

Mission, Goals and Objectives

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

A. Mission

The Mission of the Master of Public Health Program in Community Health Education at San Francisco State University is to promote health and social justice in urban communities. Central to this vision is an emphasis on a community-based approach that builds diverse, collaborative leadership and recognizes the importance of understanding the multiple determinants of health to design effective, comprehensive solutions. To fulfill our mission, we engage students through contextual and participatory teaching approaches integrating theory and practice, with an emphasis on developing team, leadership, and communication skills in our graduates. The ultimate aim is to develop culturally and professionally competent leaders in public health who are able to work with communities to apply systems theory to prevent disease and promote the health of the public.

The Master of Public Health (MPH) degree in Community Health Education is located within the College of Health and Human Services at San Francisco State University. The primary responsibility for curriculum development, admission standards, faculty selection and retention, and fiscal planning fall to the Chair of the Department of Health Education, Mary Beth Love, Ph.D., with active involvement of the Department's nine full-time equivalent faculty.

B. Goals and Objectives in Instruction, Service and Research

1. Instruction:

Goal

- The Department of Health Education provides professional preparation in the core competencies, functions and responsibilities for Community Health Educators.

Objectives

- The ten responsibilities and two hundred sub-competencies for Master level preparation in Community Health Education adapted from those developed by the Society for Public Health Education (SOPHE) and the American Association of Health Education (AAHE) will be covered in the MPH curriculum.
- The faculty of the Department of Health Education have systematically assessed the content of each core course in the curriculum and documented the MPH competencies, sub-competencies and responsibilities addressed by each course (see MPH Student Manual pages 50 – 60 for the Responsibilities and Competency for MPH courses).
- MPH Course Syllabi specify the core competencies addressed and the learning objectives associated with those competencies.

- Every MPH student will complete a three-semester course sequence, which includes a community-based practice focusing on key components of health education: community assessment, program planning, implementation and evaluation.
- Upon graduation, through submitting portfolios, summer internship reports, and a culminating experience, every MPH student will demonstrate mastery of the responsibilities and sub-competencies for Community Health Educators, adapted from those developed by SOPHE and AAHE.

Goal

- The Department of Health Education curriculum embraces an ecological approach, emphasizing the importance of addressing determinants of health at the individual, interpersonal, organizational, community, and policy levels.

Objectives

- The MPH courses provide MPH students with the theoretical foundation and skills necessary to develop, implement and evaluate comprehensive, multi-sectoral programs needed to address determinants of health at the individual, interpersonal, community, organizational, and policy levels.
- Upon graduation, students will demonstrate an ability to identify, analyze and address public health problems from a multi-level perspective.
- Upon graduation, students will demonstrate knowledge of the political, economic, social and cultural environments in which they are working, and will be able to apply that knowledge to understanding and solving complex health problems of diverse, urban populations.
- All MPH students will have the opportunity to apply the ecological approach learned in the classroom to the work they are doing through their community-based practicum experiences.

Goal

- The Department of Health Education builds student skills and competencies needed to promote health and prevent disease among culturally diverse urban populations.

Objectives

- Every MPH student will graduate with skills in the application of theory in the practice of community assessment, program planning, and program evaluation design.

- Every MPH student will take courses which develop competencies and skills needed to work with diverse stakeholders in a socially responsible and culturally sensitive manner.
- Every MPH student will have the opportunity for community-based learning and application of skills and competencies relevant to the unique health and social needs of diverse populations.
- The Department of Health Education will maintain and enhance its efforts to increase the recruitment of minority students in order to reflect the racial and ethnic diversity of the Bay Area, and to train a new cadre of ethnically diverse public health practitioners.

Goal

- The Department of Health Education curriculum emphasizes the use of principles of adult learning in the application of skills and knowledge to specific problems.

Objectives

- The Department of Health Education curriculum promotes critical thinking skills by providing its students with opportunities for self-directed learning.
- Team and leadership skills are developed through the emphasis on the development of a learning community for each MPH cohort, whereby students work closely together learning to delegate work, resolve conflict and problem solve collaboratively throughout the three-year program.
- Every MPH student will develop a portfolio with examples of deliverables related to competencies developed in each core course and which reflect mastery of core competencies and professional skills.

Goal

- The Department of Health Education curriculum emphasizes the integration of theory in practice in a community-based public health framework.

Objectives

- By the time of graduation, MPH students will demonstrate an ability to engage key stakeholders in conducting a community assessment, developing a program plan, and designing a program evaluation.
- By the time of graduation, every MPH student will demonstrate the ability to apply theory to the design and implementation of programs.
- The Department of Health Education has a cadre of community practitioners, both Community Adjunct Faculty (CAF), who mentor and supervise students in practice

conjoined courses, and Community Preceptors who supervise students' summer internships.

- Every MPH student will master a course that introduces them to the field of public health through the principles of community organizing for health.

Goal

- The Department of Health Education curriculum emphasizes collaborative leadership and team building through a learning community approach.

Objectives

- Students enter and move through the program as part of a cohort. This helps students develop mastery of team and group process skills by the time of graduation.
- Upon graduation, MPH students will demonstrate effective communication (written and verbal) skills, including the ability to give presentations and facilitate groups.
- Every MPH student will be encouraged to attend, participate, and present their work at meetings of professional public health organizations, such as the American Public Health Association Annual Meeting.

2. Research:

Goal

- The Department of Health Education faculty, in partnership with students and constituencies throughout the region, will conduct applied public health research that addresses the social determinants of health, reduces social inequalities in health, and contributes to workforce development and building healthy communities.

Objectives

- The Department of Health Education will apply and develop research and evaluation methodologies (e.g., community-based participatory approach) that are sensitive to diverse stakeholder perspectives and that involve community members and stakeholders in the identification of problems, design and implementation of programs, and use of findings for action.
- The Department of Health Education faculty will participate in the development and evaluation of interventions designed to promote health and prevent disease among California's diverse populations.
- The Department of Health Education will have a research agenda focusing on community health issues; and, faculty members will be able to demonstrate how their research interests fit within this broader agenda.

- At least half of the faculty will secure external support for community-based research.
- At least half of the faculty will present their research findings annually at professional conferences.
- Upon graduation, 20% of students will have some formal research experience.
- Faculty will incorporate current students (under faculty supervision) and program graduates into their research projects where appropriate.

3. Service:

Goal

- The Department of Health Education, allied faculty and students will serve the campus community and the communities of the Bay Area through developing mutually beneficial partnerships with communities, local health departments, community-based organizations, government, and other public and private institutions.

Objectives

- The Department of Health Education faculty will be active members in at least one professional or community-based organization.
- A majority of the Department of Health Education faculty will assume some leadership responsibilities in at least one professional or community-based organization.
- The Department of Health Education faculty will present papers annually at professional meetings and encourage and support students to participate in, and present at, professional meetings.
- The Department of Health Education will maintain an active advisory committee composed of community members, public agency and health care representatives and other members of community groups.
- The Department of Health Education faculty will maintain an active role in upholding the mission of San Francisco State University and supporting its community.
- The Department of Health Education faculty will contribute to improving the health of the people of the Bay Area through professional practice, volunteer work and policy development.
- During their enrollment in the Department of Health Education, every MPH student (through fieldwork or voluntary activity) will complete at least 200 hours of community service dedicated to improving the health of Bay Area populations.

- The Department of Health Education faculty will be represented in leadership positions in at least two university and college bodies.
- The Department of Health Education faculty and students will contribute to improving the health of the people of the Bay Area by participating in professional practice, volunteer work, and other forms of community service.

C. Development, Monitoring, and Periodical Revisions to the Mission, Goals and Objectives

The Department of Health Education at San Francisco State University first developed its mission in 1998 when the MPH program was implemented. Since that time, the Department of Health Education has regularly revised the mission, with input from all faculty in the department. In addition, from its inception, the Program has been grounded in the responsibilities and sub-competencies adapted from those developed by the SOPHE and the AAHE, and therefore the curriculum reflects those competencies.

Based on this process, the mission, goals and objectives were further revised and clarified. An extensive and triangulated approach to monitoring and periodically revising the program's mission, goals and objectives has been developed. First, the Department of Health Education holds an annual faculty retreat at which time all MPH faculty routinely review, and revise the mission, goals and objectives to assure that they are current and appropriate. At these retreats, the faculty reviews the mechanisms in place to assess the achievement of these objectives and to ascertain if new ones are needed. In addition, the mission, goals and objectives are monitored through the collaboratory (an electronic focus group) and online surveys with students and community adjunct faculty. In preparing this CEPH Self-Study, the Department of Health Education established a task force to review the current mission, goals and objectives for the program and submitted a report of recommended changes to the Program faculty for review.

D. Availability to the Public

The mission, goals and objectives are made available to the public through several means. First, every SFSU academic department is required to provide an annual assessment report to the University Academic Affairs Office where the mission, goals and objectives are reviewed and assessment procedures are described. Second, the Department of Health Education submits an annual Executive Summary with its budget requests. This Executive Summary is shared with the Department faculty, leadership of the College, as well as Academic Affairs. Finally, the Department is required to submit a comprehensive review of its program to the University Provost's Office of Academic Affairs every five years, and the mission, goals and objectives, including monitoring and evaluation data on their achievement, will be provided in this review. In addition, the mission, goals and objectives will be included in the Student Manual, which is being revised at the time of this report. Finally, the mission, goals and objectives are publicized on the Department web site.

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

For each of the goals stated in the categories of research, service and teaching, there are mechanisms in place to assess the extent to which this criterion is met. These goals are 100% achieved, as demonstrated by a variety of assessment tools the Department has developed. Assessment of students' achievements and mastery of learning objectives is done through evaluating their performance in MPH academic course work, in community practice, and in a culminating experience project prior to graduation (see Criterion V.D. for a more thorough review of these tools). Student perceptions of the program strengths and weaknesses, and of their individual learning experiences, are assessed through a collaboratory assessment at the end of year one and year three, and these data are regularly reviewed by faculty to inform revisions to the curriculum. An MPH portfolio prepared by each student provides examples of their academic and practice coursework, internship and culminating experience projects that demonstrate their mastery of the responsibilities and sub-competencies in Community Health Education.

Examples of evidence that this criterion is 100% met include:

Goal: The Department of Health Education provides professional preparation in the core competencies, functions and responsibilities for Community Health Educators.

This goal has been achieved, as demonstrated by student mastery of course learning objectives, by results of an on-line survey evaluation of students' perceived competence in MPH skills, by the alumni survey results and by a community preceptor's evaluation of students' application of core skills in the field.

Goal: The Department of Health Education builds student skills and competencies needed to promote health and prevent disease among culturally diverse urban populations.

This goal has been achieved, as demonstrated through regular review and monitoring of the curriculum, which develops the responsibilities and competencies required to work with diverse communities in health education capacities.

Goal: The Department of Health Education curriculum emphasizes the integration of theory in practice in a community-based public health framework.

This goal has been achieved, as demonstrated through a curriculum that includes three consecutive semesters of practice conjoined course work supervised by an MPH practice coordinator. In addition, the Department of Health Education has established relationships with a cadre of community practitioners who mentor and guide students in the field. The conjoined coursework provides MPH students with opportunities to apply theory and principles of community-based health education.

Organizational Setting

Criterion II.A.: *The Program shall be an integral part of an accredited institution of higher education.*

A. The California State University System

In 1961, an ambitious and socially progressive new master plan reshaped California's higher education, and San Francisco State became one of the founding campuses of The California State University and Colleges, now known as the California State University (CSU). The CSU is the largest system of higher education in the nation, with 23 campuses, (for a Map depicting the location of all campuses, please see SFSU Bulletin pg. 6), currently serving almost 326,000 students in bachelors, masters, and joint doctoral programs.

The Mission of the California State University is:

- To advance and extend knowledge, learning, and culture, especially throughout California.
- To provide opportunities for individuals to develop intellectually, personally, and professionally.
- To prepare significant numbers of educated, responsible people to contribute to California's schools, economy, culture, and future.
- To encourage and provide access to an excellent education for all who are prepared for, and wish to participate in, collegiate study.
- To offer undergraduate and graduate instruction leading to bachelor's and higher degrees in the liberal arts and sciences, the applied fields, and the professions, including the doctoral degree when authorized.
- To prepare students for an international, multi-cultural society.
- To provide public services which enrich the university and its communities.

All presidents of the individual state universities within the CSU system report to the Chancellor who in turn reports to the Board of Trustees appointed by the governor; Figure 1 on the following page depicts this relationship.

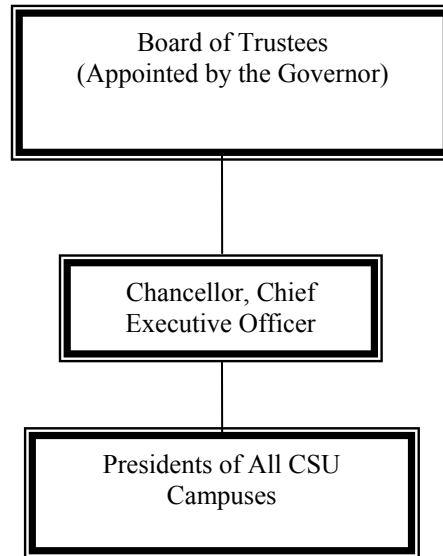
B. San Francisco State University

“The mission of San Francisco State University is to create and maintain an environment for learning that promotes respect for and appreciation of scholarship, freedom, human diversity, and the cultural mosaic of the City of San Francisco and the Bay Area; to promote excellence in instruction and intellectual accomplishment; and to provide broadly accessible higher education for residents of the region and state, as well as the nation and world.”

Tracing its roots to 1899, San Francisco State University (SFSU) began as the San Francisco State Normal School, a teacher training center. It has changed its name four times--to San Francisco State Teachers College, San Francisco State College, California State University, San Francisco and, in 1974, San Francisco State University--each change reflecting its expanding academic scope. The first class of 36 women graduated in 1901. SFSU now enrolls almost 27,000 students and graduates some 6,500 men and women annually.

Figure 1.

Organization of the California State University System



Though the majority of SFSU's students are from the Bay Area, many come from across the nation and almost 110 countries around the world. Like California--and the nation--the students are increasingly ethnically diverse. There is no "majority" group, and about 70% of undergraduates are people of color. Our student population continues to be one of the most diverse in the nation, and our graduates consistently describe this diversity as one of the most valuable aspects of their education. In addition, students of color succeed at San Francisco State. We recently ranked 13th in the nation as a producer of ethnic minority university graduates, second nationally in awarding master's degrees in English to minority students, number one nationally in undergraduate business degrees awarded to Asians, and among the top 10 in a guide to "Top Colleges and Universities for Hispanics."

San Francisco State University offers a wide-range of academic programs. These currently include: 116 bachelor's and 95 master's degrees; two joint doctorates in education (with the University of California, Berkeley); and a joint doctorate in physical therapy science and a joint master's degree in physical therapy (both with the University of California, San Francisco). Degrees are offered through eight colleges: Behavioral and Social Sciences, Business, Creative Arts, Education, Humanities, Ethnic Studies, Science and Engineering, and Health and Human Services. On the following page, Figure 2, the organizational chart for Academic Affairs, shows the relationship between each of the colleges.

The College of Health and Human Services, in which the Department of Health Education is located, evolved from grass roots discussions generated by department chairs and faculty to create an academic program center focused around health and human services issues. These informal and later formalized discussions began in 1992, coinciding with a campus-wide restructuring, and eventually lead to the passing of the referendum to establish the College of Health and Human Services (CHHS) in 1995. This academic unit's primary mission is to educate individuals to serve the present and future needs of society in the professional fields associated with health, human, and community services. It houses five departments, two schools, and two programs: Consumer and Family Studies/Dietetics, Counseling, Health Education, Kinesiology, and Recreation/Leisure Studies Departments, the Schools of Nursing and of Social Work, and the Physical Therapy and the Gerontology programs (see Figure 3 on page 12 for the CHHS organizational chart).

Graduate students at San Francisco State University experience the most comprehensive graduate program in the CSU system and the fourth largest graduate school in California. Approximately 25% of all SFSU enrollees are graduate students, primarily in masters programs. SFSU places strong emphasis on supporting the demands of original scholarly research, creative contributions, and the principles of best practices in the professional field as required for graduate education.

The University is accredited by the Accrediting Commission for Senior Colleges and Universities, Association for Senior Colleges and Universities of the Western Association of Schools and Colleges (WASC). SFSU received full WASC accreditation in Spring of 2001 after an institution-wide self-study and a WASC site visit. Various specialized programs at the University are accredited by their respective professional associations as presented in Table 1 on page 14.

