to create a cultural shift within the health sciences community (student, faculty, and students) that dismantles systemic racism and provides affirming educational and social spaces for BIPOC individuals.
        - Module One – How to be Anti-Racist
        - Module Two – Sitting with the Discomfort: Addressing Whiteness
        - Module Three – Demystifying the Oppression Olympics: Intersectionality
        - Module Four – The Gates of Freedom: Sustainability

Infrastructure

- Climate survey: In March 2021, FSPH administered the FSPH Faculty and Staff Community Snapshot that assesses the implemented changes and the perceptions of those changes felt by BIPOC staff and faculty (see ERF G1.3.2). The needs assessment was built on the SWOT analysis findings and PHSA surveys. We are currently analyzing data to inform our decisions. Students share their EDI perceptions through the PHSA survey.
- We are actively publicizing the institution's commitment to strategic diversity planning. We are also creating an organizational accountability to identify strategic diversity goals, identifying and publicizing the benefits of diversity for the institution, and developing a diversity strategic plan.
- University-level collaboration: We have been working closely with the UCLA Equity Diversity and Inclusion Office, UCOP, and the three other UCLA health professional schools to collaborate on various initiatives.

Supporting documents for this section are available at ERF G1.3.

4) List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them. The description addresses curricular requirements; assurance that students are exposed to faculty, staff, preceptors, guest lecturers and community agencies reflective of the diversity in their communities; and faculty and student scholarship and/or community engagement activities.

The FSPH Office of EDI is developing programming that will address the interpersonal and intrapersonal experience of our community. The goal is developing and implementing a framework and a foundation for addressing systemic inequality within and outside of the school.

To support the ongoing success of BIPOC and first-gen students, the FSPH Office of EDI will be hosting activities that create a sense of belonging and well-being for underrepresented populations, which are outlined in section three. Many of these events will be co-sponsored with the central Student Affairs Office, CPD Office, and the schools of medicine, nursing, and dentistry. FSPH will also provide additional programing such as retention support for underrepresented students.

FSPH is creating and implementing a new pre-matriculation plan with specific recruitment and retention goals. The EDI Committee will assist departments and provide new EDI language and frameworks that will address inequities that may impede admission for underrepresented groups. In addition, the FSPH Office of EDI will train the admissions committee members on best practices for holistic and equitable admission. Two examples of specific measurable goals are: (1) host three targeted admissions

workshops for BIPOC and first-gen students by December 1, 2020; and (2) strengthen partnerships with CSUs, community colleges, and undergraduate public health programs in California.

5) Provide quantitative and qualitative data that document the school's approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s) defined in documentation request 1.

The FSPH Office of EDI will utilize data from the exit survey, alumni survey, SWOT analysis, and EDI listening sessions to enhance the admissions programs for BIPOC and first-gen students. The following Table G1.5.1 documents FSPH's progress in recruiting and enrolling students from underrepresented groups. As depicted below, the number of BIPOC and first-gen students remain around the same in the past few years. Because the school has increased student offers over the years, the yield rate has decreased for first-gen students. A breakdown by BIPOC students is available as ERF G1.5.2.

Table G1.5.1 Enrollment Yield of Percentage of Priority Underrepresented Minorities

Outcome Measure Enrollment Yield	Target	Year 1 Fall 2018	Year 2 Fall 2019	Year 3 Fall 2020
BIPOC[1]	50%	56% (80/142)	56% (90/160)	55% (98/178)
First-generation FSPH new students	40%	47% (57/122)	38% (53/140)	35% (56/158)

[1]Data in this table are based on domestic students (U.S. citizens and permanent resident) who self-identify as Hispanic, Black, American Indian or Alaskan Native, two or more races AND at least one race is Hispanic, Black or Asian/Filipino, or Native Hawaiian/Pacific Islander

6) Provide student and faculty (and staff, if applicable) perceptions of the school's climate regarding diversity and cultural competence.

School climate surveys are distributed in two mediums: (1) the PHSA student climate assessment for students and (2) the FSPH Faculty and Staff Community Snapshot survey.

2020 PHSA Survey
The 2020 PHSA survey was created by a PHSA subcommittee and completed by the entire FSPH student body in the spring of 2020. The survey measured the current climate for students in the areas of academics, faculty and staff support, and social and cultural representation.

Students reported that they feel connected to FSPH, students of color face significant barriers and worry about funding availability and distribution, and that, by and large, the faculty lacks awareness of EDI issues. According to the survey, 80% of students recommend that faculty should complete training on issues of EDI.

Exit Survey
The annual FSPH exit survey is completed by graduating students in the spring and includes students' perceptions of diversity and inclusion at the school. The data collected from the 2020 exit surveys are much more comprehensive than in past years, as indicated in Tables G1.6.1 - G1.6.3. Overall, 68% of 2020 respondents (response rate of 77%) strongly agreed or agreed that they felt a sense of belonging at FSPH.

The survey also included responses to open-ended questions, which offered valuable recommendations on how to improve the school's diversity and inclusion climate. A common recommendation was to increase diversity among faculty members, and engage current faculty in meaningful training to foster more inclusive classrooms — echoing the results of the PHSA survey.

As a result of these surveys, students recommended ensuring that the core curriculum presents an in-depth discussion of historical and systemic discrimination in health care. With this recommendation, the Integrated MPH Core Committee bolstered its curriculum and ensured that each case in the PUB HLT

200A and 200B had a racial-equity lens. Furthermore, the EDI Committee reviewed its syllabus prior to the start of the quarter.

Table G1.6.1 Student's Perception on EDI, 2020

	Strongly Agree or Agree
	N=198
I feel that my professors exhibited cultural competency/humility	144 (73%)
FSPH has increased my knowledge of diversity issues	144 (73%)
FSPH prepared me to work with others whose backgrounds and cultures are different from my own	148 (75%)

Table G1.6.2 Student's Sense of Belonging, 2019 and 2020

	Strongly Agree or Agree 2019	Strongly Agree or Agree 2020
I feel a sense of belonging…	**N=206**	**N=200**
…at FSPH	124 (60%)	135 (68%)
…within my department	134 (65%)	145 (73%)
…on campus, overall	120 (58%)	127 (64%)

Table G1.6.3 Student's Sense of Belonging, 2017 and 2018

	Comfortable or Very Comfortable 2017	Comfortable or Very Comfortable 2018
How comfortable are you with the school environment at…	**N=190**	**N=167**
FSPH	158 (83%)	141 (84%)
Your department	160 (84%)	134 (80%)
UCLA	162 (85%)	142 (85%)

FSPH Faculty and Staff Community Snapshot

In winter quarter 2021, FSPH distributed the FSPH Faculty and Staff Community Snapshot survey to understand staff and faculty members' (1) perception of the working climate at FSPH; (2) perception of current EDI efforts at FSPH; and (3) experiences with bias, harassment, or discriminatory conduct at FSPH. For the community snapshot, FSPH achieved a response rate of 30% (N=156), with approximately 41% of respondents self-reporting as faculty, 38% of respondents self-reporting as staff, and the remaining 21% not reporting an affiliation.