Figure 2. San Francisco State University, Academic Affairs Organizational Chart, Fall 2002

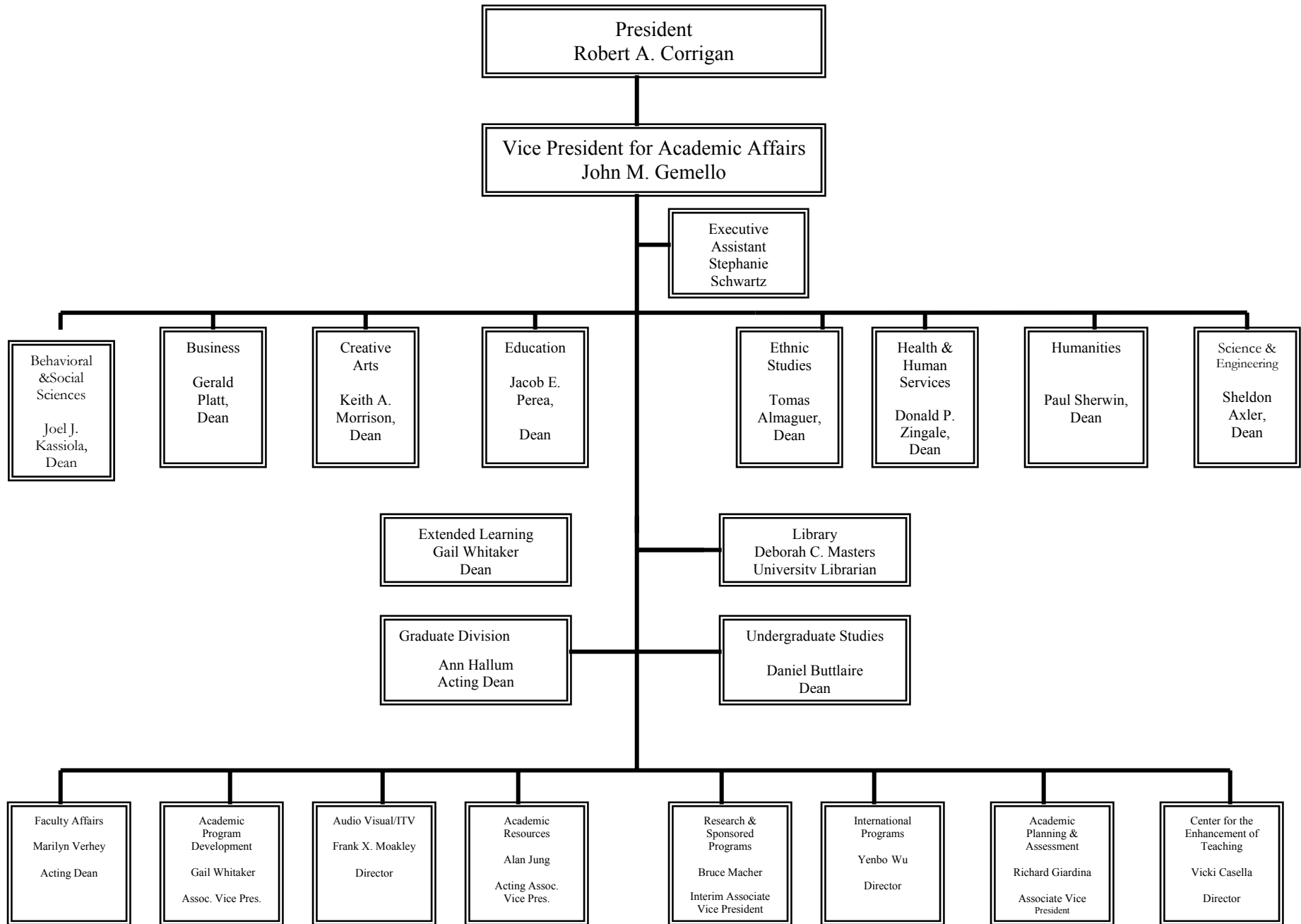
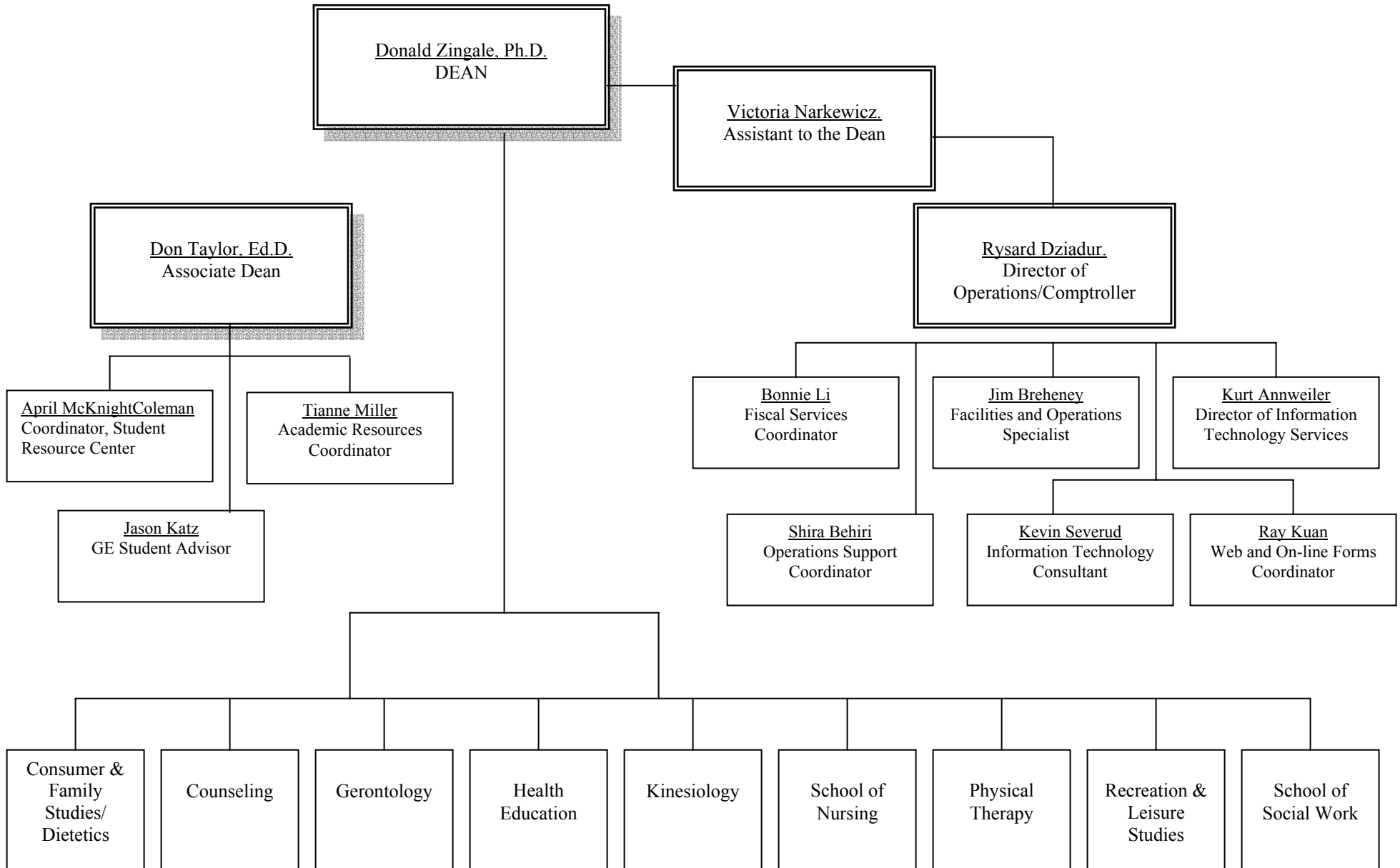


Figure 3: College of Health and Human Services Organizational Chart 2002-2003



SFSU's accrediting agency described the University as "an energetic, dynamic university involved in revitalizing its urban mission. It is an engaged university that genuinely cares about its community. It is an ethnically and racially diverse university where composition of its students, faculty and staff mirrors that of its surrounding geographical areas." San Francisco State University's location in one of the world's most diverse, creative, and globally-connected regions is certainly a singular advantage, but it is the University's own strengths that have earned this regional university national--and international--name recognition.

C. Governance:

San Francisco State University is one of twenty-three campuses in The California State University system, all of which operate under a Master Plan enacted by the California State Legislature in 1960. Under the plan, the principal policy and administrative responsibilities for The California State University system were vested in the Trustees of The California State University and in its administrative-executive arm, the Office of the Chancellor. The Trustees form a board consisting of sixteen members appointed by the Governor, and five ex officio members: the Governor, Lieutenant Governor, Superintendent of Public Instruction, the Speaker of the Assembly, and the Chancellor, who serves as the chief executive of the system. Terms of the Trustees are presently set at eight years. This general governance structure is shown in Figure 1. While the Trustees and the California State University and the Chancellor set broad policy for the system, they delegate much responsibility to presidents at each of the twenty-three campuses which comprise The California State University system. A Statewide Academic Senate composed of representatives of the faculty at each campus consults with the Chancellor and makes recommendations to him/her regarding academic matters. Figure 4 on page 15 is a diagrammatic representation of SFSU's structure for reporting to the president.

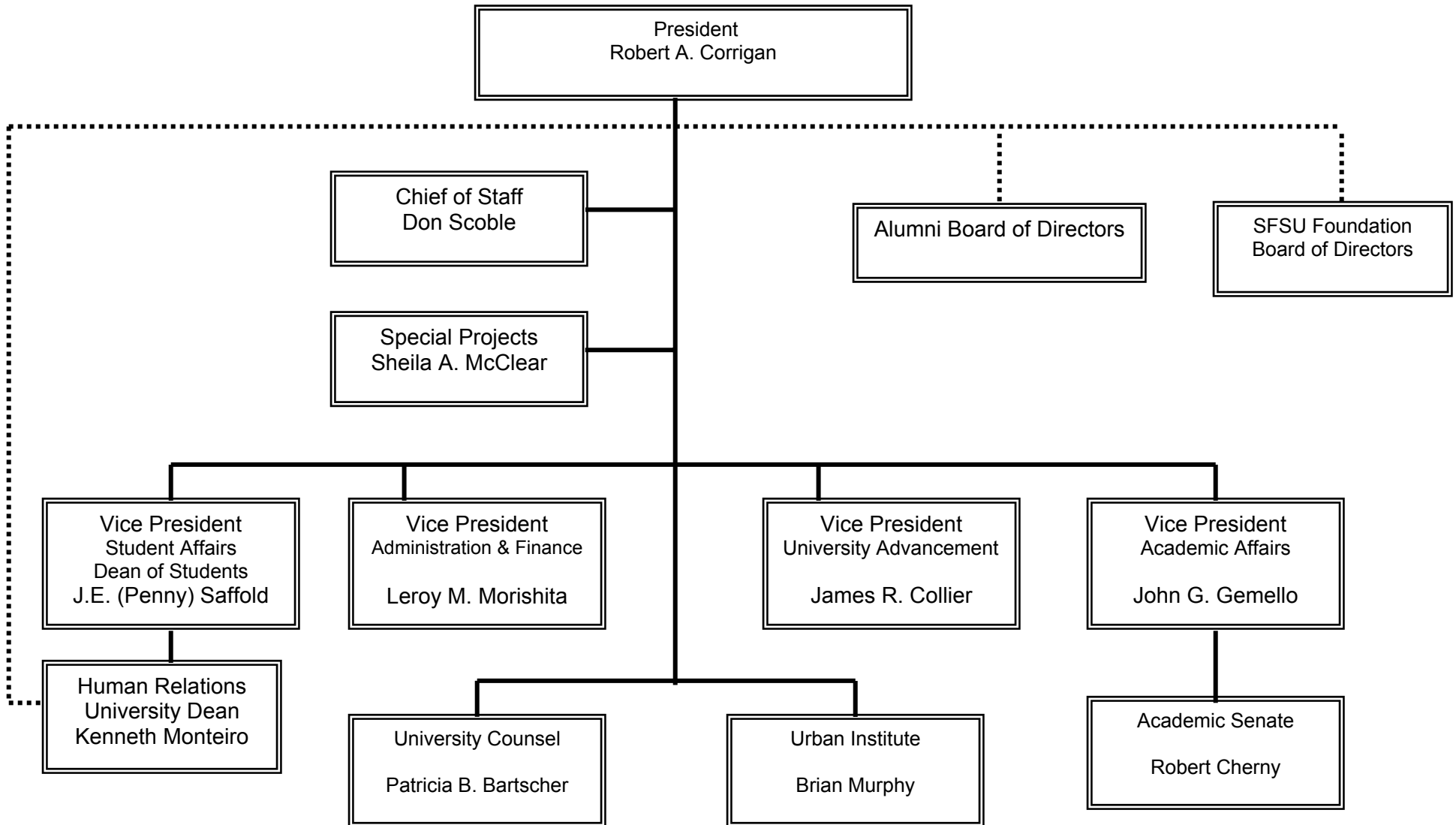
San Francisco State has a strong tradition of shared governance that involves administration, faculty, staff and students. The total budget allocation for SFSU is based on the budget passed by the California State Legislature, approved by the Governor and allocated to our campus by the CSU Chancellor. The President and Vice President of Academic Affairs at SFSU make budgetary allocations after consultation with the Deans of the Colleges. The Vice President of Academic Affairs's Cabinet, consisting of all those listed in Figure 2, meets regularly to advise the VPA on academic issues and the President's Cabinet also meets to advise the President on administrative and academic issues.

As depicted in Figure 4, at SFSU, the office of the president has a vice president for each of the four major departments: Student Affairs, Administration and Finance, University Advancement, and Academic Affairs. Figure 2 represents the colleges and departments for which the Vice President of Academic Affairs is responsible. Thus, the dean of each college reports all matters academic, financial, and administrative to the Vice President of Academic Affairs. Within each college, chairpersons of various departments report to their college dean. The SFSU Academic Senate has 52 members - faculty, staff, and students who are elected and appointed for three years.

Table 1. San Francisco State University Accrediting Bodies

PROGRAM	ACCREDITING AGENCY
Art BA/MA/MFA	National Association of Schools of Art and Design
Clinical Laboratory Science Graduate Internship	National Accrediting Agency for Clinical Laboratory Sciences
Business Administration BS/MS/MBA	Association to Advance Collegiate Schools of Business
Chemistry BS	American Chemical Society
Civil Engineering BS	Accreditation Board for Engineering and Technology
Communicative Disorders MS	American Speech-Language-Hearing Association
Computer Science BS	Accreditation Board for Engineering and Technology
Counseling MS	Council for Accreditation of Counseling & Related Educational Programs
Dietetics BS (Didactic Program in Dietetics)	American Dietetic Association
Dietetics Graduate Internship	American Dietetic Association
Drama BA/MA	National Association of Schools of Theatre
Education MA/EdD/PhD	National Council for Accreditation of Teacher Education
Electrical Engineering BS	Accreditation Board for Engineering and Technology
Family & Consumer Sciences BA	American Association of Family and Consumer Sciences
Hospitality Management BS	Association to Advance Collegiate Schools of Business
Journalism BA	Accreditation Council on Education in Journalism & Mass Communications
Mechanical Engineering BS	Accreditation Board for Engineering and Technology
Music BA/MA/BM/MM	National Association of Schools of Music
Nursing BS/MS	National League for Nursing Education Accrediting Commission
Nursing BS; MS Family Nurse Practitioner Concentration	California State Board of Registered Nursing
Physical Therapy MS	Commission for Accreditation in Physical Therapy Education
Public Administration MPA	National Association of Schools of Public Affairs and Administration
Recreation BA/MS	National Recreation and Park Association
Rehabilitation Counseling MS	Council on Rehabilitation Education
Social Work BA/MSW	Council on Social Work Education
Special Education MA	National Council for Accreditation of Teacher Education
Teacher Education Credential Programs	California Commission on Teacher Credentialing
Theatre Arts MFA	National Association of Schools of Theatre

Figure 4. San Francisco State University Reporting Relationship to the President



The Academic Senate works closely with the University President to set academic standards and policy for University Governance.

Policies for personnel recruitment, selection and advancement are established by the Academic Senate. Hiring, retention, tenure and promotion committees (HRTP) are established within each Department. HRTP Committees are elected each year by faculty from the tenured and/or tenure track faculty within the Department. The Departmental committees serve as the first level of review and recommendation for all hiring, retention, tenure and promotion. The Department Chair and the College Dean each serve as separate and independent levels of subsequent review. The Vice President for Academic Affairs is the final decision maker for retention. The University President makes the final decision for tenure and promotion. Detailed flow charts for the management of each of these processes are clearly outlined in the SFSU Faculty Manual (see Appendix 1 pages 10 – 18 for this information).

D. Assessment of the extent to which this criteria is met

This criteria is fully met.

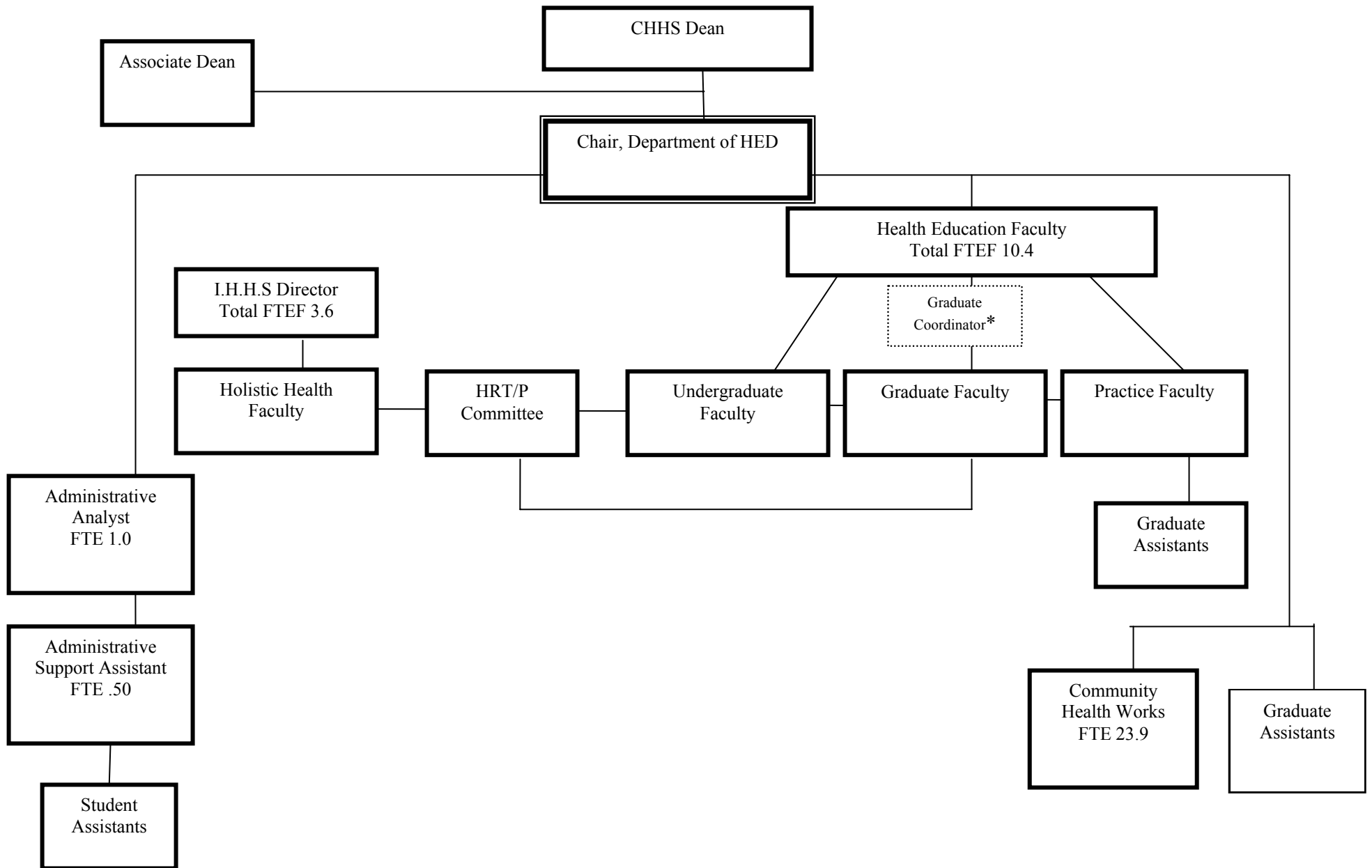
Criterion II. B: *The program shall provide an organizational setting conducive to teaching and learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration and shall foster the development of professional health values, concepts and ethics as defined by the program.*

A. Program Organization and Internal Reporting Relationships

Administrative leadership of each academic department is provided by the Department Chair who is a member of the department's faculty. The Department Chair reports to the Dean of the College of Health and Human Services and meets three times monthly with the Council of Academic Chairs in the College of Health and Human Services to advise on College policy and resource allocation.

The Department of Health Education offers a Bachelor's of Science in Health Sciences, a Minor in Health Science, and Minor and Certificate in Holistic Health, and a Master of Public Health in Community Health Education. Additionally, the department is affiliated with several sponsored projects, which are described in detail in the research section. Internally, the department has a standing committee for hiring, promotion and tenure. As our department is a small one, the entire MPH faculty do most jobs that would usually be assigned to committees in larger departments, such as: MPH student admissions, curriculum development, and program reviews. The Department Chair of Health Education is ultimately responsible for all Health Education Faculty, administrative assistants, and special project employees. Figure 5 on the following page diagrammatically illustrates this reporting structure as just described.

Figure 5. Department of Health Education Organizational Chart



B. Interdisciplinary Coordination, Cooperation and Collaboration

From 1993-1998, when our MPH program was in the planning stages, we recruited faculty from anthropology, business, nursing and social work to form an advisory board. This group offered the groundwork for developing the curricular innovation for the MPH program. Now that the MPH has solidified its curriculum and administrative structure and support, we plan to reconvene and revitalize our interdisciplinary advisory committee in the Fall of 2003. This advisory committee, among other things, will be instrumental in exploring the development of joint degrees with nursing, business and social work. Additional means of interdisciplinary collaboration are evident in coordination of the work of the tenure-track faculty from SFSU along with that of community adjunct faculty who are experts in areas of practice essential to training public health professionals. Furthermore, other practitioners in the field share their expertise as guest lecturers in many courses.

C. Program's Commitment to Public Health Values, Concepts and Ethics

The Program's mission and history reflect its commitment to the concepts and values that constitute the foundation of public health practice. We believe that the health of the public demands a public health workforce that is both socially engaged and intellectually rigorous. Practitioners must be motivated by profound compassion and the desire to create a world where human rights and social justice are the norms. To this end, we use ecological approaches and frameworks to address health problems. Public health and health education should acknowledge and strengthen the role of individuals within social systems and attempt to change the social context of the individual so that s/he can make healthy choices and live well. Ecological approaches demand collaborations between disciplines in order to design comprehensive solutions that attend to the complexity of problems facing communities today. We believe that communities have wisdom about the causes and solutions to the problems they face, and that their wisdom should inform public health research and interventions. Because of this, all of our research and programmatic work is based in and driven by the communities with which we work. In order to work with these communities, we have a commitment to ensuring that the public health workforce reflects those communities: linguistically, culturally, and with respect to race/ethnicity, gender, sexual preference and social class. Such a workforce should be both well trained and self-reflective so that it can maintain accountability and responsibility. This workforce must also possess skills in leadership, communication and group processes, and abide by professional codes of ethics.

D. Written Policies for Fair and Ethical Dealings

The MPH Program is committed to fair and ethical dealings with faculty, staff and students. Guidelines set forth in the University Catalog, Faculty Handbook, Office of Equal Opportunity and University Policies and follows Procedures Handbook. Information regarding student admission, grievance procedures, dishonesty in academic matters, conflicts of interest, sexual harassment and other information is contained in the above mentioned manuals.

A manual for students was developed last year, piloted in Spring '02 and printed in September 2002 to provide requirements and other information regarding the program. The handbook contains policies on items such as grading, course curriculum, graduation requirements and other

materials that ensure fair and ethical approaches to all students. All students are given the manual. (See MPH Student Manual included as a supplement.)

The University maintains a policy of affirmative action and anti-discrimination in both its educational programs and in its hiring. The policy applies to recruitment, admissions, extracurricular activities, housing, facilities, access to course offerings, counseling and testing, financial aid, employment, health and insurance services and athletic programs for students. This policy also applies to the recruitment, hiring, training and promotion of university employees and to all other terms and conditions of employment. SFSU maintains policies of equal opportunity employment, equal educational opportunity and reasonable accommodation.

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

The criterion is met 100%. The Department follows all written policies of the University requiring fair and ethical practices. All publications dealing with policies and procedures are available; any future program policies that are established will be put in writing and made available to all students and faculty.

Governance

Criterion III: *The program administration and faculty shall have clearly defined rights and responsibilities concerning program governance and academic policies. Where appropriate, students shall have participatory roles in program governance.*

A. Program Governance

1. Role of Department Chair in Governance: Program faculty elect the Department Chair who serves for a three-year term. All faculty, full and part time, have a prorated vote in this election. The Department Chair is the person most fully responsible for leading, administering and representing the MPH Program at San Francisco State. Her responsibilities include, but are not limited to, the following four categories:

I. Academic Programs

1. To assume the leadership in the development and direction of quality academic programs.
2. To work with the department faculty in academic program planning and review, and curriculum development and revision.
3. To prepare the class schedule in consultation with the department faculty or appropriate departmental committee.

II. Students

1. To supervise advising, provide information, sign documents and petitions, and otherwise facilitate resolution of administrative difficulties students may encounter.
2. To promote department activities (programs, competitions, awards, professional organizations, clubs) and recruit potential majors/minors.
3. To respond to students' comments and suggestions about courses, instructors, and programs.
4. To attempt resolution of complaints, differences, or grievances between students and faculty.

III. Faculty

1. To encourage collegial and full participation of all members of the department in recognition that governance of departments is a joint and cooperative endeavor.
2. To participate in the faculty personnel processes for hiring, retention, tenure, and promotion with the tenured members of the department, and other faculty matters within existing trustee policy, the Collective Bargaining Agreement, and University and college policies.
3. To make an independent recommendation regarding hiring, retention, tenure and promotion after reviewing recommendations from the department's elected Hiring Retention Tenure and Promotions (HRTP) committee.
4. To perform the evaluation and recommend the appointment or reappointment of temporary faculty either after receiving department peer review committee recommendation or upon delegation by the voting members of the department in

accordance with Academic Senate policy and the Collective Bargaining Agreement.

5. To provide leadership at the department level in the implementation of the University's affirmative action policy.
6. To promote the professional development of the faculty.
7. To establish, after consultation with the faculty, appropriate departmental committees.

IV. Administrative Responsibilities

1. To convey pertinent information to, from and within the department; to present issues which have potential impact on the department; to invite and respond to comments and suggestions of faculty and staff.
2. To represent the department within the college, University, community, and profession.
3. To work with the college dean on management of resources, including the establishment of enrollment targets, allocation of faculty positions, and all budget matters; to organize and supervise department expenditures; to monitor departmental compliance with university regulations and deadlines.
4. To hire and supervise department staff.

2. Role of Faculty in Governance

The nine full-time faculty teaching in the MPH in Health Education comprise the MPH subcommittee. The MPH Subcommittee governs--in collaboration with the Department Chair and the students--the policies and plans for the MPH program. At this stage in the MPH's evolution, program governance responsibilities are shared by all members of the MPH subcommittee. All members of the MPH subcommittee participate in the following governance functions: policy development, planning, student recruitment, admissions, award of degrees, faculty recruitment, academic standards, student assessment, research and service expectations and policies. The MPH graduate faculty meet on a bimonthly basis to discuss issues and business related to the MPH. Often, the faculty will appoint a task force to draft a proposal to submit to the entire group to discuss and approve/adopt. Such small groups have composed draft policies on issues such as: culminating experience requirements, advisory group membership and structure, research and service requirements for MPH faculty, student recruitment plans, and process for student awards among others.

Faculty Hiring, Retention, Tenure and Promotion (HRTP):

Because of the nature of hiring, retention and tenure, this governance responsibility is not handled by a subcommittee as are the other governance issues in the MPH. Instead, and in accord with University policy, three distinct committees for each responsibility are required. Only tenure track or tenured faculty are eligible for these committees. Committees are formed by faculty election and serve for one academic year. Committee members elect a chair to lead the respective committees. The HRTP Committees make recommendations to the Department Chair, who has a separate level of review. The joint departmental recommendations are forwarded to the College and University administrators for subsequent review. The specific University regulated process for HRTP is discussed in detail in Criteria VIII.B.

3. Role of Students in Governance

Students assume a central role in governance of the MPH program through:

- Participating in the MPH Reflective Seminar, facilitated by the Department chair where students have an opportunity to reflect and make recommendations regarding the MPH;
- Sharing their opinion regarding issues of curriculum, program administration, academic quality, faculty advising among others through the collaboratory experience, an anonymous electronic focus group, at the end of their 1st year and just prior to graduation;
- Participating in search committees for faculty hiring;
- Providing input for faculty promotion and tenure;
- Communicating via an electronic bulletin board and list serve;
- Evaluating faculty teaching through systematic course evaluations; and
- Participating in the Public Health Organization of Graduate Students (PHOGS) (see Criterion IX.D. and Appendix 2 for a more detailed description of PHOGS Mission, Goals and Structure) which is supported by the University and Department.

4. Role of the Community: The Department has a total of between five and ten Community Adjunct Faculty (CAF) serving approximately thirty students at any one time. These CAF play an important and active role in our MPH because of the ongoing and intense nature of the practice component of our program. They serve as a resource for program guidance and governance. Each year in the spring, the CAF are invited to participate in an assessment of the MPH program. This assessment process has taken different forms over the last four years from one-on-one interviewing, to group dialogue, to a collaboratory (an electronic classroom focus group experience) in the Spring of 2002. The collaboratory provides such a rich opportunity for group and individual feedback that participation in a spring collaboratory has now been written into our MOU with community preceptors. The collaboratory with the CAF provides important feedback and governance input from these community partners who have mentored our students for three consecutive semesters about the effectiveness of our professional preparation of MPH candidates. (See Criterion V.D. for more on assessment.)

A community advisory board was extremely active and influential between 1993 and 1998 when the MPH was being planned and initially implemented (see Appendix 3 for a list of advisory members). From 1998 until 2001, the MPH had a group of advisors who were part of the Fund for the Improvement of Post Secondary Education (FIPSE) grant funded to assist us in developing an educational partnership with the San Francisco Department of Public Health (see Criterion V. for more detail) and associated Community Based Organizations. At the completion of the grant (Spring 2002), the Department formed a faculty task force to develop a recommended structure and membership of a new and ongoing MPH advisory board. The MPH faculty reviewed and approved the proposed MPH advisory board structure, (see Appendix 3 for advisory board proposal). The MPH faculty have targeted the fall of 2003 as the start date for the new Board of Advisors for the MPH at San Francisco State University.

B. Program Planning – Historic and Strategic

The first memo of intention to begin planning for a new MPH degree was written in 1993. During the next year, a group of 30 leaders in public health in the Bay Area were engaged as

members of an advisory board to help in the development of the mission and curriculum for the program. In spring of 1995, the Department undertook an extensive labor market survey to assess the employment prospects for MPH graduates and to ascertain the competencies most desired by employers. This first labor market survey demonstrated a need for MPH level Community Health Educators, particularly those who are diverse and bilingual.

In the academic year '95-'96, the MPH received approval from the SFSU Curriculum Review Board and the Academic Senate. The MPH received approval from the chancellor's office to be placed on the CSU Master plan listing of programs being considered for implementation. In 1997, we prepared our final proposal to the California Postsecondary Education Commission (CPEC) which was submitted in April, 1997. Nine months later, in January 1998, CPEC approved the MPH at SFSU.

With the support of an external grant from Federal Department of Education's prestigious Fund for the Improvement of Post Secondary Education (FIPSE), a new MPH degree was launched in Community Health Education at SFSU. FIPSE supported the innovations in the MPH degree including practice based course development, development of a learning community of students, contextual teaching and an educational partnership with public health professionals in the community and, in particular, with the San Francisco Department of Public Health.

The first group of 20 students was admitted to the MPH at SFSU in the fall of 1998 and graduated in the spring of 2001. At the time of this self study, the MPH has graduated two cohorts and has admitted its fifth group into its first year.

We repeated the labor market survey in 1999 to update and further expand our understanding of the San Francisco health educator workforce and labor market. Based on results, we estimate that there are approximately four MPH health educators per 100,000 persons in the Bay Area, or about 12,000 employed nationally. The majority work in local health departments and community-based organizations. Although hiring was largely replacement in the late 1990s, employers anticipate an increase in hiring from 2000 to 2004. Employers reported that general educational preparation is adequate, although preparation in specific competencies, such as bilingual education, is lacking. The results suggest a favorable labor market for our MPH graduates in the near future (see Appendix 4).

From the fall of 2001 through the spring of 2002, the Department underwent a formal strategic planning process facilitated by an outside consulting group (see Appendix 5 for strategic planning report). Although most relevant for the undergraduate curriculum, this planning process had important implications for the mission of the MPH at SFSU. The strategic planning process included all fifteen full-time faculty within the Department, including the three full time (3.6 FTEF) Holistic Health faculty in the Department of Health Education. These Holistic Health faculty offer an undergraduate minor, a very popular General Education Cluster and a Holistic Health certificate. One of the overarching objectives of the strategic planning process was to integrate the Holistic Health faculty and programs into the Health Education Department. The results of that process have substantial implications for the mission of our BS degree. We are, for example, exploring a self care/holistic health track in our BS degree. The planning process, which included all MPH faculty, also resulted in a consensus to infuse the MPH

curriculum with a holistic perspective on health. This manifested as the adoption of a newly articulated goal for the MPH program. This goal states:

The Department of Health Education curriculum embraces an ecological approach, emphasizing the importance of addressing determinants of health at the individual, interpersonal, organizational, community, and policy levels.