Table G1.6.4 below summarizes select results from the survey. Participants were asked to rate their level of agreement or disagreement on a six-item Likert-type scale (strongly disagree, disagree, somewhat

disagree, somewhat agree, agree, and strongly agree). “Agree” in Table G1.6.4 reflects participants who responded “somewhat agree,” “agree,” or “strongly agree.”

In sum, the majority of respondents felt a sense of belonging on the UCLA campus (87%), at FSPH (86%) and in their department (88%). Additionally, the vast majority of faculty and staff agreed that FSPH has an environment that is welcoming (91%) and inclusive (89%). While nearly 90% of participants agreed that there was diversity in the staff (90%) and student body (88%), only 60% agreed that the faculty were diverse.

Table G1.6.4 Faculty and Staff Perception on EDI, 2021

	Agree	Sample size
Please rate your level of agreement or disagreement with the following statements in terms of your experience at FSPH. ***FSPH…***	(%)	N
Overall, has a welcoming environment	140 (91%)	154
Overall, has an inclusive environment	136 (89%)	153
Has a diverse student body	133 (90%)	148
Has a diverse faculty	90 (60%)	150
Has a diverse staff	133 (88%)	151
Has a strong commitment to EDI	134 (89%)	150
I feel…		
A sense of belonging on campus	130 (87%)	149
A sense of belonging at FSPH	127 (86%)	148
A sense of belonging within my department	132 (88%)	150

In addition to insights gained from the quantitative data, several key themes emerged from responses to open-ended questions about strengths and areas of improvement for EDI at FSPH. Survey respondents identified an overall resounding commitment to EDI among FSPH faculty and staff as a key strength of the school. Furthermore, faculty and staff provided recommendations for improving EDI at FSPH, such as mentorship for young lecturers and staff of color and additional pedagogy training for faculty. The school is currently conducting additional analyses of the data and making recommendations for action based on the findings.

For detailed community snapshot results and executive summary, please view ERF G1.6.5.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: We embrace the tenant that diversity in our community benefits all and is essential to ensuring a high-quality academic experience. We have a deep dedication and commitment that is shared by our students, staff, and faculty to work diligently and consistently to move these initiatives forward.

Weaknesses: None.

Plans for Improvement: The FSPH Faculty and Staff Community Snapshot survey was administered in winter quarter of 2021. Moving forward, FSPH will routinely administer this survey for staff and faculty.

H1. Academic Advising

The school provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the school's curricula and about specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

1) Describe the school's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering.

FSPH offers a synergistic advising ecosystem, where students receive and seek support from various units, at both the departmental and the schoolwide level. Each of the school's five departments has its own departmental student affairs officer (SAO) who is specialized for their home department. The role of the SAO in each department is to assist student with selection and understanding of core requirements for their degree. Departmental SAOs generally serve as the first point of contact for students and work with their respective departments' students on administrative matters, logistics, and referrals to campus resources.

Additionally, all students are assigned to a faculty advisor. This assignment is made prior to the start of the first quarter for MS, MPH, and PhD students. The role of the faculty advisor is to provide curricular and research guidance, which includes advising on course selection, internships, and research. Students are expected to meet with assigned faculty advisors each quarter. Throughout the year, students work with their faculty advisor to maximize their academic success and achievement of professional goals. In the HPM department, two full time adjunct faculty serve as program directors for the MPH program and EMPH program. Each serve as the formal advisor for all students in their respective programs. This way, all inquiries and requests are funneled to one individual who is an expert on the program and internship requirements. While each FSPH student is formally assigned to one faculty advisor, informal advising by other faculty is also encouraged. This advising includes discussion of course options and electives, professional objectives, career advice, and being effective students

Although the nuances of academic advising may differ slightly among each department, the school has an open-door policy and encourages students to ask questions and seek guidance from its faculty and staff. At the schoolwide level, the central Student Affairs Office is available to assist students with questions related to enrollment, degree program requirements, and funding. UCLA Graduate Division assesses student progress each quarter and notifies the central Student Affairs Office if students fall below the required minimum 3.0 GPA. When this occurs, SAOs in each department meet with students to create an action plan for adequate progress towards their degree. As another resource at the schoolwide level, students may seek academic advising with the CPD Office.

2) Explain how advisors are selected and oriented to their roles and responsibilities.

Students are matched with faculty advisors based on the faculty member's area of expertise and the advisee's interests and career goals. During the application process, students are asked to provide the names of a few faculty members whom they are interested in working with in their Statement of Purpose. Departments then take into account the students' interests, faculty members' specializations, and the faculty members' availability and match advisees with advisors.

PhD students are typically matched with a faculty advisor who is one of the reviewers during the admission process. The students must be accepted by the advisor to be admitted into the program. This is to ensure there is a good match for the advisor, with ample research opportunities.

During the onboarding process, new faculty attend orientation and are paired with a senior faculty member in the department. Different departments orient new faculty to their advisor role and responsibilities in various ways. In general, at the start of each year, the department SAO shares an updated list of advisees with each advisor, as well as handouts that include a list of on-campus resources that the advisor can share with their advisees. The SAO also reminds faculty members about the expectations of being a faculty advisor.

3) Provide a sample of advising materials and resources, such as student handbooks and plans of study, that provide additional guidance to students.

Academic bulletin, programs and requirements: https://grad.ucla.edu/programs/school-of-public-health/public-health/

Academic calendar: https://www.registrar.ucla.edu/Calendars/Annual-Academic-Calendar

Admissions requirements: https://grad.ucla.edu/programs/school-of-public-health/public-health/

Academic rights and responsibilities: https://grad.ucla.edu/academics/graduate-study/graduate-student-academic-rights-and-responsibilities/

Standards and Procedures for graduate study: https://grad.ucla.edu/academics/graduate-study/standards-and-procedures-for-graduate-study/

Academic Policies, such as grading: http://catalog.registrar.ucla.edu/ucla-catalog20-21-111.html

Departmental Handbooks are available at ERF H1.3.1.

4) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable.

Graduating students have been asked about their satisfaction with academic advising in each of the past three academic years. Overall, about two-thirds of respondents to the exit surveys in all degree programs have been satisfied with their academic advising. The 2020 exit survey included a more comprehensive matrix on satisfaction with academic advisors, as shown in Table H1.4.2 below.

Table H1.4.1 Student Satisfaction with Academic Advising

	2018 (N=168)	**2019** (N=203)	**2020** (N=202)	**Three-year average** (N=574)
Satisfied or very satisfied	111 (66%)	138 (69%)	131 (65%)	66%
Neutral	40 (24%)	22 (10%)	48 (24%)	19%
Unsatisfied or very unsatisfied	17 (10%)	42 (21%)	23 (11%)	15%

Table H1.4.2 Student Rating of Assigned Faculty Advisor

	2020 Exit Survey N=199	
	Agree or strongly agree	**Disagree or strongly disagree**
My advisor responds to emails and meeting requests within a reasonable amount of time.	166 (83%)	22 (11%)
My advisor is knowledgeable about school policies and procedures (e.g., program and graduation requirements).	168 (84%)	22 (11%)
My advisor serves as a mentor.	131 (66%)	50 (25%)
My advisor is interested in and supports my career/ professional goals.	165 (83%)	23 (12%)
My advisor is concerned for my overall well-being.	167 (84%)	22 (11%)
My advisor treats me with respect during our interactions.	179 (90%)	15 (8%)
I would feel comfortable approaching my faculty advisor for assistance in getting on track with my academic progress.	151 (76%)	41 (21%)
My advisor advocates for me and supports me in completing my degree.	167 (84%)	22 (11%)
My advisor is accessible and available.	171 (86%)	22 (11%)
My advisor is aware of and supportive of my financial well-being.	110 (55%)	55 (28%)

5) Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each.

The UCLA Graduate Division and Graduate Students Association holds a university-wide general Graduate Student Orientation to introduce incoming graduate students to campus services and resources, involvement opportunities, and workshops to ease their transition into graduate school. Students are also invited to attend various workshops hosted by the UCLA EDI office.

In addition to the university-wide general Graduate Student Orientation and EDI workshops, FSPH hosts a two-day comprehensive orientation event that introduces incoming students to FSPH resources and services, sets clear expectations, and creates networking opportunities with their peers, current students, faculty, and staff. Students are also required to attend a mandatory Title IX training as part of orientation. The second day of orientation begins with students meeting with their respective departments for a half day. In these departmental meetings, the department chairs and vice chairs welcome the students and familiarize them with program requirements and resources such as the department-specific student handbook. Students also then have a chance to meet with their assigned faculty advisor.

The departmental meetings during orientation are largely the same across departments. Because HPM has two different concentrations (health policy and health management), the students split to meet with their cohort. Meanwhile, MS and PhD students meet together with department faculty and staff and learn about program expectations, as well as learning about MS and PhD specific resources. On the day following the main orientation, the MPH students have a separate orientation where students learn about

MPH expectations, curriculum, and the Health Policy and Management Student Association (HPMSA) along with its mentor-mentee program. This department is the only one in FSPH that holds a separate orientation for its MPH students. Students in the executive-styled MPH programs meet with their cohort on a weekend prior to the start of the program with their own orientation.

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: FSPH faculty and staff are highly committed to supporting their students so they can thrive and achieve their academic and professional goals. In each department, students are encouraged to utilize the available resources and are invited to reach out to faculty and staff for guidance, even if they are not their assigned advisor. Faculty members are passionate about their work and very willing to meet with students and guide them in curricular, research-based matters. FSPH staff are knowledgeable about academic policies and procedures, which allows them to effectively assist and answer questions or solve problems students have.

Weaknesses: Prior to AY 19-20, students were not asked to provide in-depth feedback on their academic advising experiences at FSPH in schoolwide surveys.

Plans for Improvement: Starting from AY 19-20, questions regarding to student advising have been incorporated into the student surveys, which are administered on an annual basis. Based on surveys collected from AY 19-20, FSPH developed an internal schoolwide handbook for the Student Affairs Office, which highlights degree requirements and resources for students.

H2. Career Advising

The school provides accessible and supportive career advising services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs and can provide appropriate career placement advice. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

The school provides such resources for both currently enrolled students and alumni. The school may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.

1) Describe the school's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs.

The mission of FSPH's Career and Professional Development (CPD) Office is to empower Fielding students with current career education, employment trends, practical resources, and a community of support to confidently make a lifetime of career decisions. Through this mission, the design of the training program consists of five main approaches and aims to meet students' professional development needs:

1. one-on-one career counseling;
2. peer-to-peer learning workshops;
3. community partnerships and experiential opportunities;
4. student driven programming;
5. accessible training and digital resources

Each strategy incorporates student leaders' feedback, CEPH foundational competencies, insights from alumni and employer surveys about the workforce, and best practices from other disciplines. This multifaceted approach aims to provide students and alumni with opportunities to learn and practice professional skills in a variety of contexts. To be mindful of diverse student needs, preferences, and comfort levels, the career advising team tailors content to different learning styles and cultures, and includes student leaders in planning and implementation. Two full-time staff members, a director of career and professional development, and a career and professional development advisor, collaborate heavily with Student Affairs, Alumni Affairs, the main UCLA Career Center, the Graduate Division, and other UCLA graduate programs to provide comprehensive career and professional development training that is interdisciplinary and prepares students to make a lifetime of confident career decisions. The CPD Office efforts are expanded through interdepartmental partnerships to enhance interdisciplinary career development. Specifically, the two staff members are active in a campus wide graduate student and postdoctoral collaborative group that focuses on joint efforts for career and professional development and wellness. The collaboration with this group, particularly the campus Career Center, allows for the CPD Office to increase its capacity in terms of 1:1 career advising, mock interviews, and programming.

In addition to hosting workshops almost every week, CPD offers online resources for students and alumni through its newsletters, Facebook page, and forwarded job postings through a variety of listservs. Students and alumni utilize Handshake, an online career management and job board tool. Alumni have access to Handshake job postings for one year after graduation. They can use the career counseling and mock interview feature for three months, and then are able to make an appointment with CPD staff via email and request to be added on the FSPH Alumni Professional Development listserv. This is unique to FSPH as most UCLA alumni are not able to access career services after graduation with the exception of the campus Alumni Affairs Office which offers limited, fee-based services.