Specifically, for example, the 1st year of the MPH reflective seminar will strengthen its focus on the importance of self-care in collaborative leadership. Self-care skills such as meditation/relaxation, diet, exercise and social support will be covered. Additionally, in program planning, students are required to develop a problem statement and corresponding program plans that emphasizes multiple levels (individual, interpersonal, community, policy etc.) of health determinants.

C. Standing and Important Ad Hoc Committees

Program Planning and Development – Strategic planning for the Department is done by the Department as a whole. Regular faculty meetings and biannual retreats provide opportunities for long term planning.

Budgeting and Resource Allocation – The Department Chair is responsible for budgeting and resource allocation. The chair has two main sources of revenue for this purpose: (a) SFSU general fund money, and (b) reimbursed release grant dollars. With these funds, the chair retains lecturers, provides instructional support, and support for faculty development. Instructional support includes supplies as well as student & graduate assistants for teaching and administrative tasks. Faculty development support includes buy-outs of faculty teaching and administrative responsibilities, and support for travel related to scholarship and professional development.

Faculty Assignment – The Department Chair, in consultation with MPH faculty, is responsible for faculty assignments.

Student Recruitment – The MPH faculty, with staff support, are responsible for student recruitment, such as regularly held orientation sessions, exhibits at professional meetings, speaking at recruitment events and distributing departmental information.

Admissions – The MPH faculty are responsible for MPH admissions. Admissions materials and process is managed by the Department's Administrative Assistant. The Chair signs off on all admission decisions and communications with applicants.

Award of Degrees – The MPH faculty acting in their advising roles (see Appendix 6 for graduate advisor handbook) verifies the satisfactory completion of all degree requirements, including successful completion of the culminating experience project. Both the Advisor and the Department Chair sign the Graduate Approved Program (GAP) and the Completion of Culminating Experience Completion Form clearing the student to graduate.

Academic Standards and Policies – Most policies governing graduate students are established by the University Graduate Council and the Dean of the Graduate School who delegates authority for implementation to the Department (see Appendix 7 for graduate student handbook).

Sub-committees

1. Health education MPH sub-committee

The charge for this committee includes overseeing: health education recruitment & MPH admissions, MPH program accreditation, the award of MPH degree, and health education academic standards & policies.

Committee members:

Mary Beth Love, Chair
Zoe Cardosa Clayson
Ramón Castellblanch
Vivian Chavez
John Elia
Roma Guy
Lisa Moore
Rachel Morello Frosch
Juliana van Olphen

2. Holistic health sub-committee

The charge for this committee includes overseeing: holistic health program academic standards & policies, the award of programs degrees, and student recruitment.

Committee members:

Eric Peper, Chair
Adam Burke
Ken Burrows

3. Hiring sub-committee

The charge for this committee includes overseeing: recruiting & hiring new faculty.

Committee members:

Lisa Moore, Chair
Zoe Clayson
Adam Burke
John Elia

4. Retention & tenure sub-committee

The charge of this committee is the evaluation of non-tenured, tenure-track faculty.

Committee members:

Zoe Clayson, Chair
Eric Peper, Holistic Health
Jim Quesada, Anthropology

5. *Promotion sub-committee*

This committee is responsible for evaluating candidates for promotion.

Committee members:

Eric Peper, Chair; Holistic Health

Rene Dahl, Child and Adolescent Development

Brian DeVries, Gerontology

D. School and University Committees

Table 2 below shows the College of Health and Human Services (CHHS) and SFUS's committees staffed by MPH faculty in the Department of Health Education.

Table 2: MPH Faculty School and University Committees

Faculty	Committees
Love	CHHS: Strategic Planning; Graduate Awards Committee; Council of Chairs SFSU: CUSP II Strategic Planning
Clayton	CHHS: Teaching Effectiveness Committee; Research & Prof. Development SFSU: CSU International Experience Committee
Chavez	CHHS: GET Committee SFSU: Multicultural Task Force
Castellblanch	New hire
Elia	SFSU: Interdisciplinary Council; Academic Senate
Guy	SFSU: School of Nursing Advisory Committee; School of Social Work Advisory Committee; Family Resource Center Advisory Board.; Urban Institute Fellow
Moore	SFSU: General Education Committee
van Olphen	SFSU: CUSP II Strategic Planning

E. Assessment of the extent to which criterion is met

This criterion is met 100%. Program faculty have rights and responsibilities concerning program governance and academic policies related to the MPH at SFSU.

Resources

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

A. Budget

The program receives financial support from several sources:

1. **General fund dollars** are the tax-levy dollars which are approved by the California State Legislature and Governor, assigned to San Francisco State University by the California State University (CSU) Chancellor and Board of Trustees. These dollars are then allocated to the Department of Health Education by the President of SFSU, Provost and Dean of the College of Health and Human Services. The allocation of dollars from the Chancellor's office to SFSU is based on Full Time Equivalent Students (FTES – based on 15 units/semester) enrolled at the University each fall. This formula is also used within SFSU where department budgets are based on an FTEF target assigned each year. The general fund dollars are allocated to pay tenure track, lecturer and staff salaries, supplies and services, instructional support, reprographics, student assistants, and faculty travel.
2. **Reimbursed release time dollars** are support from the salary savings acquired through grant funding. Grant dollars are used to buy faculty out of the CSU's expected four course teaching load. Buy-outs for one course constitute 20% of a faculty salary for one semester. Often, but not always, the instructor hired to replace the grant funded, full-time faculty member is paid less, especially if the replacement is for a tenured, full professor. The Dean's office and the Department share the salary savings at a 60/40 split. The Department retains 60% of the salary saving dollars and the Dean retains 40% of the dollars. Reimbursed release dollars are used for faculty development, student support and to meet one-time expenses and emergencies (technology needs, furnishings, illnesses, etc.).
3. **Indirect cost recovery dollars** are a small fraction (10%) of the gross indirect cost the University and the Foundation annually receives as a result of the Department's grant and contract activities. As most of the grantsmanship in the Department is in the area of training, where 12 to 15% indirect is the norm, this fund is typically very small.

Table 3 on the following page illustrates the revenues from each of these sources since the establishment of the MPH degree in 1998. The General Fund budget, which is the most stable of these sources of dollars, has grown by 45% or \$266,350. This is the result of the allocation of four new tenure track positions to the Department. General fund dollars constitute the majority of the Departmental resources, with about 7.3% of the budget generated by external funding.

Table 3: Sources of Support for the Department of Health Education

	1998-1999	1999-2000	2000-2001	2001-2002	2002-2003
GENERAL FUND					
Tenured Tenure Track Faculty	\$ 319,229.00	\$ 317,987.00	\$ 393,016.00	\$524,106.00	\$557,880.00
Lecturers	\$ 177,011.00	\$ 205,814.00	\$ 227,175.00	\$153,780.00	\$174,685.00
Staff	\$ 86,376.75	\$ 94,481.67	\$ 94,014.40	\$105,030.40	\$109,570.22
Operating Expenses	\$ 13,664.00	\$ 11,908.00	\$ 15,408.00	\$ 15,408.00	\$ 10,158.00
Augments	\$ -	\$ 96,813.00	\$ 53,766.00	\$ 36,796.00	\$ 10,338.00
Subtotal	\$ 596,280.75	\$ 727,003.67	\$ 783,379.40	\$835,120.40	\$862,631.22
REIMBURSE RELEASE TIME	\$ 55,734.25	\$ 26,871.37	\$ 79,441.78	\$ 44,778.20	\$ 57,290.50
INDIRECT COST RECOVERY	\$ 923.00	\$ 5,552.66	\$ 6,701.69	\$ 8,413.48	\$ 5,122.00
Grand Total	\$ 652,938.00	\$ 759,427.70	\$ 869,522.87	\$888,312.08	\$925,043.72

B. Faculty Resources.

In the academic year 2002-2003, the Department of Health Education was assigned 15 full-time equivalent faculty. Of those 15, nine are assigned to teach some percentage in the MPH program. In the academic year 2002 - 2003, all of the faculty teaching in the MPH program will spend their time in the following ways:

- a. 40% of their time teaching in either the graduate and/or undergraduate program;
- b. 20% advising students and departmental responsibilities (approximately 15% with graduate related responsibilities—advising, admissions, culminating experience committees etc., and 5% with undergraduate advising); and
- c. 40% in research and other activities.

Table 4 on the following page displays the percentage of time devoted to teaching and advising in the Master of Public Health and Bachelor of Science programs, including time allocated to research and scholarship.

Table 4: Allocation of MPH Faculty Time to Activities, AY 2002 – 2003

Full-Time FACULTY MEMBERS	FTE time to MPH teaching, advising and administration for AY	FTE time to BS teaching, advising and administration	FTE time funded to research and other activities
Ramon Castellblanch, Ph.D.	45%	15%	40%
Vivian Chavez, Dr.PH.	25%	55%	20%
Zoe Clayson, Sc.D.	25%	15%	60%
John Elia, Ph.D.	25%	35%	40%
Roma Guy, M.S.W.	60%		40%
Mary Beth Love, Ph.D.	50%	30%	20%
Lisa Moore, Dr.PH.	25%	35%	40%
Rachel Morello-Frosch, Ph.D.	On temporary leave		
Juliana van Olphen, Ph.D.	45%	15%	40%
TOTAL FTEF	3.00 FTEF	1.4 FTEF	3.0 FTEF
Part-Time FACULTY MEMBERS			
Esminia Luluquisen, Ph.D.	10%		
Heidi Selnick, Ph.D.	10%		
Epi Replacement	10%		
TOTAL FTEF	3.30 FTEF		

C. Student to Faculty Ratio: For the Academic Year (AY) 2002 - 2003, there are 45 students enrolled in the MPH program for an average of 8 units per semester. Given that an FTE student is one who is enrolled for 15 units; this means there are 24 FTES in the MPH at SFSU ($45 \times (15/8)$). To calculate the student/faculty ratio for the MPH program using the teaching/advising time base of the nine MPH faculty (3.3) combined with their research work (3.0), the student faculty ratio in the MPH program is 3.8/1 (24 FTES / 6.3 FTEF). If one considers only time for instruction and advising, the student faculty ratio is 7.27/1 (24 FTES / 3.3 FTEF). The Department is currently searching for a new tenure track-hire which will lower this ratio further.

D. Other Personnel.

In addition to the faculty, the Department of Health Education is supported by one 1.0 FTE Academic Office Coordinator, one .5 FTE Administrative Support Assistant, and two work-study Student Assistants. Additionally, in the AY 2002 - 2003, the Department is supporting four graduate assistants (GAs). The four GA responsibilities and % time allocations are as follow:

- 50% time as an assistant in the practice office;
- 30% time assisting the Department chair with assessment and other MPH work;
- 20% time working on the MPH CEPH self study
- 20% time working as a Biostatistics tutor

The Academic Office Coordinator, assisted by the Administrative Support Assistant, and two work-study Student Assistants, dedicates 50% of her time to the MPH program; her duties

include overseeing admissions reports, office operations, budgets, and support personnel, and providing assistance on student recruitment, admissions, curriculum and course support, faculty hiring and communications with current faculty and students as needed.

E. Space

The Department of Health Education is located on the third floor of the Humanities/Social Sciences Building. The Health Education Department has 16 rooms for a total of 4,735 square feet of space utilized in a variety of ways including the following: a Student Resource Room, a Health Education/Holistic Health Classroom/Laboratory; a Practice Office; a Lecturer Room; a work room for all faculty and staff, a Holistic Health Resource Center, and 11 shared offices housing 22 faculty and staff including the Department Chair, Graduate Assistants, and the Academic Office Coordinator and her support staff.

Additionally, the Department has control of two large rooms, 926 square feet combined, which house Community Health Works (CHW). CHW is an externally funded applied research program within the Department of Health Education. Community Health works has 30 (23.9 FTEF) staff who work in four different locations, three of them off campus. The SFSU location houses 10 full-time staff (for more details on CHW please see Criterion VI.). The MPH program has access to all University classrooms and meeting spaces.

F. Laboratory Space.

The MPH program and program faculty do not require laboratory space. Our students and faculty work in partnership with the community members, community agencies and organizations each serving as a learning “laboratory” for the program.

G. Computer Facilities and Resources

Each member of the MPH faculty has thier own computer and printer. The University’s Division of Information Technology provides a variety of computing services to faculty and students including internet/e-mail accounts, computing labs, help desk support, campus-wide software licenses, and online services via the Web. Additionally, the College Office has three technical support personnel who support faculty technology needs. Through SFSU’s network, faculty and students have access to online registration, grades, financial statements, class schedules, address changes, transcripts and Internet/e-mail account requests. Internet/e-mail accounts can be for dial-in modem access from off-campus personal computers, publishing a personal web page, programming coursework, and online research.

Computer access, support, and networking are available to students on-campus via various computer labs. The John F. True computer lab, located in the main campus library, is open 24 hours and is accessible to all registered students and contains 26 PC and 7 Macintosh workstations. The college of Behavioral and Social Sciences has a lab for all students located in HSS 383 containing 29 PCs and 8 Macs. In addition there are three labs available specifically to students in the College of Health and Human Services (CHHS): Burk Hall 217 with 25 PC stations, Burk Hall 348 lab with 19 PC stations and Gym 217C Lab with 18 PC stations. This last site, Gym 217C, will be replaced in fall of 2003 with at larger and more conveniently located lab in HSS 219 with approximately 30 computer workstations for CHHS students.

All computers are equipped with software for word processing, data analysis, and internet research including such programs as office 2000 & 2001 (Word, Excel, PowerPoint, Access, FrontPage), SPSS 10 for PC & Mac, Mintab 9.5, Dreamweaver 4 for PC, Flash 5 for PC, Acrobat 5. In addition to providing technical support to students, staff, and faculty, the Division of Information Technology offers free short courses and workshops throughout the year on basic, intermediate and advanced skills in computers, ranging from word processing and spreadsheets, to graphics, databases and Web pages.

H. Library/Information Resources Available for Program Use.

The J. Paul Leonard Library of San Francisco State University continually strives to meet the needs of its users, focusing primarily on collecting materials that support the varied curricula. Students, faculty, and other users have nearly 1.5 million books, government documents, and e-books available to them as well as 5,679 periodical titles--3,677 of which are accessible electronically. The historical holdings of the Library's periodicals totals 135,160 bound volumes. In addition to numerous print indexes and abstracts, JPLL offers its users over 150 electronic databases. These provide access to bibliographic citations, abstracts, reviews, directories, images, statistics, and, increasingly, the full text of journal articles via online databases. Users may access all materials directly by browsing the open stacks, reading electronic materials on one of the many freely available computers throughout the building, or using the microfilm and microfiche readers. Any materials that the Library does not own may be borrowed from other libraries via interlibrary loan.

Over the last five years, the Library has allocated an average of \$17,834 per year to support the needs of the Department of Health Education. There is also additional funding for electronic resources, as those items are budgeted at the college level, not the department level. The library currently subscribes to 62 public health-related periodicals and 7 standing orders, and has 4,892 monographs to support the health education curriculum (Call numbers RA 1 to RA 1270, specifically). These figures, of course, do not reflect the fact that public health is a multidisciplinary field that requires its students to use resources from many subjects throughout the library. Other department collections that are beneficial might include nursing, nutrition and dietetics, and gerontology, for example.

Faculty and students are encouraged to make suggestions for additions to the collection. These are reviewed by the subject specialist and purchased whenever the budget allows. In addition, the subject specialist regularly reads book reviews and publishers' catalogs to select other relevant materials to add to the collection. Upon request, the subject specialist will also provide one-on-one or course integrated library instruction sessions for the health education department. The Department also has a Health Education Liaison, Lisa Wallis, to assist with the purchasing of books and journals.

I. Field Sites for Practice Placements

The commitment to applied research and contextual education in the MPH at SFSU requires, and fosters, a meaningful and extensive relationship with the public health practice and research community in San Francisco. The wealth of expertise in public health in San Francisco, our extensive multi-cultural, multi-racial, multi-lingual and immigrant populations, as well as our

diverse urban communities, have expanded our capacity to provide high quality educational, service and research experiences firmly rooted in the needs of the Bay Area.

For our practice-conjoined courses HED 821, 831, and 841, three to four students work in teams at a variety of public health and non-profit organizations focused on service delivery, advocacy and policy. Four to five sites are selected for work on a project with the student teams in each cohort for three semesters. The Practice Coordinator identifies and selects the sites in a process that includes students and course faculty for HED 820, 830, 840. (For more detailed information on how students are matched with site and how sites are chosen, please see Criterion V.B.). The sites and projects, from the last four years since the exception of our program, are identified in Table 5 below.

Table 5: MPH Practice Sites and Project:

Site	Project
Coleman Advocates for Children & Youth, SF	Community Adolescent Project
Collaborative Project, DPH & SF Unified Public Schools	WEDGE: Public School, HIV Health Promotion Program
Community Health & Prevention, DPH, SF	Child Injury Project: Toddler Poisoning Prevention Project Pedestrian Safety Prevention Project, Share the Streets Project
Community Mental Health, SF	Dually Diagnosis Intervention Project Latina Mental Health Project
Community Sports Organizing Project, Oakland	Team-Up for Youth Project
DPH, SF, AIDS Office	Transgender Sensitivity Education & Training Program
DPH, SF; Environmental Assessment Task Force	Bay View Hunter's Point Community Development and Health Prevention
DPH, SF; STD Division	STD Tuberculosis Outreach & Prevention (TOPS), Filipino Wellness Project (FWP)
Health Promotion, DPH, SF	Newcomers Program Nutrition/SRO Project
HED, SFSU,	Yes, We Can, Asthma Project, Community Health & Development Training Center
Homeless Prenatal Program, SF	Drop-In Childcare Center
Mission Neighborhood Resource Center, SF	Women's Homeless Project
Newcomers Program, DPH, SF	Russian Émigrés Project Vietnamese Immigrant Project
Participatory Research Program, DPH, SF	Community Substance Abuse Providers Project
Population Health & Prevention, DPH, SF	Heroin Overdose Prevention
Prevention Institute, Oakland	Middle School Prevention Project
Public Health Institute, Oakland	Regional Health Disparities Project
Welcome Back, SF office	Employment Opportunities Project

J. San Francisco Department of Public Health Partnership

To launch the praxis of the MPH program, a cornerstone partnership and memorandum of understanding were successfully negotiated with the Department of Public Health, San Francisco resulting in the establishment and consolidation of an educational partnership with the San Francisco Department of Public Health (SFDPH). From this agreement, a SFDPH Advisory Board, active from 1997 until 2001, was instrumental in the initiation of our new degree and the leadership of this board paved the way to our successful educational partnership. Members of

this board included the directors of the epidemiology section, policy and planning as well as health promotion and health education at the SFDPH. The Advisory Board met twice annually for three years. The agreement was also a vehicle that provided institutional support such as paid supervision time for Community Adjunct faculty and workstations for students.

The first action grounding our educational partnership was a resolution brought to the City Health Commission in the fall of 1997. This resolution, which was passed, stated that the employees of the SFDPH would see it as “part of their City employment” to participate in the teaching and mentoring of SFSU MPH students (see Appendix 8 for a copy of this resolution). The leadership and practitioners of the SFDPH continue to be actively involved in the educational partnership. Since the inception of the MPH Program, many of our field placements have been with SFDPH employees and their CBO subcontracts. In addition, eight DPH practitioners have joined the Department over the last five years as part-time teaching faculty and two SFSU faculty have assumed leadership roles in DPH as co-chairs of the SFDPH strategic planning committee on population and programs and President and/or member of the SF Health Commission for the last four years.

We also rely on local public health professionals to act as our summer field placement preceptors. These preceptors supervise a 200 hour internship required of every MPH student. Finally, professionals in the public health community also routinely serve as guest lecturers in MPH classes.

K. Other Community Resources

Partnership with City College of San Francisco

Founded in 1992, Community Health Works (CHW) is a joint program of San Francisco State University and City College of San Francisco (see Appendix 9 or <http://www.communityhealthworks.org> for more information on CHW). This partnership situates CHW at the intersection of two of the largest public systems of higher education in the world. The California State University system and the California Community Colleges graduate the lion’s share of health professionals of color in the largest and most diverse state in the country. CHW is a nationally recognized center for innovation in community health. Over the last ten years, CHW has been the recipient of over 17 million dollars in grant funding (see Criteria VI. for more details). The applied research effort of CHW focuses on primary and public health for communities of color, low-income, and immigrant communities guided by two urgent and intertwined goals: to eliminate health inequalities, and to diversify the public health and healthcare workforce. To address these goals, CHW developed an articulated pathway from City College to San Francisco State. From the CHW Generalist certificate, a student may complete an associate’s degree, or transfer to San Francisco State University to complete a bachelor’s degree in community health education. These students may then go to pursue an MPH in the Program. This sequence is known as the Health Train (see Appendix 10 for Health Train). The transfer agreement allows community college students to transfer 12 units into the Health Education major at San Francisco State University. To date, one student has completed a CHW certificate, transferred to San Francisco State, and graduated with a Master’s in Public Health. Several other students are currently enrolled in this program either as BS students in Health Education or in Social Work.

Additional Community Resources

In addition to these formal partnerships, the MPH program receives extensive support for its educational mission from the public health community in the San Francisco Bay Area. For example, the department has a cadre of regional leaders and practitioners in public health who serve as community adjunct faculty (CAF) for the Department of Health Education. Each student cohort has a set of 5 to 6 (CAF) who work closely with a team of students for over a year and a half. On a volunteer basis, the CAF make a significant contribution to the professional preparation of our students. They supervise students on the following health education tasks: entry into an identified community; the development and implementation of a community health assessment; the development of a program plan that addresses the results of that assessment; and plan for program evaluation design.

L. Outcome Measures

As discussed earlier in Criterion IV.2, the student faculty ratio for the MPH at SFSU is 3.7/1. This was calculated based on the % time faculty devote to the MPH through teaching, advising and administration as well as research activities.

The estimate of the program expenditure per FTES student was calculated using the estimate that approximately 42% of faculty time (6.3 of 15 FTEF) and 50% of staff time (including the allocation to GAs) are dedicated to the MPH program. This 50% divider was not used for operating expenses (supplies and services). The operating expenses were simply divided by the Department's overall FTES target, which is 362. This set the MPH expenditure for Operating Expenses at \$52/FTES for the 02-03 AY (see Table 6 below).

TABLE 6: MPH Program Expenditure for Full-Time-Equivalent Students in 2002 – 2003

Expense	Dollars	Percent (%) Allocated to MPH	MPH Costs
Tenure Track	\$ 557,880.00	42%	\$ 234,309.60
Lecturers	\$ 174,685.00	42%	\$ 73,367.70
			\$ -
Operating Expenses	\$ 10,158.00	7%	\$ 711.06
Staff	\$ 86,376.75	50%	\$ 43,188.38
Subtotal	\$ 829,099.75		\$ 351,576.74
Reimburse Release Time	\$ 57,290.50	42%	\$ 24,062.01
Indirect Costs	\$ 5,122.00	42%	\$ 2,151.24
Total	\$ 891,512.25		\$ 377,789.99

Cost per FTES Student is \$15,741.25 = \$377,789.99 / 24 MPH FTES

Using solely the Legislative appropriation represented by General Fund dollars, the MPH expenditure per FTES was \$14,649. If additional support from reimburse release and grant indirect funds are included, the per-student expenditure rises to \$15,741.25.

Given that a significant proportion of the MPH faculty (5 out of 9) are relatively new hires (two began '00, one in '01 and two in '02), we expect that the research funding generated by the department will continue to increase in the coming years. These faculty have recently submitted a number of grant proposals currently under review, and one MPH faculty member was just awarded funding to develop a grant to submit to the National Institute of Mental Health as part of a Minority Infrastructure Research Program. The internal university funds, which have been awarded to many of our junior faculty in recent years, have not yet been awarded for AY '02-'03. However, two of our faculty members submitted grants that received high rankings by the College of Health and Human Services and were selected to represent the College in the next stage of the university-wide competition. For these reasons, we expect the research dollars for '02-'03 to increase (see Table 7 below).

Community Health Works is currently the research center within the Department generating the most external dollars. It is celebrating its 10th year and thus has a history and now a substantial staff (23.9 FTEF) to generate research support.

Table 7: Research Dollars Per Full-Time-Equivalent Faculty

Research Project	2000-2001	2001-2002	2002-2003
Arguire Contract			\$ 202,000.00
Center for Third World Organizing		\$ 8,000.00	
CET ONLINE Course Development	\$ 2,900.00		
Community Health in Action Conference		\$ 18,000.00	
Community Health Works	\$1,126,478.00	\$ 3,752,170.00	\$ 2,241,394.00
Community Service Learning	\$ 3,495.00	\$ 3,495.00	
Evaluations of Communities 2000	\$ 100,000.00	\$ 100,000.00	
Evaluations of Healthy Families Initiative	\$ 30,000.00		
Environmental Protection Agency		\$ 5,282.00	
FIPSE MPH Grant (3rd year)	\$ 270,000.00		
Marion Wright Edelman Institute		\$ 5,500.00	
Multicultural Curriculum Award		\$ 3,495.00	
Prevention Institute	\$ 15,000.00		
Real Stories CA Wellness	\$ 75,000.00	\$ 75,000.00	
Research and Professional Development Award	\$ 3,374.00		
Silicon Valley Toxics		\$ 9,400.00	
Social Justice Institute Internship Hewlett		\$ 86,276.00	\$ 86,276.00
Social Justice Institute Plan San Francisco Foundation			\$ 18,000.00
UC Santa Cruz		\$ 2,500.00	
Urban Health-UCSF		\$ 21,648.00	
Total	\$1,626,247.00	\$ 4,090,766.00	\$ 2,547,670.00

The average external support for the full time equivalent faculty in the MPH in the last three years was \$437,284 as shown in Table 8 below.

TABLE 8: Research Dollars per MPH Faculty

Year	Dollar Amount	MPH Faculty	Dollars/MPH Faculty
2000-2001	\$ 1,626,247.00	6.3	\$ 258,134.44
2001-2002	\$ 4,090,766.00	6.3	\$ 649,327.94
2002-2003	\$ 2,547,670.00	6.3	\$ 404,392.06
Total			\$ 1,311,854.44
Average \$			\$ 437,284.81

J. Assessment of the extent to which this criteria is met

The Criteria has been met 100%. The MPH program at SFSU has the resources necessary to fulfill its stated mission and goals. The Department budget has grown by 45% since the inception of the MPH program, demonstrating the administration’s commitment to public health preparation at the graduate level. The student faculty ratio of 3.7/1 is significantly lower than that of the BS in Community Health Education (24/1) and lower than other masters programs in the College of Health and Human Services.

Space provided for the MPH allows us to fulfill student and faculty needs. Ideally, each full-time faculty member would occupy her/his own offices, but this is not the norm at SFSU. All students have access to computer facilities and library resources.

Instructional Programs

Criterion VA: *The Program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health degree in community Health. The program may offer other professional or academic degrees, and other areas of specialization, if consistent with its mission and resources.*

A. Identification of the Program's Degree Program

The degree offered is a Master of Public Health in Community Health Education. It is considered a professional degree. The curriculum for the MPH is designed as a three year sequence in which students move through the curriculum as a learning community for the entire three years (see Table 9 on the following page for MPH Curriculum). The learning community model fosters team work and collaborative leadership as well as providing social and peer academic support to MPH students. Additionally, we have a curriculum that integrates three semesters of practice-conjoined courses, beyond the normal summer internship experience. In the practice-conjoined courses, students spend a minimum of 5 hours per week in the community practicing the core skills of assessment, planning and evaluation. Finally, each semester the students spend 15 hours in a reflective seminar where issues of group dynamics, leadership, power, self care and community building are processed. The curriculum is now in its fifth year with the first cohort beginning in the fall of 1998. We have graduated two classes from the program at this time.

The SFSU MPH curriculum is distinct in the following ways:

- 1) The program offers three core public health competency courses (HED 820, 830, 840) including a community-based practice component (HED 821, HED 831, HED 841) with Community Practice Faculty (CAF) as preceptors and a summer internship (HED 892). These placements provide hands-on experience for the students in the application of public health theory and competence in practice.
- 2) Pedagogy within the classroom emphasizes the use of active student learning and case-based instruction. This approach utilizes the principles of adult learning theory requiring students to think critically about complex problems in the context of diverse communities. Team and leadership skills are honed through the development of a learning community for each MPH cohort. This provides students with a living lab in which to learn to delegate work, resolve conflict, and collaboratively problem solve.
- 3) A one unit reflective seminar (HED 890) offered each semester is designed to nurture self care and leadership skills, build community, discuss ethics, understand group dynamics, practice conflict resolution and explore issues of power and cultural competence. Students develop a skill portfolio (HED 811) and a culminating experience project (HED 895) that illustrates the synthesis and knowledge integration of the theory and principles of community health education in public health practice. Additionally, formal presentations to local public health leaders and funders as well as other forms of professional contributions are encouraged.

The newly revised MPH student handbook, the Department website, and MPH brochure list the following as the requirements for the MPH degree in Community Health Education.

Table 9		
Curriculum for MPH at San Francisco State University		
53 unit degree		
Three years part-time		
Year One		
Fall	HED 815	Theories of Social and Behavioral Change in CHE (3 units)
	HED 810	Introduction to Public Health and Principles of Comm Org (3 units)
	HED 811	MPH Culminating Portfolio (1 unit)
	HED 829	Biostatistics (3 units)
	HED 890	MPH Seminar (1 unit)
Spring	HED 820	Needs Assessment in Community Health Ed (3 units)
	HED 821	Needs Assessment Practicum (1 unit)
	HED 825	Epidemiology (3 units)
	HED 890	MPH Seminar (1 unit)
Year Two		
Fall	HED 830	Program Planning for Community Change (3 units)
	HED 831	Advanced Needs Assessment Practicum (1 unit)
	HED 835	Public Health Policy (3 units)
	HED 890	MPH Seminar (1 unit)
Spring	HED 840	Program Evaluation Design and Research (3 units)
	HED 841	Program Planning and Evaluation Practicum (1unit)
	HED 845	Training and Educational Processes(3 units)
	HED 890	MPH Seminar (1 unit)
Summer	HED 892	200 hours of practical experience internship (3 units) 5 wks at 40 hrs 10 wks at 20 hrs
Year Three		
Fall	HED 855	Environmental Health (3 units)
	HED 850	Health Administration and Management (3 units)
	HED 851	Adm Practicum (1 unit)
	HED 890	MPH Seminar (1 unit)
Spring	HED 895	Elective (3 units) Culminating Experience (3 units) HED 890 MPH Seminar (1 unit)
Total Degree Units = 53		

B. Official Publications Describing the Program.

Information about the MPH program at SFSU and its curriculum can be found in numerous sources. The most official information is found in the SFSU Bulletin for 2002 – 2003. This document provides information about the curriculum, faculty advisors, admissions requirements, as well as a description of courses. The challenge of the Bulletin is that it is a year behind academic changes. For example, the 02-03 Bulletin does not list the names of the newly hired faculty for this academic year. Additionally, the changes made to the practice component of the MPH program (see Criteria V.B.) in the fall of 2001 are not reflected in the 02-03 Bulletin. This is a consequence of submittal deadlines for the Bulletin being one year prior to printing. The most current official source of information about the MPH can be found on the University and the Department website (<http://www.sfsu.edu/~hed/>). Here, students can find all of the information in the Bulletin in its most current state as well as all MPH course syllabi, biographies of faculty, MPH culminating experience abstracts and information about PHOGS. The third source of information is the MPH student manual, which is distributed to students admitted into the program. In the MPH Student Handbook, great detail is provided on the curriculum and departmental expectations. Additionally, copies of all relevant University forms and deadlines are provided. Finally, a three fold informational brochure is used for recruitment opportunities throughout the year and mailed with all requests for application materials (see Appendix 11).

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

This criterion is fully met. As a professional degree, our curriculum offers students a broad mastery of public health education competencies and concepts and its methods used in practice. We emphasize contextual learning to develop a student's capacity to organize, analyze, interpret and communicate knowledge in an applied manner. The learning community and reflective seminars enhance students' team and collaborative leadership skills as an essential component of effective community health education practice.

Criterion V.B. *Each professional degree program identified in V.A., at a minimum, shall assure that each student a) develops an understanding of the areas of knowledge which are basic to public health; b) acquires skills and experience in the application of basic public health concepts and specialized knowledge to apply to community health problems, and c) demonstrates integration of knowledge with practice through a culminating experience project.*

A. Assurance of a Broad Understanding of Public Health

The five areas of knowledge basic to public health are integrated throughout the MPH curriculum. Table 10 on the next page shows the MPH courses that address the relevant CEPH curricular areas. Traditional academic courses, as well as practice conjoined courses, internships and culminating experience projects develop knowledge and skills in these five areas.

Table 10: CEPH Curricular Areas & MPH Required Courses at SFSU

CEPH curricular areas	MPH courses at SFSU
Biostatistics	829, 825
Epidemiology	825, 820/821, 830/831, 840/841, 855
Environmental Health Science	855, 895, 892
Health Services Administration	850, 851, 830/831, 835, 895, 892
Social & Behavioral Sciences	810, 815, 845, 890, 895, 820/821, 830/831, 840, 841, 892

Additionally, HED 810, “Introduction to Public Health & Principles of Community Organizing,” is a gateway course to professional socialization in Public Health. The purpose of this class is to provide basic knowledge and understanding of the principles and practice of Community-Based Public Health (CBPH).

B. Concepts Knowledge and Skills Basic to Community Health Education

The MPH curriculum at SFSU was developed using the ten responsibilities and 200 competencies and sub-competencies developed by the Society for Public Health Education (SOPHE) and the American Association of Health Education (AAHE). These responsibilities and related competencies were used to guide the development and refinement of courses that provide students with the skills and training necessary to work as Masters level health education professionals. Table 11 shows the MPH courses (by course number and title) that address the six basic community health education areas. While each responsibility is the focus of one or more courses, the curriculum is structured so that knowledge and skills acquired in one course are reinforced in every subsequent course, and practiced across the curriculum. In addition, as students move through the sequence of coursework in our curriculum, it is expected that students develop more sophistication in applying and demonstrating the knowledge and skills acquired.