The CPD Office also provides degree-specific advising. As an example, the advisors connect students in academic career paths to specific workshops in various departments within and beyond FSPH. Some departments, such as CHS, also bring CPD resources to the class curricula (i.e., PUB HLT 495: Preparation for Teaching Public Health, CHS Doctoral Student Roundtable) to encourage student utilization.

Furthermore, the CPD Office continually monitor feedback from alumni, stakeholders, and community partners to ensure that the office is offering a robust array of professional development services to prepare FSPH graduates for the everchanging workforce. New to 2021, the CPD Office has started administering the *FSPH State of the Public Health Employment Survey* (see ERF H2.1.2) to gather feedback on the in-demand skillsets for interns and new graduates; perceptions of preparedness of any former interns, full-time new hires, and alumni; diversity and inclusion initiatives in their workplace; and interest in upcoming recruitment opportunities for interns or full-time new hires. The results from the survey will guide CPD training initiatives for interns, new graduates, and recent alumni.

2) Explain how individuals providing career advising are selected and oriented to their roles and responsibilities.

FSPH established CPD in 2016 and has hired two staff members who have an extensive background in education, advising, non-profits, and networking. FSPH first started a search for the director of career and professional development in 2016 and hired Kristy Sherrer. Her work focuses on creating a comprehensive professional development training program that empowers public health graduate students with current career education, employment trends, practical resources, and a community of support to confidently make a lifetime of career decisions. She is a Gallup-certified Strengths Coach and designs programming from a strengths-based framework to empower students and alumni in their career searches. Ms. Sherrer is also engaged in national efforts through various peer reviewed publication (see ERF H2.2.1) and professional associations like the Graduate Career Consortium and ASPPH Career Services Assembly, where she frequently presents her research and best practices. She currently leads a large multi school collaborative supported by a CDC's Office of Minority Health and Health Equity grant to develop a public health specific career assessment and planning tool that will be open access and tailored to all degree levels.

Due to the overwhelmingly positive feedback of Ms. Sherrer and the CPD Office, in 2018, FSPH hired a career and professional development advisor, Nora Sweeney. Alongside with Ms. Sherrer, Ms. Sweeney provides career counseling sessions, networking, LinkedIn, interviewing, negotiation, and professional development workshops on topics including resume and cover letter writing. Ms. Sweeney is also trained in motivational interviewing, organizational development, and strengths-based professional development. To facilitate employer- and alumni-student relations, they both regularly organize lunch & learns, informational interviewing opportunities, and large-scale networking and professional recruitment events.

The career and professional development advisor who was hired in October 2018 was onboarded through an intensive three-month process of shadowing, informational interviews, and ramp-up of advising and programming responsibility. The new hire shadowed the director of career and professional development during student advising appointments and mock interviews involving all five departments as well as MPH, MS, and PhD degrees. She also shadowed the director of career and professional development during employer relation phone calls. At the main career center, she shadowed the graduate career advisors to observe various coaching styles and learn more about the campus-wide resources available to students. Every shadowing appointment was followed by debriefing for the new hire to reflect and ask questions.

The career and professional development advisor met with the associate dean for public health practice, associate dean for student affairs, assistant director of alumni affairs, directors of field studies, and the assistant director of the UCLA Public Health Scholars Training Program for informational interviews to learn more about their roles and the various programs they oversee with which the new hire would become involved.

Finally, the new hire was gradually introduced to a full caseload of advising and programming. After shadowing appointments from all department and degree levels, she opened five appointment slots per day to eventually hold up to 10 openings per day. She also co-led presentations throughout the first three months to prepare for developing and leading programming the following quarter. The new hire receives ongoing training and guidance through biweekly meetings and involvement with the Graduate Career Consortium (GCC), APHA, ASPPH, and SOPHE, and is encouraged to attend professional development offerings at UCLA. She even co-presented at a national ASPPH conference on a model of CEPH based career development curriculum her first year on the job.

Annually, the CPD team brainstorms ideas and creates plans for the academic year. Collaborating with Student Affairs and the FSPH Office of EDI, CPD Office maps out the entire year and aligns career advising programming closely to the school's programming. For example, in the fall, the team focuses on creating a LinkedIn profile and resume; in the winter, it provides provide workshops on networking and interviewing; and in the spring, it hosts programming surrounding negotiation and transitioning into internships or full-time jobs. The CPD team even offers workshops on the application process for Los Angeles Department of Public Health and other organizations around the world. Frequently, it works with stakeholders, such as developing a SWOT analysis as part of the EDI strategic planning process in March 2020 and serving on EDI training and community subcommittees.

3) Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating.

Unleash Your Strengths FSPH Initiative

Increasing FSPH students' awareness of strengths has the potential to positively impact the public health workforce. Employees who are satisfied in their jobs and use their strengths are more productive and more engaged, suggesting higher levels of overall career satisfaction, which reduces turnover and increases workplace retention. In 2018, 2019, and 2020, all 250+ incoming FSPH students each year took the StrengthsFinder assessment, based on the concept of intentionally developing your strengths rather than your weaknesses. They participated in a schoolwide strengths analysis session at orientation, aiming to empower them with awareness of their top five strengths from a list of 34 talents. The Unleash Your Strengths Workshops focused on incorporating strengths into their professional and career development, reaching attendance totals of approximately 250 students per year in 2018, 2019, and 2020. Students across all degree programs (MPH, MS, PhD, and the executive MPH programs) participated. In collaboration with FSPH Communications, the CPD Office launched the #UnleashYourStrengthsFSPH social media marketing campaign in fall 2018 to highlight student, faculty, and staff strengths in action and how they are used to produce impact in public health at FSPH and within the community.

Cultural Responsiveness Series

The mission of this collaboration between the FSPH CPD, student ambassadors, and the EDI Committee is to (1) provide educational and professional development opportunities to FSPH students, as well as the greater UCLA community, concerning topics in EDI, cultural competency, structural competency, intersectionality, and their relationship to public health; (2) draw the connection between EDI and the continuum of professional development; and (3) advance the notion that supporting EDI, being culturally aware and responsive, and developing cultural and communicative competence are ways to develop as a professional in public health practice and in a diverse and global society.