Table 11: Community Health Education (CHE) Basic Areas and Related Course

Community HED Basic Area	Required Courses mainly responsible
Community Health Analysis	HED 820 Needs Assessment in CHE. HED 821 Needs Assessment Practicum HED 831 Advanced Needs Assessment Practicum
Health Related Behavior	HED 815 Theories of Social and Behavioral Change in CHE
Educational Processes	HED 845 Training and Educational Processes
Program Planning, Implementation and Evaluation	HED 830 Program Planning for Community Change HED 840 Program Evaluation Design and Research HED 841 Program Planning and Evaluation Practicum
Research	HED 840 Program Evaluation Design and Research
Administration	HED 850 Health Administration and Management

C. Policies and Procedures for Practicum Placements

The complex determinants of health for individuals and communities require changes in the preparation of public health professionals. Toward this end, in 1997, the Department of Health Education at San Francisco State University was awarded a FIPSE grant to develop a new and innovative Masters of Public Health Degree curriculum in Community Health Education. A cornerstone of the innovation in the MPH curriculum was the development of a reciprocal partnership with the San Francisco Department of Public Health (SFDPH) and its community partners. The primary programmatic goals of this effort were to design a curriculum that effectively linked student learning with supervised practice in public health settings. This goal was translated into a curriculum with innovations in how SFSU incorporated practice into student preparation. Initially, the central innovation was the incorporation of five practice conjoined courses. These five core public health competency courses (Needs Assessment, Community Organization, Program Planning, Program Evaluation and Health Administration) were designed to include a community-based practice laboratory component using Community Adjunct Faculty (CAF) as their community-based supervisors. These placements were designed to provide hands on experience for the students in the application of public health theory and/competence in practice. Each of the practice conjoined courses were designed to have an outcome oriented deliverables (e.g., community assessment, grant proposal, evaluation plan).

Upon acceptance into the MPH program at SFSU, students sign a Memorandum of Understanding stating that they have support from their employers to be available an afternoon a week to practice the skills they will be learning in the MPH program. Students work for three semesters in teams of 3 to 4 in supervised practice in a community setting. Each group writes a report of its community assessment findings, and proposes intervention strategies and a program evaluation plan based on the findings. As part of this practice, students present the results of their Community Assessment in a formal community forum. Additionally, student teams and Community Adjunct Faculty are encouraged to present their findings to the staff/board of directors or other relevant stakeholders in their practice settings. Student communication skills are developed in HED 841 by a practice in fund-raising skills. The program intervention and practice evaluation plan is presented to a panel of program officers from local Bay Area grantmakers. This presentation is designed as a mock site visit from potential funders to develop skills in grantmanship. (See Appendix 12 for two sample programs from presentations.)

Since the inception of these innovations, we have learned much. The MPH faculty has changed and evolved the team practice over the past three years based on faculty experience, and student and community adjunct faculty feedback. These changes include:

- The number of practice conjoined courses was reduced to from five to four. The original HED 810 course was conceived as a community organizing course with a practice (HED 811) designed as a community diagnosis/pre-needs assessment practice. With the hire of Dr. Vivian Chavez, this course was expanded to include an introduction to Public Health Education *in addition* to community organizing skills. With the addition of new content material in the course, a decision was made to eliminate its practice component.
- The practice conjoined courses have been restructured so that they are now staggered. In other words, students spend their first a semester learning the skills

and concepts in their academic course (HED 810/820/830/840) and then, in the semester following, are supervised by the practice coordinator in the application of those skills. For example, the community profiling skills learned in the fall course--HED 810 – Introduction to Public Health and Principles of Community Organizing—are applied in practice by student teams in the spring practice course, HED 821- Community Assessment Practice. The data collection methods learned in the spring course HED 820-Community Assessment in Health Education-- are practiced in the following fall in HED 831- Advanced Community Assessment. Finally, the program planning and evaluation skills learned in HED 830 and HED 841 are applied in the HED 841 Program Planning and Evaluation practice course.

- The *team* practice was eliminated in HED 851. As we lived our curriculum, it became clear that the third year of our MPH was the transition from team and cohort work to individual work. We saw that the skills in HED 850, Health Administration and Management--resume writing, budgeting, supervision-- were less likely to be team skills. Thus we instituted HED 851 as an individual as opposed to team, practice.

The MPH curriculum distinguishes between Community Adjunct Faculty (CAF) and Preceptors. CAF make an 18 month commitment to a team of 3 to 4 MPH students. They work closely with the MPH practice coordinator in the practice conjoined courses to provide a supervised practice experience where the work in the field is dictated by requirements of our program. The CAF make a longer term commitment with more defined expectations than the MPH preceptors. The MPH preceptors work with the program to supervise a student during his/her 200 hour summer internship experience. The work completed in the internship is not dictated by the program, although there are expectations as outlined in Criteria V.B. The community faculty are integral to the experience of our students. We consider both the practice conjoined courses and the summer internships to be a *supervised* practice.

1. Practice Conjoined Course Community Sites Selection

The Practice Coordinator develops a pool of potential sites and interviews possible qualified sites and CAF. From the interviews, projects are identified with appropriate CAF available to guide and mentor the planning and implementation of a community health needs assessments, program plan and an evaluation design. Projects are selected to reflect student cohort interests along with HED mission and goals.

Key criteria for site selection are:

- An organizational mission that supports the mission and goals of the MPH professional training program.
- The existence of a potential student project which will contribute to the organization's own objectives that are current but *not* time sensitive. This criteria is important because the 18 month time frame (three semesters) means there is a considerable time lag between deliverables.
- Student interest is a consideration in final site selection. Students are involved in an informational and brainstorming session during their first semester in the MPH

program in the Reflective Seminar (HED 890). The Practice Coordinator locates a group of sites that meet both the practice criteria and student expressed interest. Potential practice sites are then invited to present to the MPH students. Here they present themselves and the projects students would be involved in if they were to choose this practice site. There are always more sites and projects presented than will be selected in a final decision. Following presentations, students give further input for site preferences by providing the Practice Coordinator their three preferences for team site assignment.

Following the results of the process mentioned above, the Practice Coordinator confers with the Department Chair and makes a final decision on site selection and student team composition. Students are then placed in groups for assessment HED 821, and assessment implementation HED 831. For program planning and evaluation, HED 841, students change sites and group composition. Thus, students experience two sites (two different health issues) and two different teams of their peers.

2. Criteria to Select Community Adjunct Faculty (CAF)

To serve as a Community Adjunct Faculty, the applicant must demonstrate the following:

- an MPH credential or other equivalent masters level credential or experience;
- the appropriate organizational support to mentor and work with a team of MPH students for a year and half;
- actual experience mentoring and/or ability to articulate their own experience being mentored;
- the desire to operationalize a program or project that contains the elements of assessment, program planning and evaluation;
- a commitment to meet initially and again at the end of the practice with the MPH Practice Coordinator (at exit with Practice Coordinator and Department Chair) to assess group progress, team work and evaluate practice skills; and
- availability to meet about two hours a week with students throughout the semester as determined in the semester work plan.

To ensure that Community Adjunct Faculty (CAF) understand the role and the Department's expectations, they are given the following set of expectations.

Community Adjunct Faculty are expected to:

- Lead and facilitate contact with stakeholders and other resources that are required for MPH student success at your agency and/or community.
- Provide opportunities to reflect and discuss in team meetings how their proposed program goal(s) and objectives will work in the "real" world of the practice setting including issues of cultural appropriateness of the intervention and effective team work.
- Discuss the pros and cons of a variety of possible public health approaches and methods during project development.
- Discuss issues of individual accountability for team products.
- Develop and adopt a formal work plan with the student team for the semester which is forwarded to the Practicum Coordinator for final approval by the fourth week of the semester.
- Meet with students on a regular basis, as reflected in the semester Work Plan

- Help establish communication procedures with the student team and with community stakeholders as appropriate to the goals and objectives of the project and written semester Work Plan (by the 4th week of each semester).
- Contact, discuss and/or meet with Practice Coordinator to discuss and/or mediate any team or individual negative/harmful dynamics or lack of accountability of team and/or individual members.
- Guide students on the involvement of the appropriate stakeholders, data collection methods, intervention goals and objectives as well as the methods proposed for evaluation.
- Review and provide critical feedback on both the drafts and the final team document as well as the Power Point presentation.
- Attend final presentation and provide feedback to students on their presentation.
- After the final presentation, conduct a team debrief and provide an evaluation of each student.
- Provide feedback to the Practice Coordinator at the end of the semester with regards to practice course outline and structure and provide input for student final grades.
- Participate in a collaboratory focus group at the end of the three semesters to help assess the effectiveness of the practice conjoined courses and the skills of the MPH students.

4. Role of the Practice Coordinator

The Practice Coordinator works with CAF to support both academic and site project objectives linking theory, knowledge and practice. The role of the Practice Coordinator is to:

- Assure clear communication and an understanding of the roles and responsibilities of all of the major players—students, CAF, academic faculty and the practice coordinator.
- Clarify the work plan and the requirements of the syllabus.
- Facilitate and problem-solve group dynamics.
- Establish the relationship between the CAF and the academic faculty.
- Uphold standards and expectations of student work related to the MPH competencies as identified in syllabi.
- Provide feedback and consultation with student advisors, enriching the student’s personal and professional learning objectives.
- Intervene and establish a process for change if teams cannot be productive and/or CAF cannot fulfill expectations.

5. Identification of Practice Agencies and Community Adjunct Faculty

Since the inception of the MPH program numerous public health and community-based organizations have served to provide a supervised practice experience for our MPH students. Those sites, their locations, the supervisors and project descriptions are provided in Table 12 on the following page.

Table 12: MPH Practice Sites, CAFs, and Project Description: Cohorts 2001 - 2004

<u>Cohort</u>	<u>Sites</u>	<u>Location</u>	<u>Community Adjunct Faculty (CAF)</u>	<u>Project Description</u>
2001	STD Tuberculosis Outreach & Prevention (TOPS), Filipino Wellness Project (FWP)	DPH, SF STD Division	Tony Paz, MPH & Jeff Klausner, M.D.	Assessment/focus groups/Filipino population; risk factors; plan is a community based capacity building program.
	Homeless Prenatal Program	Homeless Prenatal Program, SF	Martha Ryan, MPH, RN	Assessment/focus group/drop-in needs of clients; program plan for drop-in and links to referrals and center counseling and support services.
	SF AIDS Office Transgender Sensitivity Education & Training Program	DPH, SF	Laura Thomas, MPH	Assessment/focus groups of HIV risk of transgendered population; program plan to establish peer-based services
	Newcomers Program	Health Promotion, DPH, SF	Patricia Erwin, MPH,	Assessment/focus groups/key informant interviews of Bosnian immigrant needs SF; develop a strategic plan for Bosnian community center.
	Bay View Hunter's Point Community Development and Health Prevention	DPH, SF Environmental Assessment Task Force	Virginia Smyly, MPH	Assessment to complete analysis of community survey; program plan related to priorities drug/alcohol abuse & employment opportunities.
2002	Pedestrian Safety Prevention Project Share the Streets Project	Community Health & Prevention, DPH, SF	Michael Radesky, MPH	Assessment/focus groups of neighborhood perceptions related to pedestrian concerns; program plan & evaluation to provide environmental aids mitigating risk and increasing safety for pedestrians.
	Child Injury Project Toddler Poisoning Prevention Project	Community Health & Prevention, DPH, SF	Virginia Smyly, MPH	Assessment of child injury risk in the home; program plan & evaluation introducing home safety kit.
	Yes, We Can, Asthma Project, Community Health & Development Training Ctr	HED, SFSU,	Vicki Legion, MPH	Assessment/key informant interviews to develop an interdisciplinary asthma intervention team in primary health care setting from a hospital clinic

<u>Cohort</u>	<u>Sites</u>	<u>Location</u>	<u>Community Adjunct Faculty (CAF)</u>	<u>Project Description</u>
2002 continued	Latina Mental Health Project	Community Mental Health, SF	Kevin McGirr, MPH, RN	Assessment/key informant interviews of Latina perception of personal and family mental health issues; program plan & evaluation broaden to organize a consumer and provider conference on prevention and mental health.
	Drop-In Childcare Center	Homeless Prenatal Program	Martha Ryan SF	Program plan to develop drop-in childcare while parents are seeking exists to homelessness; plan & evaluation to launch a drop-in Childcare Center.
	Russian Émigrés Project	Newcomers Program, DPH, SF	Patricia Erwin, MPH	Program plan for support groups to older Russian women émigrés; program plan & evaluation to initiate support groups focused on depressions and access to health care.
2003	Community Substance Abuse Providers Project	Partipatory Research Program, DPH, SF	Alice Gleghorn, Ph.D. & Roni Rucker, Ph.D.	Assessment phone survey and interviews of substance abuse providers for youth; program plan to integrate youth providers in Providers Advisory Council.
	Heroin Overdose Prevention	Population Health & Prevention, DPH, SF	Jessica Wolin, MPH and Joshua Bamberger, M.D.MPH,	Assessment, clip board, face-to-face survey, of active heroin users; program plan & funding proposal.
	Nutrition/SRO Project	Health Promotion, DPH, SF	Laura Brainin-Rodriquez, MPH, MS. RD	Assessment, key informant interviews, of adults with families, living in Single Room Occupancy Hotels (SRO); program plan to DPH and coalition partners for intervention and policy changes.
	Regional Health Disparities Project	Public Health Institute, Oakland	Robert Prentice, Ph.D.	Program plan to evaluate priorities regarding health disparities at regional conference; evaluation plan and funding proposal for regional conference.
	Middle School Prevention Project	Prevention Institute, Oakland	Leslie Mikkelsen, MPH,	Assessment/focus groups, to introduce an empowerment curriculum in Richmond middle

Cohort	Sites	Location	Community Adjunct Faculty (CAF)	Project Description
				school with emphasis on arts.
	WEDGE Public School, HIV Health Promotion Program	Collaborative Project, DPH, SF & Unified Public School	Christine Wong Mineta, MPH	Assessment/focus groups and key informant interviews, to change the HIV prevention curriculum in schools.
2004	Team-Up for Youth Project	Community Sports Organizing Project, Oakland	Jessica Wolin, MPH	Assessment/key informant interviews with youth to link perceptions related to nutrition and physical activity.
	Community Adolescent Project	Coleman Children & Youth, SF	Janet Shalwitz, M.D. MPH	Assessment/key informant interviews/focus group to assess youth perceptions of health issues.
	Vietnamese Immigrant Project	Newcomers Program, DPH, SF	Patricia Erwin, MPH	Assessment/key informant interviews with Vietnamese providers of high risk behavior in Vietnamese immigrants
	Dually Diagnosis Intervention Project	Community Mental Health, SF	Kevin McGirr, RN, MPH	Assessment/key informant interviews of dually diagnosed chronically ill (substance abuse and mental health).
	Women's Homeless Project	Mission Neighborhood Resource Center, SF	Laura Guzman, & Julie Leadbetter	Assessment/key informant interviews of homeless women who use drop-in services at site.
	Employment Opportunities Project	Welcome Back, SF office	Brenda Storey, MSW	Assessment/key informant interviews of providers to identify opportunities and barriers hiring immigrants with health credentials.

D. Policies and Procedures for Summer Internship Practice

A 200 hour summer internship, HED 892, follows the completion of the team practice experience. Unlike the Practicum experience, students complete their internships individually and are generally more self-directing.

1. Internship Selection Process

Students identify three potential interests and submit them to the Practice Coordinator, fall semester of year two. Students submit their preferences based on two criteria: (1) which core competencies they seek to practice such as community organizing, applied research, policy, program planning and evaluation; and (2) what community context and field of interest would enhance their skills related to their professional goals. In the spring semester, students narrow their preferences through conversations with their advisors, the summer internship instructor, and by interviewing at potential sites. Students initially investigate sites to find potential agencies, organizations, and/or individuals to match their learning objectives and interests. Students may

then also utilize the large pool of potential sites (examples of sites listed in the Table 13 on page 49) catalogued with the Practice Coordinator, to support their initial investigations. This pool of potential sites has been developed through requests and recommendations from faculty, potential preceptors, and current and former students. Most sites are located in San Francisco or the surrounding Bay Area; although, there are a few national and international sites. Once a site is approved (see information below regarding criteria for selecting site preceptor), students develop a full proposal for their primary site (Plan A) that is then approved by the instructor and the site preceptor. Students also develop a second proposal (which is not signed) as Plan B as a second choice if for any reason the primary site does not work out.

2. Criteria for Selecting Preceptors

- Credentials and experience in core competencies, MPH preferred.
- Experience and interest in mentoring.
- Support from organization to supervise MPH student for 200 hours.
- Availability of preceptor during the summer.
- Provides the direct supervision for student's project.

3. Identification of Sites and Preceptors for Internship Experiences

Sites, project description, and preceptors for summer internships are detailed on the following page in Table 13.

Table 13: HED 892 Summer Internship Sites By Cohort

Cohort Yr.	Site	Project	Preceptor
2002			
	Supervisor Sophie Maxwell, Board of Supervisors, SF	Investigate, analyze and report findings and recommendation for proposed local legislation to reduce polluting air particulates in SF, especially Bay View Hunter's Point area.	Greg Asay, Environmental Legislative Aide
	SF DPH Bay View Hunter's Point	Community-based Afrocentric Parenting Curriculum	Virgina Smyly, MPH
	University of California, SF Pacific AIDS Education & Training Ctr	Developed and a survey instrument and conducted an assessment targeting physicians in California who use prescription drugs (ADAP) for HIV patients	Micheal Reyes, M.D., MPH
	West Bay Philipino Multi-Service Ctr, SF	Program Plan to develop a teen-based case management program	Cristina Sprague, MSN
	Department of Health Services Sacramento, California Heart Disease & Stroke Prevention	Program plan to develop a high blood pressure community based prevention intervention program targeting African American in San Bernadino County	Liana Lilanov, M.D. MPH
	Harm Reduction Training Institute, Oakland	Conducted curriculum and organizational needs assessment of HRTI trainers and made recommendations related to criteria for selection of trainers, technical support, and developing an objective for outreach to providers who serve prisoners	Delia Garcia, MSW
	SF DPH Domestic Violence Prevention	Develop and pilot test a curriculum on violence prevention with monolingual Chinese parents and caregivers	Nora Goodfriend-Koven, MPH
	SF DPH Action Point I Center	Developed an assessment tool and proposal to produce a teaching manual on community based harm reduction intervention models for heroin users	Joshua Bamberger, M.D., MPH
	Human Sexuality Studies Program, SFSU	Developed the instrument, implemented & analyzed the overall evaluation of a new Summer Institute on Sexuality, Society & Health	Caitlin Ryan, MSW
	Fight Crime: Invest in Kids California, Oakland	Developed a speaker training kit on preventing youth violence that focuses on educational strategies for sheriffs and police	Mary Ann O'Sullivan, JD
	Filipino Task Force on AIDS SF	Assessed in focus groups with Filipino gay and bisexual men health issues of concern. Produced story boards and scripts for potential video project; wrote a grant.	Victor Hall, Director
	Forensic AIDS Project Jail Health Services, SF DPH	Designed a support group plan for inmates related to general health risks and practices as well as HIV/AIDS	Kate Monico Klein, MSW
	Assemblyman Kevin Shelley District Office, SF	Developed protocols for constituent problems related to HIV/AIDS & managed care	Suzanne Gautier, Office Director

Cohort Yr.	Site	Project	Preceptor
2002 con't	Northern California Cancer Ctr, Surveillance Research Department, Union City	Conducted a literature search on lesbian health and cancer; assisted in effort to HIV criteria and links to (viral) HIV/cancer.	Christina Clark, Ph.D.
	Human Sexuality Studies Program, SFSU	Implement an evaluation of a new Summer Institute on Sexuality, Society & Health---conducted interviews with faculty and pre-registrants who did not attend	Caitlin Ryan, MSW
	Maternal, Child & Adolescent Health, Berkeley	Conducted 20 in depth interviews of African American women who delivered low birth weight babies.	Vicki Alexander, M.D.
	SF Tobacco Free Project Health Promotion, DPH SF	Conducted an evaluation of the Smoking Cessation program at SF General Hospital & Community Health Network primary care clinics (11).	Darlene Bahrs, MPH
	University of California SF Institute for Health & Aging	Assisted in collection of data in an evaluation of a culturally related outreach and education program for low-income women of color.	Regina Otero-Sabogal, Ph.D. & Joyce Bird, Ph.D.
	Black Women Organized for Political Action, Oakland	Developed several focus groups to assess the health concerns and action-driven health issues of African American women	Flo Stroud, MPH
	Alameda County & Community Services Organization Collaboration, Senior Injury Project, Oakland	Developed a phone survey instrument and implemented it to the faith-based community to elicit participation and develop programs on injury prevention	Mary Louise Zernick, RD,MPH
	Human Sexuality Studies Program, SFSU	Develop & implement an evaluation of a new Summer Institute on Sexuality, Society & Health	Caitlin Ryan, MSW
2003			
	Homeless Prenatal Program	Focus groups and implementation of pilot curriculum on child development and parenting class for clients	Nancy Frappier, MSW
	Education & Training Research, Stockton, CA	Focus groups of consumers for Allies: An Integrated System of Care---mental health and substance abuse Evaluation	Jennifer Crews Thom, MA
	San Mateo County Health Services Agency	South SF Community Partnership Project, phone survey/community health assessment of monolingual Spanish-speaking populations	Edith Cabuslay, MPH
	Department of Health Services, STD Branch, State of CA	Oasis Project: focus groups of teens on interest and knowledge of STD including AIDS; assist in piloting a state-wide STD curriculum, public schools	Amy Smith, MPH
	Mexfam Huajuapán de León, Oaxaca, Mexico	Family Planning Evaluation/interviews with Promotoras on impact of program	Elizabeth Butrick, MPH
	Alameda County DPH, Office of Community Assessment, Planning & Education	Incorporate and synthesize results of an evaluation of a community health assessment; expand literature search; develop draft of recommendations for program development	Liz Maker, MPH

Cohort Yr.	Site	Project	Preceptor
2003 con't	SF DPH Occupational & Environment Health	Social Indicators Project/key informant interviews Bay View Hunters Point Community to assess perceived definition of community health	Rajiv Bhatia, M.D., Ph.D.
	Collaborative Projects with City of Berkeley, DPH & School of Social Welfare, UCB	Latino Day Workers Program Health and HIV assessment/focus groups of health knowledge and risk to HIV	Kurt Organista, Ph.D.
	Maxine Hall Health Ctr, DPH, SF	Develop focus groups with diverse faith based organization related to African American youth and HIV education & risk behavior	Marcellina Ogbu, MPH & Linda MackBurch, MPH
	SF DPH Office of Planning	Develop an analysis and policy recommendation for DPH on current proposed local legislation on homelessness.	Anne Kronenberg, MA
	National Women's Health Network	Development of Policy Packet, lupus; lobbying on issue with Congressional staff & representatives	Stephanie Donne
	Women's Intercultural Network/California Women's Agenda Project	Participate in Uganda Circle project, Kampala, Uganda---key informant interviews related to women's health, reproductive health, food, rural women, HIV	Michelle Eddleman, MA

4. Student Assessment for Practice Courses

For all practice courses HED 821, 831, 841, students received grades for team work. Each individual within the team is also assessed, but the major emphasis is on the team.

Assessment criteria for practicum:

- Work Plan and Meeting minutes: team is assessed 10 points and individual assessed 5 points
- Relationship with CAF: Team is assessed 15 points
- Quality of draft products especially outlines and writing throughout the semester 10 points for teamwork and 10 points for individual work
- Mock Presentation: team is assessed 10 points, individual 10 points
- Final Presentation: team is assessed 10 points, individual 10 points

Community Adjunct Faculty (CAF) provide input to the Practice Coordinator throughout the semester. The practice coordinator attends a minimum of one team meeting each semester, and monitors the team work plan reports through the minutes of team meetings. Throughout the semester the practice coordinator meets with individual teams and/or individual students depending on specific challenges related to communication, accountability and productivity.

For the internship practice HED 892, students receive grades for their work alone as all internships are done individually.

Assessment criteria for summer internship:

- Development of three potential site choices and identification of competencies for practice
- Finalized written MOU signed by student, preceptor, and instructor (practice coordinator)

- Coordination and facilitation of instructor and preceptor site visit
- Work plan developed and approved
- Completed midterm and final report

E. Culminating Experience Required for the Program

The culminating experience in the MPH at SFSU is an applied community project. It must be designed so that students synthesize and integrate the knowledge they have acquired in their coursework. The goal of the culminating experience is for students to apply theories and principles of community health education in public health practice. A committee of at least two faculty members, with an optional third nominated by the student, guides students through their culminating experience and assesses whether they have mastered the competencies expected of graduate-level trained health education professionals. These competencies include formulating policy, developing and implementing needs assessments, evaluating the educational needs of diverse populations, and designing, implementing, managing and evaluating health education programs. Examples of culminating experiences could include, but are not limited to: development of a training or academic curriculum; conducting a needs assessment to be used for the development of a program plan; producing a video or visual arts project related to a public health issue or theme; formation of an organization to address a community health issue. Appendix 13 lists abstracts for the classes of 2001 and 2002. These abstracts are also listed on the Departmental website for current students and future applicants to review.

Students are expected to formulate and develop their culminating experience projects with guidance from their faculty advisor who also chairs their committee. Ideally, culminating experience projects build on work conducted during the summer internship, which takes place between the 2nd and 3rd years of the MPH program.

As part of the culminating experience, students are required to present their results to the faculty, students and invited community members. Students present their project using visuals (e.g., power point, transparencies, video, etc.) and discuss the main findings, their learning experience, the evaluation of their project, and implications for public health practice. The faculty committee and the audience have an opportunity to ask questions, while the student facilitates the discussion following her/his presentation.

Criteria used to evaluate the culminating experience are based on the competencies the students identify as being emphasized in the project. These are identified in the proposal stage and approved by the faculty committee.

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

This criterion is 100% met. All areas of knowledge basic to public health and community health education are being taught in the MPH curriculum. Students gain the necessary knowledge and skills in their academic course work. Additionally, students have multiple opportunities to apply this knowledge and practice these skills on their own and in teams in the practice conjoined courses, the summer internship, and the culminating project.

Criteria V.C: *For each program and area of specialization within each program identified in Criterion V.A., there shall be clear learning objectives.*

A. Learning Objectives

The primary goal of the MPH curriculum is to provide hands-on learning opportunities and contextual learning through the emphasis on practice and team work. The MPH required courses are listed with a course description and specific learning objectives are indicated for CEPH curricular areas. In addition, MPH courses in the Community Health program at SFSU are listed by the responsibilities and sub-competencies for Master level preparation in Community Health Education in the MPH student manual. This list was developed by the MPH committee in the fall of 2000 and revised as recently as the Fall of 2002. The responsibilities and competency requirements for MPH courses were adapted from those developed by the Society for Public Health Education (SOPHE) and the American Association of Health Education (AAHE).

Learning objectives for each course in the MPH program in Community Health Education were developed in two primary manners: A) Individually – each faculty member is responsible for developing course objectives that represent the range of relevant course content; and B) Faculty team work – all MPH faculty discuss the MPH program course sequencing to establish agreed upon course competencies.

The agreed upon competencies are used to monitor students' progress and assess their learning. Further, students may use the learning objectives to evaluate faculty teaching by rating their satisfaction with the extent to which the course met its stated objectives.

Learning objectives are available to students through three primary media. First, and most utilized, is the website. Each MPH course is listed on the department's web page and changes are updated and kept current. Second, the student manual is given to each student at the beginning of the year. And third, learning objectives accompany each course syllabus, where the professors expand on the course content, scheduled themes covered, and methods of assessment.

B. Assessment

The MPH program faculty periodically assesses the changing needs of public health practice and uses this information to establish the learning objectives for its educational programs in the following manner:

- A) Peer review of non-tenured faculty by senior faculty, including syllabus review and course observation;
- B) Faculty scholarship including peer review in editorial journals and membership boards;
- C) Faculty maintaining current knowledge of the field by reviewing various journals in the field purchased by the department and placed on circulation on a monthly basis;
- D) Faculty attendance at professional meetings and presentation of their most current research on a yearly basis;
- E) The Practice Coordinator's active involvement with policy matters in San Francisco, and her work with the Community Adjunct Faculty, on-going communication with the SF Dept. of Public Health, Community-Based Organizations, and other health partners;

- F) The Department of Health Education sponsors conferences and other speaking engagements for community partners and other professionals in the health field; of
- G) MPH students admitted into the program must have at least 2 years of prior work experience in the field. In addition, most students (if not all) work full time and are constantly infusing the curriculum with information on the changing needs of public health practice;
- H) Student and Community Practice Faculty provide in-depth feedback to the program through the collaboratory focus groups held annually. Additionally, an on-line student alumni survey provides information on the adequacy of the curriculum after being in practice for one year and then every five years;
- I) PHOGS provides a mechanism to get feedback on quality of instruction; and
- J) Faculty give regular guest presentations at various conferences and seminars locally, nationally and internationally.

C. Learning Objectives in Chronological Order by Year Each Course is Offered

FALL – Year 1

HED 810: Intro to Public Health & Principles of Community Organizing

Course Description:

HED 810 is a gateway course to professional socialization in the Masters in Public Health program at SFSU. The purpose of this class is to provide basic knowledge and understanding of the principles and practice of Community-Based Public Health (CBPH). CBPH is an approach explicitly grounded in cultural competency. It unites community residents, academic institutions, local public health agencies and community-based organizations in shared-leadership partnerships for health. The trilogy of race/ethnicity, racism and privilege are underscored not because they are more important than other dimensions, such as social class or gender, but because they are often neglected areas of study.

Learning Objectives:

By the end of the semester, students will be able to carry out a Community-Based Public Health analysis of a health/social issue and apply concepts relating to the:

1. Mission and political nature of community-based public health.
2. History and foundations of non-violent social action community organizing.
3. Impact of social support and social networks on individual and community health.
4. Power analysis of social and economic determinants of the public's health.
5. Ethical dilemmas in Health Education practice and research.
6. Methodology of community diagnosis, community mapping and stakeholder analysis.
7. Media literacy & media advocacy applications of community-based public health
8. Globalization and international CBPH efforts that build solidarity across geography, difference and diversity.

In addition students will achieve the following cultural competencies:

1. Identify student's own value systems and styles of creative expression as well as those of other cultural groups.
2. Understand and develop the "cultural competency" necessary for effective interpersonal and intercultural group interactions.

3. Recognize concerns regarding cultural stereotypes and address them. Develop multiple sociocultural participation skills in order to be effective in multicultural communities locally, nationally and internationally.

HED 811: Portfolio

Course Description:

Development of a health education portfolio chronicling the products produced during the MPH program that demonstrates the skills required for a Masters Level Health Education professional. Although initiated in the first semester of the program, a HED 811 grade will not be awarded until the final semester in the program.

Learning Objectives:

By the end of the MPH program each MPH student will:

1. Understand the responsibilities, competencies & sub competencies required for a master level health education professional
2. Place in their portfolio scholarly products produced (surveys, papers, reports, grants, etc.) that demonstrate mastery of the competencies in each of the ten areas of responsibility for Master level achievement in community health education.
3. Assess HED graduate students' ability to apply core competencies in practice in public health;
4. Provide students with the opportunity to reflect on responsibilities, competencies & sub competencies required for a master level health education professional that they have gained from the MPH program;
5. Provide students with a portfolio for potential employment;
6. Assess the MPH curriculum effectiveness in developing the master level core competencies in community health education.

Health Education 815: Theories of Social and Behavioral Change In Community Health Education

Course Description:

HED 815 introduces theories relevant to health education practice to students. This is accomplished by having students critically analyze theories and their development. Students are required to contextualize theory and provide practical applications. Health educators need to be skillful at using theory, if they are to plan, implement and evaluate programs that are effective and have a solid foundation. Health educators must be able to critically analyze theory. They must know who defined the problem, who is seen as having the problem and who created the problem. They must understand systematically created oppressions (racism, sexism, etc.), hegemony and how ideology is produced and reproduced.

Learning Objectives:

Specific objectives for this course are that, by the end of the semester, each class participant will;

1. Be able to identify the strengths and weaknesses of selected theories and conceptual frameworks as guides to health education practice.
2. Assess and strengthen the rationale for health education practice by making the assumptions about the change process explicit and by linking these assumptions to theories in social science.

3. Be able to apply multiple theoretical perspectives in analyzing the educational dimensions of health problems and in designing and justifying educational approaches to these problems.
4. Distinguish between behaviors that foster and those that hinder well-being.
5. Interpret concepts, purposes, and theories of Health Education.
6. Predict the impact of societal value systems on health education programs.
7. Select a variety of communication methods and techniques in providing health Information.
8. Provide a critical analysis of current and future needs in health education.
9. Apply ethical principles as they relate to the practice of health education.

HED 829: Biostatistics

Course Description:

This class provides an overview of the types of quantitative analysis commonly used in public health programs and related research. Students gain an understanding of the underlying concepts of biostatistical tests; are able to perform basic biostatistical calculations and procedures; and thus are able to understand and use biostatistical data encountered in the public health workplace.