In spring 2018, this collaborative launched the Cultural Responsiveness Series during National Public Health Week welcoming 60 attendees to the kickoff event. The series featured alumni speakers addressing cultural competency, inclusivity, and accessibility in professional public health settings. Small-group discussions with the FSPH community followed, to allow for diving deeper into topics and brainstorming further on professional development needs. From this, a highly successful series on Ensuring the Right to Transgender Health was developed to educate and raise awareness on how to

ensure the health and rights for the transgender/nonbinary population, and how to work professionally in this field. Students and staff organized an LGBTQ+ Allyship Training to build foundational knowledge on this topic in preparation for a Transgender Policy Panel held closely after. The cross-disciplinary panel on current policies impacting transgender and nonbinary individuals' health access, rights, and civil liberties included community partners from the UCLA Gender Health Program, Asian Pacific AIDS Intervention Team (APAIT), and alumni practicing law in this field.

An evaluation found that this series helped attendees understand how to affirm an individual's unique identity and use gender-inclusive language (including gender-neutral pronouns and de-gendering language), how to be an advocate for trans patients, how to find ways to design forms to be inclusive in survey design work, and how to mirror/use pronouns correctly. Because of the overwhelming success of the Cultural Responsiveness Series, this collaborative continued in fall quarter 2019 with another series event focusing on disabilities and public health. The event featured Dr. Christopher Elquizabal, associate director of the UCLA Center for Accessible Education, who lectured and moderated a discussion about disabilities and best practices for inclusion of individuals living with disabilities.

In sum, CPD offers unique and relevant workshops for students that prioritizes ally ship and self-advocacy in professional settings, such as the Cultural Responsiveness Series. Table H2.3.1 below shows attendance numbers for the Cultural Responsiveness Series.

Table H2.3.1 Cultural Responsiveness Series Attendance

Workshop	Attendees
Strategies for Effectively Working in Multicultural Public Health Practice Areas	48
The Community Perspective Part I	55
The Community Perspective Part II	14
Trans 101	27
Response & Action Transgender Policy Panel	34
An Introduction to Disabilities and Public Health	52
Total	230

Alumni Engagement Events

CPD regularly engages alumni to expose students to a variety of careers and opportunities in public health. CPD planned field trips where students were able to visit institutions around Los Angeles and network with alumni/employees working there. For instance, in March 2019, 15 students toured a nonprofit safety-net hospital, Martin Luther King Jr. Community Hospital. Not only did students tour the new facility that opened in 2015, but they received a private lecture on the structure and functioning of the hospital from CEO and FSPH alumnus Dr. Elaine Batchlor, networked with alumni and professional staff, and learned about the types of internship and career opportunities available at the hospital. Similarly, tours took place at Children's Hospital Los Angeles with alumni Paul S. Viviano (president and CEO), Katy Wang (senior business intelligence analyst), Nahal Sabrkhani (project manager), and Emma White (project manager), as well as a tour with HKS Inc., a healthcare architecture firm. The latter tour was led by alumnus Krisianna Bock (senior vice president) in 2017. Sixteen students and 20 students toured the facilities, respectively. Maintaining relationships with alumni has often led to mentorship and internship opportunities, and eventually career opportunities for FSPH students.

Additionally, CPD plans its biggest fall event, the Employer Showcase, every year. The model of this event follows a mini-career fair structure, with each employer having its own table with multiple representatives, and alumni from diverse units in each organization attending to share internship, job, and fellowship opportunities, as well as strategies for skill development and ways to make one's application packages stand out in a competitive market. Alumni may participate as an employer or attendee, and most employers are alumni themselves. In fall 2020, due to COVID-19, the event transitioned to a completely virtual model. The attendance numbers, including employers, are in Table H2.3.2 below.

Table H2.3.2 Employer Showcase Attendance

Year	Attendees	Employers	Organizations
2018	129	42	22
2019	123	40	23
2020	127	43	22

CPD hosts an alumni/student speed networking event every spring. This brings together alumni from all departments and gives students the opportunity to explore job opportunities and build connections. Alumni are also invited to participate as students. Lastly, in 2020 and upcoming on April 30th 2021, CPD will collaborate with ASPPH Career Services Assembly to organize a large scale Virtual Public Health Career Fair on the CareerEco platform for students and alumni.

Alumni Example

Alumni are encouraged to continue to engage with CPD as they navigate opportunities post-graduation, as well as transitions, promotions, or negotiation conversations throughout their career. They are able to schedule one-on-one career counseling and mock interview appointments that are tracked through Handshake and Google Sheets. Alumni counseling topics include: how to successfully transition to the first 90 days on the new job, how to navigate your first performance review, how to ask for promotions and negotiate raises, managing up, and navigating workplace communication and politics. They are also welcome to attend all FSPH professional development workshops and employer events, including the annual Employer Showcase and Alumni Student Speed Networking Night. The CPD Office manages an FSPH Alumni Professional Development Listserv with more than 700 subscribers to update alumni of job postings, professional development in LA and the San Francisco Bay area, and opportunities for staying involved at FSPH.

Furthermore, the Executive MPH engages with their alumni by offering the opportunity to audit previous and/or new courses and attend seminars to keep current on the latest issues in public health and healthcare. The seminars and events are available to alumni free of charge and facilitate an environment of continuous learning in the field.

Supporting documents of CPD services, including the examples mentioned above, such as flyers, marketing materials, and presentations, may be viewed at ERF H2.3.3.

4) Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable.

The exit survey administered to graduating students each academic year includes both a quantitative and qualitative measure of student satisfaction with career advising. In the past three years, student satisfaction has increased from 70% agreement that career development guidance was sufficient in the 2018 exit survey to 83% satisfaction in the 2020 exit survey. Response rates were 75% and 78%, respectively. An open-ended question allows students to provide more detailed feedback on career advising, and the majority of respondents view career advising to be a positive aspect of their FSPH experience. One student wrote, “Career Services is the crowning jewel of FSPH, the model for which all other services should be based.” Several students specifically named Director of Career and Professional Development Ms. Sherrer as being an asset to the school. Tables H2.4.1 and H2.4.2 outlines student satisfaction with CPD.

Table H2.4.1 Student Satisfaction with CPD, 2019 and 2020
Overall, how satisfied are you with the resources provided by the FSPH CPD Office?

	2019 (N=170)	**2020** (N=143)
Satisfied or very satisfied	123 (72%)	119 (83%)
Neutral	40 (24%)	17 (12%)
Unsatisfied or very unsatisfied	7 (4%)	7 (5%)
Response rate	75%	78%

Table H2.4.2 Student Satisfaction with CPD, 2018
While at FSPH I received sufficient guidance and support with career development:

	2018 (N=158)
Strongly agree or agree	110 (69.6%)
Neutral	29 (18.4%)
Strongly disagree or disagree	19 (12.0%)
Response rate	75%

In addition to the exit survey for graduating students, the annual student-run PHSA survey for current students has a section on CPD services. In 2020, 316 students responded to the survey and 78% of students who used services reported being satisfied or very satisfied with its resources. The response rate for the PHSA survey was 48%. From the survey, students revealed that they would like more workshops on skills that will make students more marketable such as public speaking and opportunities to learn hard skills like data analysis.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: FSPH’s CPD is highly collaborative with students, staff, faculty, campus partners, alumni, other schools of public health, and community partners to provide comprehensive professional development and career services to diverse students and recent alumni. Students are highly engaged in their own professional development and often volunteer to design and lead programming with the CPD Office. Student participation in workshops, alumni and employer events, and 1:1 career counseling is typically

high. CPD strives to operate under a holistic view, tailoring services to the entire FSPH community, from admitted students considering the school to seasoned alumni making a career transition. Students are consistently informed they can always access the services offered even after graduation, stressing the commitment to their success. Even faculty reach out for guidance on supporting students and frequently request guest lectures.

Weaknesses: None.

Plans for Improvement: The CPD Office will continue to be responsive and flexible to meet the needs of the school's diverse student and alumni population through additional services at various non-traditional hours.

H3. Student Complaint Procedures

The school or program enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to school or program officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

Required documentation:
1) Describe the procedures by which students may communicate any formal complaints and/or grievances to school or program officials, and about how these procedures are publicized.

FSPH follows UCLA campus-wide policy and procedures whenever issues arise. The school works promptly to address any conduct in violation of UCLA's Principles of Community, such as academic integrity, discrimination, harassment, or harm to individuals. FSPH students can file formal complaints or grievances via multiple pathways. Students can confidentially or anonymously communicate grievances online through a survey link, where the associate dean for student affairs reviews submissions. Students across five departments can reach out to key FSPH staff for assistance. In addition, students can contact UCLA campus offices such as the Discrimination and Prevention Office (DPO) directly. FSPH adheres to UCLA policies and refers official complaints to designated offices, but assists in identifying resources for complainants. Typically, grievances and formal complaints are forwarded to the campus level, as UCLA has established processes in place and has dedicated offices and trained staff to support, assess, and investigate allegations.

Some examples of issues and campus contacts:

Complaint	Contact / liaison
Equity, diversity, and inclusion issues at FSPH	FSPH Office of EDI or associate dean for student affairs
Academic grading	Faculty teaching the course, teaching assistant, or department chair
Sexual harassment, sexual violence, gender discrimination	Title IX Office
Sexual harassment or sexual violence	CARE Advocates

FSPH staff members usually serve as the liaison to upper-campus units. For example, the associate dean for students affairs as a liaison to the UCLA Dean of Students Office, while the associate dean for EDI and the EDI manager serve as liaisons to the campus-wide EDI Office, which oversees the DPO and Title IX Office.

Students are informed of the complaint procedures beginning at orientation, through email, student handbooks, the UCLA website, and at various student webinars and programming. All entering students must complete a mandatory in-person and online Title IX training. To further emphasize the school's academic integrity and zero-tolerance policy, the FSPH Student Affairs Office informs students about the student code of conduct and academic integrity issues during orientation. The information is also available to students on the Graduate Division website.

Online resources available for students

UCLA Procedure 220 - Student Grievances Regarding Violations of FERPA or University Policies on Privacy Rights Applying to Disclosure or Content of Student Records - http://www.adminpolicies.ucla.edu/app/Default.aspx?&id=220-1

UCLA Procedure 230.1 – Student Grievances Regarding Violations of Anti-Discrimination Laws or University Policies on Discrimination -
http://www.adminpolicies.ucla.edu/app/Default.aspx?&id=230-1

UCLA Senate Reg. A-306 (d) – Regrades -
http://www.senate.ucla.edu/FormsDocs/regs/ch1.htm#A306

Graduate Division Standards and Procedures for Graduate Study at UCLA
http://www.gdnet.ucla.edu/gasaa/library/spfgs.pdf

2) Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal.

The process and progress of complaints and/or grievances filed through the official university process vary by the nature of the complaint. Grievances can be filed at various offices at UCLA depending on the issue. Some of the offices and their procedures are outlined below.

The UCLA Graduate Division
This office is staffed with case managers who are available and responsible for organizing, implementing, and evaluating case management services for graduate students and postdoctoral scholars who are experiencing challenges that affect their academic progress. They typically help graduate students navigate and assist with formal complaints.

When academic dishonesty occurs, the department and the graduate division must follow protocol for suspected violations. Students may appeal an academic disqualification decision to the UCLA Graduate Division if they believe and can provide evidence indicating that it was based on: (a) procedural error or (b) non-academic criteria in violation of the UC nondiscrimination policies. If an individual believes that their academic disqualification violated UCLA nondiscrimination policies, they must submit the appeal.

The UCLA Dean of Students Office
Grade disputes or issues related to courses generally follow the following procedures: Students are encouraged to discuss the issue with their TA or faculty/instructor for the course. Issues that cannot be resolved either informally or formally with the faculty member are submitted in writing and if needed, forwarded to the chair of the department. If the student or faculty member cannot resolve the issue, the matter is taken up with the senior associate dean for academic programs. The associate dean gathers more information and may ask to meet with both parties independently. Based on the information, the senior associate dean may forward the case to the main campus or seek a plan of action after consulting with campus entities such as the Ombuds Office, Dean of Students Office or EDI Office. If the decision involves academic matters, it is referred to the Dean of Students Office.

In addition to grade disputes, actions involving violations of the student code of conduct, such as plagiarism and academic integrity, are referred to the Dean of Students Office. The following steps outline the various formal processes taken when a student is being referred to the Dean of Students Office:

- FSPH faculty consult with the associate dean for student affairs or senior associate dean for academic programs.
- If the student admits culpability, the dean of students determines the sanction.
- If the sanction is suspension or dismissal, the student may appeal the sanction to the vice chancellor of student affairs. The decision of the vice chancellor of student affairs is final.
- If the student does not admit culpability but there is sufficient evidence, the dean refers the case to the Student Conduct Committee for a hearing. The results of the hearing are sent to the vice chancellor regarding culpability and sanction. The student may submit in writing to the vice chancellor, augmenting the recommendation. The decision of the vice chancellor of student affairs is final.
- If the student does not admit culpability and the dean considers evidence is insufficient, the case is dismissed.

The Office of UCLA Equity, Diversity and Inclusion (EDI) Office
The Office of EDI and its investigative teams, the Title IX Office and the Discrimination Prevention Office, play a crucial role in these investigations. They do so in conjunction with other offices, such as the Staff Diversity & AA/EEO Compliance Office of Campus Human Resources, and the Office of Student Conduct in the Office of the Dean of Students. FSPH students can meet with the FSPH EDI program manager to submit a formal complaint or can submit a formal complaint on their own.

The UCLA Civil Rights Office (CRO)
The CRO investigates all civil rights claims of prohibited conduct on the basis of legally or policy-protected social categories, including Title IX cases. The students file a report and an assessment is made about the incident. Based on the assessment, a decision as to made whether it warrants further investigation.

3) List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution.

2018-2019

June 2018 – A student was suspended for violation of the student code of conduct, due to academic dishonesty issues. The incident occurred in a course offered outside of FSPH. The suspension occurred during summer quarter 2019, and subsequently, the student did not file for readmission for fall 2019. In another case, a student was academically disqualified for not progressing in their doctoral program. Various attempts were made to assist the student to progress through the program. The student appealed the decision, but it was reviewed and upheld by Graduate Division. As a result, the student was dismissed from the program.

May 2019 – A student met with the associate dean for student affairs and the senior associate dean for academic programs wanting to file a formal complaint against a faculty member. Various campus resources were offered to the student and the deans consulted with various campus departments. The student was referred to various campus offices, including graduate case manager, DPO, and the Title IX office. In addition, the assistant dean contacted the DPO office.

A student filed formal complaints against a faculty member in relation to a FERPA violation and alleged discrimination. It was referred to the Dean of Students Office. A case was opened and hearings took place. The faculty member was found not to be in violation of FERPA violations or discrimination.

June 2019 – Two incidents of academic dishonesty involving two students at FSPH who were reported to the Dean of Students Office as being in violation of the student code of conduct. Both students appealed the decision, the vice chancellor upheld the decision, and the students were suspended for two terms (summer and fall 2019). The students were eligible to reapply for readmission in winter 2020.

An additional case of academic dishonesty involved a student who took a course outside of FSPH. The student was suspended for the summer 2019 term and was eligible to return in fall 2019.

2019-2020

November 2019 - February 2020 – Students enrolled in PUB HLT 200A and 200B met with associate dean for student affairs to express their concerns with the course. The prominent issues were unclear communication of class assignments. The associate dean for student affairs relayed the concerns to the faculty instructors and the senior associate dean for academic programs. A student survey was developed for the course in addition to the UCLA course evaluation. To further resolve the communication concerns, the senior associate dean for academic programs met with the faculty across both quarters, and has stepped in as co-chair for fall 2020.

December 2019 – The associate dean for student affairs and the associate dean for equity, diversity and inclusion met with a student who reported inappropriate behavior from an FSPH mentor. The associate

dean for student affairs reported the incident to the director of the mentoring program and to the Title IX office. The student was referred to campus resources. The Title IX Office followed up with the student.

In a separate incident, a student reported inappropriate behavior from a fellow classmate to the associate dean for student affairs. The associate dean reported the incident to the Title IX Office and also referred and walked with the student to campus resources. The Title IX Office contacted the students individually.

May 2020 – Two incidents of academic dishonesty involving two undergraduate students were reported to the associate dean for student affairs. The case was referred to the Dean of Students Office.

2020-2021

March 2021 – A student reported inappropriate treatment from their academic advisor. The issue was reported to the department chair. The student met with the Ombuds Office and was referred to campus resources.

No formal complaints submitted yet for this academic year.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: UCLA and FSPH employ standard and clearly defined grievance procedures and processes. Such information is communicated to students during orientation and included in the student handbooks. Because of the complexity of identifying which office to report to, FSPH established a reporting mechanism where key FSPH administrators serve as liaisons to campus units.

Weaknesses: While there are many clear processes and procedures in place at the university level, students sometimes have challenges in identifying the appropriate processes and procedures on their own.

Plans for Improvement: To assist students and faculty with the processes and procedures, the school will regularly disseminate information about processes, procedures, and campus resources. Starting in AY 20-21, the Central Student Affairs Office has updated FSPH with new campus processes and procedures and is now the first point of contact for any student complaint/grievance before being referred to the UCLA Dean of Students Office.

H4. Student Recruitment and Admissions

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

1) Describe the school's recruitment activities. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.

FSPH recruits a highly diverse and qualified study body through a variety of in-person and online methods. Faculty, students, and staff engage in efforts to promote FSPH programs as part of their participation in recruitment fairs, professional conferences, and career days about the public health profession and other outreach activities. The central Student Affairs Office also has a dedicated staff member, the director of admissions and financial aid, who participates in many of these activities or spearheads and directs activities. Recruitment initiatives include the following:

- monthly in-house information sessions
- participation in national fairs such as APHA, Idealist and ASPPH (TIPH)
- participation in diversity conferences and fairs such as the California Forum for Diversity and the Graduate Horizons Conference, a competitive graduate school admission workshop for Native college students and college graduates
- leading organization-specific information sessions at work sites
- presentations to undergraduate student clubs
- participation in online fairs
- alumni referrals and participation, especially through outreach events
- hosting visits for high schools, local colleges, and universities yearly
- various programs such as FSPH's executive programs have targeted outreach events and webinars for interested students
- established connections with the UCLA Native American Recruitment team and an undergraduate Native American recruiter

In addition to the above-mentioned activities, the school recruits through FSPH pipeline programs, such as the Public Health Scholars program and the Minority Cancer Training Program. These two programs focus on preparing underrepresented students for careers and study in public health. New to 2020, FSPH has launched the UC Historically Black Colleges and Universities (HBCU) summer program, which will work closely with Tougaloo College in Mississippi to establish partnerships with students, staff, and faculty.

FSPH student ambassadors are also integral in assisting with presentations to UCLA undergraduate association meetings and participating in club fairs. In line with goals and objectives to maintain a high level of diversity, the staff utilize targeted outreach plans to include colleges and universities that are designated Hispanic Serving Institutions (HSIs) and other academic institutions with high diversity enrollment numbers.

2) Provide a statement of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.

FSPH's policy is to ensure entrance for the most qualified applicants without regard to gender, ethnicity, national origin, religion, sexual orientation, or physical ability. Selection is based on promise of success in the proposed work and judged primarily from the applicant's previous record. Departments are encouraged to take a holistic view of the applicants and give consideration to students who have overcome social disadvantages in pursuing their academic objectives, as well as those who have unique academic perspectives, research topics, or career interests that advance public health and the school's mission of creating healthy futures for all, locally, nationally, and globally.

The specific admission requirements for each degree are described on the FSPH and Graduate Division websites. In general, master's applicants must meet the university minimum requirement of holding an acceptable bachelor's degree, and having earned a 3.0 GPA in cumulative coursework and/or prior graduate study. Applicants must also perform satisfactorily on the Graduate Record Examination (GRE). The Medical College Admission Test (MCAT), Dental Admission Test (DAT), or Graduate Management Admission Test (GMAT) may be accepted in lieu of the GRE under certain circumstances. The candidates' prior program of study should include adequate preparation in mathematics, physical sciences, biological sciences, and social sciences. For acceptance into the doctoral programs, applicants typically have a grade point average of 3.5 or above, though this is not required. Depending on the department and/or program, applicants must perform satisfactorily on a recent GRE. Currently, the school is evaluating the merit of the GRE requirement for its graduate programs.

International applicants from foreign countries must hold a bachelor's-degree equivalent and demonstrate above-average scholarship at a university-level institution. Applicants are evaluated in terms of scholastic qualifications and formal preparation for the graduate field of study. In addition, applicants from non-English-speaking countries who are accepted in the school must satisfactorily pass both the Test of English as a Foreign Language (TOEFL or IELTS) and the UCLA English as a Second Language Placement Examination (ESLPE). Students who do not satisfactorily pass the ESLPE have the opportunity to improve their English comprehension skills by enrolling in the English as Second Language courses. Enrollment in the university is canceled for those who do not pass the ESLPE.

All applicants must complete both the UCLA Graduate Division application and the SOPHAS application system. Once verified by SOPHAS, all applications are forwarded through the online reviewer portal to the central Student Affairs Office admissions staff for review and processing. Once verified by the central admissions staff, completed applications are forwarded to the departmental student affairs officers for processing and assignment to the appropriate faculty review committees. Each department in the school has an admissions committee that reviews applications for admission and recommends an action. These committees forward their recommendations to the department chairs, who in turn forward recommendations to the central Student Affairs Office. The official decision letter subsequently comes from the UCLA Graduate Division.

3) Select at least one of the measures that is meaningful to the school and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4-1. In addition to at least one from the list, the school may add measures that are significant to its own mission and context.

FSPH is committed to the recruitment and retention of a diverse cohort of students, specifically underrepresented students in public health. The designation of underrepresented students in public health is based on UCOP's classification from California's Master Plan for Higher Education, which identified African American, American Indian/Native American, and Latinx students as underrepresented in the University of California system. FSPH specifically targets increasing the number of Black, Indigenous, and People of Color (BIPOC) students and first-generation (first-gen) students. The UC has worked to expand the number of California students – particularly those who are first-generation, socioeconomically disadvantaged or English-language learners – who are able to pursue a four-year degree.

Table H4.3.1 shows the yield of BIPOC and first-generation students at FSPH by academic year, which is calculated by the number of BIPOC students who enrolled divided by the number of BIPOC offered acceptances. The school's BIPOC yield in 2018 exceeded the target (50%), but dropped slightly to 55% in fall 2020. Overall, the yield rate at FSPH of BIPOC students has been over 50%.

Furthermore, Table H4.3.1 illustrates the student yield of first-gen students at FSPH. First-gen yield is calculated by the number of first-gen students enrolled divided by the number of first-gen students offered acceptances. The target is to have an enrollment yield rate of over 40% among first-generation students. Fall 2018 exceeded this target (47%). Compared to other universities nationally, FSPH exceeds the number of first-generation students enrolled in graduate programs. The University of California system

enrolls a higher proportion of first-generation undergraduate students than other selective public institutions (27%) and selective private institutions (18%), and more than the national average for all four-year institutions (36%). Based on these data, FSPH selected the target goal for first-generation students as 40%.

Table H4.3.1 Enrollment Yield of Percentage of Priority Underrepresented Minorities

Outcome Measure Enrollment Yield	Target	Year 1 Fall 2018	Year 2 Fall 2019	Year 3 Fall 2020
BIPOC[1]	50%	56% (80/142)	56% (90/160)	55% (98/178)
First-generation FSPH new students	40%	47% (57/122)	38% (53/140)	35% (56/158)

[1]Data in this table are based on domestic students (U.S. citizens and permanent resident) who self-identify as Hispanic, Black, American Indian or Alaskan Native, two or more races AND at least one race is Hispanic, Black or Asian/Filipino, or Native Hawaiian/Pacific Islander

A breakdown of BIPOC enrollment yield may be viewed at ERF H4.3.2.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths: FSPH continues to develop strategies for recruiting top scholars, particularly underrepresented students in public health and first-generation students.

Weaknesses: FSPH continues to compete with other school's attractive fellowship scholarship packages for the recruitment of BIPOC and first-gen students.

Plans for Improvement: Starting AY 20-21, to attract top candidates, the school is engaged in multiple strategies, such as the Central Student Affairs Office developing a newsletter for admitted students, which shares resources, mentorship, and TA and GSR opportunities (see ERF H4.4.1). All departments are currently engaged in a review of their admissions criteria and the policy for review to ensure a holistic review. FSPH is focused on strengthening collaborations with campus student groups, HBCU partnerships, and other minority-serving institutions to enrich our recruitment and admissions.

H5. Publication of Educational Offerings

Catalogs and bulletins used by the school to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.

1) Provide direct links to information and descriptions of all degree schools and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements.

Academic bulletin, programs and requirements: https://grad.ucla.edu/programs/school-of-public-health/public-health/

Academic calendar: https://www.registrar.ucla.edu/Calendars/Annual-Academic-Calendar

Admissions requirements: https://grad.ucla.edu/programs/school-of-public-health/public-health/

Academic rights and responsibilities: https://grad.ucla.edu/academics/graduate-study/graduate-student-academic-rights-and-responsibilities/

Standards & Procedures for graduate study: https://grad.ucla.edu/academics/graduate-study/standards-and-procedures-for-graduate-study/

Academic Policies, including grading: http://catalog.registrar.ucla.edu/ucla-catalog20-21-111.html