Learning Objectives

By the end of the semester, each class participant will:

1. Gain an understanding of the underlying concepts as well as the procedures involved in the biostatistical techniques that graduates are likely to encounter in her or his profession.
2. Provide the necessary background to enable graduates to understand statistical reports, including policy reports and program evaluations that they will encounter in her or his work.
3. Acquire a level of statistical literacy that enables one to work with statistical consultants in his or her workplace and "know the questions to ask."
4. Be able to judiciously read statistical findings as reported in the scientific literature that is relevant to his or her field.
5. Gain a familiarity with vital statistics (e.g., rates, life tables) and with the types of data collected via large national probability samples (such as NHIS and NHANES).
6. Become aware of the many ways to visually depict data, to become careful interpreters of visual depictions of data, and to be able to contribute to decisions about visual representation of summary data in reports that are generated within the workplace.
7. Gain a fundamental understanding of probability and probability distributions, and to see how those concepts form the basis for making statistical inference from sample to population.
8. Clearly understand how correlation is an aspect of causation, but to also be clear that correlation does not imply causation. To understand the requirements of causal modeling.
9. Learn several techniques that are appropriate for small samples and for data that are not normally distributed.

HED 890.01: Reflective Seminar

Course Description:

The role of the MPH Reflective Seminars is to deepen students' understanding of self care, collaborative leadership and to reinforce group skills and understanding of group process. The focus will be on developing student's ability to demonstrate collaborative leadership both in practice groups and in a cohort.

Ongoing work on the MPH portfolio is part of the work in the seminar each semester. Reflective time will be devoted to understanding the portfolio and its presentation.

The Reflective Seminar is also designed to strengthen cohort cohesion. Towards this end, exercises and activities that build ties will be incorporated. Time will be made, as needed, for major cohort issues that may arise. Finally, the Reflective Seminar is where the “nuts and bolts” of the MPH get presented and discussed (e.g., internship and culminating experience requirements). This is a two-part, year long seminar (Fall and Spring semester) for students in their first year of the MPH program.

Learning Objectives:

1. Understand the mission and values of the MPH program at SFSU;
2. Understand their roles and responsibilities as a student and member of the MPH community at SFSU;
3. Develop an understanding of collaborative leadership and its value for diversity;
4. Understand the importance of self care skills in leadership;
5. Establish a self care plan;
6. Learn good interpersonal communication skills;
7. Develop an understanding of group dynamics and team skills;
8. Understand the elements of effective conflict resolution;
9. Understand the role and responsibility of citizenship in the MPH program and their cohort through participation in PHOGS and activities designed to strengthen cohort cohesion;
10. Understand the MPH expectations beyond course work that must be completed in the second year of the program;
11. Create a process to creatively problem solve cohort issues that arise in the course of the first year.

SPRING – Year 1

HED 825: Epidemiology

Course Description:

This course is designed to provide students with an introductory and comprehensive survey of epidemiological principles and methods. A history and overview of the field, including contemporary case studies will be covered along with an examination of the methods used to study disease distributions in diverse human populations. Readings and assignments will emphasize concepts of risk, disease etiology, transmission, and prevention.

Learning Objectives:

1. Analyze and understand biological, social, cultural, economic and political factors that impact health.
2. Understand factors that shape distributions of disease among diverse populations.
3. Understand descriptive and observational epidemiological approaches for analyzing health data.
4. Evaluate the research design, methodology, and findings from the epidemiological literature.
5. Acquire and analyze survey information using standard epidemiological methods and calculations.

HED 890.01: Reflective Seminar
(see description above p 56 and 57)

HED 820: Community Assessment

Course Description

This course focuses on assessment processes using applied research methods which empower communities to create programs that respond to their health challenges, concerns, and strengths.

Learning Objectives:

By the end of the course, students will be able to:

1. Identify the different purposes, scopes and methodologies of conducting community health assessments.
2. Apply skills of data collection, data management, analysis and reporting related to community health assessments.
3. Identify appropriate uses of the various assessment methods and contrast their strengths and limitations for describing and analyzing a community's health.
4. Work in a group to write a community health assessment plan that addresses the intent and purpose; description of the community to be assessed; relevant questions on issues to be assessed; methods of assessment and plan for analysis.

HED 821: Community Assessment Practicum

Course Description

HED 821 is a practice conjoined course with HED 820 designed to strengthen the link between theory and practice in three skills-based research methods course in public health community assessments. The course begins the process in which students work in teams (3 to 4 students) to establish a relationship with selected community adjunct faculty employed in a community-based organization or a section of a Department of Public Health. The teams practice development and leadership principles, knowledge and skills from the Reflective Seminars. Each team in meetings with community adjunct faculty and the HED 821 instructor as well as through input from class discussions--writes a research plan for implementation in their next semester in HED 831, "Advanced Community Assessment Practice."

Learning Objectives:

By the end of the course, students will be able to:

1. Identify individual strengths; delineate roles responsibilities and obstacles in team building.
2. Establish an ongoing team structure and plan to accomplish tasks, address and resolve obstacles that inhibit individual contributions and team objectives.
3. Assess community needs and select appropriate needs assessment tools.
4. Write a team report and present a summary of the report describing site (agency and community context) and the rationale for selection of the community health assessment tool.

FALL – Year 2

HED 830: Program Planning for Community Change

Course Description

HED 830 is the first component of a one-year approach to mastering program planning and evaluation. This semester provides students with the fundamentals and skills necessary to design and implement public health programs to prevent disease and promote health. In this seminar, students apply the ecological model to program planning, analyzing the individual, interpersonal, community, organizational, and policy determinants of health to design a multi-level program targeting these determinants.

Learning Objectives:

Upon successful completion of this course, students will be able to:

1. Identify the essential phases of program planning and describe their functions;
2. Understand and apply the basic principles and processes of program planning to the design of a health promotion program;
3. Understand and apply theory in the development and implementation of health promotion programs;
4. Develop a logical model and implementation plan for a health promotion program; and
5. Design a multi-level comprehensive health education program consistent with specified program objectives.

HED 831: Advanced Community Assessment Practicum

HED 831 is the sequenced practice course following HED 821. The goal of HED 831 is to successfully implement the community assessment design and plan developed with Community Adjunct Faculty preceptor in HED 820/821. Implementation will reflect the strengths of the linking theory, knowledge and practice in one or more of the three skilled-based methods in public health community assessments taught in HED 820. The three skills practiced are conducting one or a combination of: (1) focus groups, (2) key informant interviews, and (3) surveys.

HED 835: Health Policy

Course Description:

This course is designed to help students better understand the political environment in which public health operates and how to work within it. It features discussions on ethics as applied to public health, politics, and media advocacy.

Learning Objectives: By the end of the semester students will be able to:

1. Understand the relationship between ethics and public health politics;
2. Analyze how social, economic, and political factors influence health in the US;
3. Outline how each branch of government affects public health;
4. Analyze how interest groups operate in a political environment;
5. Understand how community health education can affect policy formation;
6. Understand literature about the changing political climate affecting the goals of public health programs; and
7. Review media advocacy principles and techniques to achieve program goals.

HED 890.02: Second Year Reflective Seminar

Course Description:

The role of the MPH Reflective Seminars is to deepen students' understanding of self care, collaborative leadership and to reinforce group skills and understanding of group process. The focus will be on developing students' ability to demonstrate collaborative leadership both in practice groups and in a cohort.

Ongoing work on the MPH portfolio is part of the work in the seminar each semester. Reflective time will be devoted to understanding the portfolio and its presentation.

The Reflective Seminar is also designed to strengthen cohort cohesion. Towards this end, exercises and activities that build ties will be incorporated. Time will be made, as needed, for major cohort issues that may arise. Finally, the Reflective Seminar is where the “nuts and bolts” of the MPH get presented and discussed. This is a two-part, year long seminar (Fall and Spring semester) for students in the second year of the MPH program.

Learning Objectives: The students in the second year of the MPH program will be able to:

1. Deepen their understanding of collaborative leadership;
2. Practice team and conflict resolution skills;
3. Understand and assume the role of leadership coach with fellow classmates;
4. Understand the role and responsibility of citizenship in the MPH program and their cohort through participation in PHOGS and activities designed to strengthen cohort cohesion;
5. Understand the MPH expectations beyond course work that must be completed in the second year of the program;
6. Reflect on the competencies they have developed thus far in the MPH and reflect this understanding in their MPH portfolio;
7. Create a process to problem solve cohort issues that arise in the course of the second year;
8. Develop a cohort mission statement; and
9. Develop a personal mission statement.

SPRING – Year 2

HED 840: Program Evaluation Design and Research

Course Description:

HED 840 is the second half of a one-year long course designed to provide students with a basic mastery of program planning, evaluation, grantwriting, and strategic planning. The practicum component this semester will focus on transforming the program plan produced last semester into a fundable grant proposal.

Learning Objectives

By the end of the course students will have achieved the following learning objectives:

1. Mastered the basic evaluation format presented using the CDC Program Evaluation Framework.
2. Developed a grant proposal from the plan developed last semester.
3. Critically assessed evaluation research published in peer-reviewed journals.
4. Understood the strengths and weaknesses of various theoretical approaches to program evaluation.
5. Identified the issues involved in communicating results and utilizing evaluation findings with diverse audiences.
6. Mastered the basic skills necessary to evaluate the effectiveness of community health education programs.

HED 841: Program Planning and Evaluation Practicum

Course Description

The practicum component this semester will focus on transforming the program plan produced last semester into a fundable grant proposal. This task will be followed by more advanced level inquiry in evaluation theories, methodologies, and designs. Students will develop and present program plans on a funding proposal to program officers as their final project.

Learning Objectives

By the end of the course students will have achieved the following learning objectives:

1. Mastered the basic evaluation format presented using the CDC Program Evaluation Framework.
2. Developed a grant proposal from the plan developed last semester.
3. Critically assessed evaluations published in peer-reviewed journals.
4. Understood the strengths and weaknesses of various theoretical approaches to program evaluation.
5. Identified the issues involved in communicating results and utilizing evaluation findings with diverse audiences.
6. Mastered the basic skills necessary to evaluate the effectiveness of community health education programs.

HED 845: Training and Educational Process

Course Description:

This class is designed to expose students to various approaches to health education trainings, with a special emphasis placed on educating culturally diverse populations. This will be accomplished, in part, by exposing students to a wide variety of readings covering everything from traditional learning theories to critical pedagogy and popular education. Additionally, this class will include: discussions, activities, group projects (conceptualizing, developing and carrying out health education trainings), guest speakers, and a critical analysis of a health education training of the students' choice. By the conclusion of the course, students will be able to plan, implement, and evaluate health education trainings.

Learning Objectives

Upon successful completion of this course, students will be able to:

1. Do an educational needs assessment, design, and plan educational programs for a variety of health professionals (e.g., for teachers, volunteers, and other interested personnel) in a variety of settings;
2. Assess individual learning styles while taking into account the broader learning environment;

3. Employ a wide range of educational methods and techniques to best communicate health and community health education information;
4. Critically analyze the pros and cons of various educational technologies and be able to select appropriate media for health trainings while fully taking into account the needs and learning styles of diverse populations;
5. Consult with those requesting assistance (i.e., health education training) and work with these individuals while also utilizing a professional network to create an optimal training for her or his personnel; and
6. Evaluate the effectiveness of health education trainings/educational interventions.

HED 890.01: Second Year Reflective Seminar
(see description above)

SUMMER – Year 2

HED 892: MPH Summer Field Internship

Course Description:

HED 892 is an opportunity for students to demonstrate and further refine core knowledge and skills in community health assessment, program planning and evaluation design. Students are expected to integrate into the internship experience the knowledge and principles of theory, principles of public health and community organizing, epidemiology, statistics, and leadership from the previous four semesters. Emphasis is placed on each student's initiative and career goals to design and develop a summer internship proposal. The student advisor reviews and comments on the proposal. Once a site has been determined, the student's proposal becomes a contractual agreement that each student monitors by developing a 200-hour work plan with defined products for the site and for course credit (mid-term report and final report).

Learning Objectives

By the end of the internships students will have:

1. Developed a proposal with a purpose, work plan, time line and expected outcomes;
2. Conducted a literature search;
3. Organized and facilitated a site visit with course instructor, site supervisor and other relevant staff/community partners;
4. Implemented the proposed praxis and write a report in which the goals, objectives, methods will be described and assessed. (reviewed and comments from site supervisor); and
5. Developed two preliminary culminating project (HED 895) ideas.

FALL – Year 3

HED 855: Environmental Health

Course Description

This graduate-level seminar is focused on engaging students in critically thinking about environmental health issues. A common thread throughout the course will be the incorporation of a global perspective with environmental justice principles and community organizing. There will be two overarching themes: 1) the Politics of Health in a Toxic Culture (three modules on Perspectives on Human Health and the

Environment; Shaping Consciousness; and Communities Speak Out); and 2) Poverty, Food Production and Distribution.

Learning Objectives

By the end of this course, students will have achieved the following learning objectives:

1. Demonstrated knowledge in major areas of environmental health.
2. Understood and used scientific and socio-political frameworks to interpret environmental health information and data.
3. Critically assessed environmental health issues appearing in scholarly publications and the popular press.
4. Accessed environmental health data from multiple sources.

HED 850: Health Administration and Management

Course Description

This course is designed to help students better understand management skills as they apply to strategic planning, working with staff, and collaborating with leaders of other organizations. Developing mission statements and financing are outlined. Motivating and respecting staff are discussed. The course relies primarily on the case study method for learning. Because skills can be imparted through lecture, (e.g., a basic understanding of how private insurance works), students will learn about them through lectures.

Learning Objectives

Students will:

1. Improve skills in collaborating with health professionals in administering public health programs.
2. Develop knowledge of key labor laws affecting health administration.
3. Receive an introduction to the concepts of Peter Drucker on selecting, developing, and motivating non-profit staff.
4. Develop an understanding of an approach to querying problems in managing human resources.
5. Have an overview of sources of revenue for public health.
6. Practice in the development of mission-based planning objectives.

HED 851: Health Administration and Management Practicum

Course Description

HED 851 is conjoined with HED 850. HED 851 is a one (1) unit practice course. The purpose of the practicum for HED 851 is to encourage and prepare the student to develop professional objectives relevant to the knowledge and competencies gained during the previous two (2) years of study in the MPH program. From the identified knowledge, competencies, skills, the student can incorporate his or her understanding and professional interests in seeking employment or further study/training objectives following graduation. The practice will complement the academic program through resume writing practice, providing knowledge of current employment

trends, and by conducting an interview with a professional person currently employed in a position the student aspires to obtain within the next 5 to 10 years.

Learning Objectives

By the end of the semester each student has gained perspective and understanding of personal academic achievements, career interests and employment at the MPH level through:

1. Identifying and incorporating into his or her resume the MPH level competencies pertinent to a chosen career path.
2. Initiating and enriching a career-building network for opportunities and promotion.
3. Developing personal networking contacts related to professional goals for a more thorough understanding of the actual experience, knowledge, skills, roles and responsibilities with a key stakeholder who is in a professional position the student aspires to obtain within the next 5 to 10 years.

HED 890.03: Third Year Reflective Seminar

Course Description:

The role of the MPH Reflective Seminars is to deepen understanding of self care, collaborative leadership and to reinforce students' group skills and understanding of group process. The focus will be on developing students' ability to demonstrate collaborative leadership both in practice groups and in a cohort.

Ongoing work on the MPH portfolio is part of the work in the seminar each semester. Reflective time will be devoted to understanding the portfolio and its presentation.

The Reflective Seminar is also designed to strengthen cohort cohesion. Towards this end, exercises and activities that build ties will be incorporated. Time will be made, as needed, to address major cohort issues that may arise. Finally, the Reflective Seminar is where the "nuts and bolts" of the MPH get presented and discussed. This is a two part year long seminar (Fall and Spring semester) for students in the third year of the MPH program.

Learning Objectives

1. Develop a process to decide the content objectives for their cohort for the third year reflective seminar of the MPH program;
2. Provide both instrumental and emotional support for the completion of the culminating experience;
3. Understand the roles and responsibilities for advancing the Health Education and Public Health profession.
4. Understand the role and responsibility of citizenship in the MPH program and their cohort through participation in PHOGS and activities designed to strengthen cohort cohesion;
5. Understand the MPH expectations beyond course work that must be completed in the third year of the program;
6. Reflect on the competencies they have developed thus far in the MPH and reflect this understanding in their MPH portfolio;
7. Create a process to problem solve cohort issues that arise in the course of the third year.

SPRING – Year 3

HED 895: Applied Research Project in Health Education

Course Description:

This capstone course in the MPH program is the culminating experience requirement. It requires that students synthesize and integrate the knowledge they have acquired in their coursework and apply theories and principles of community health education in public health practice.

Learning Objectives:

1. Students will demonstrate the ability to design, implement and evaluate a community-based project in Community Health Education.
2. Students will demonstrate the ability to develop an informed consent and study protocol for human subjects approval.
3. Students will demonstrate the ability to write an abstract of a community-based project.
4. Students will demonstrate the ability to develop a professional presentation of the results of community-based research;
5. Students will demonstrate the ability to identify the health education competencies applied in their community-based research project;
6. Students will demonstrate the ability to write a report documenting the elements of a good, applied community-based research project and its results.

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

A. Procedures for Monitoring and Evaluating Student Progress Towards Meeting Learning Objectives.

Students are evaluated using multiple methods to corroborate our evidence that the MPH experience at SFSU prepares students for a career in community health education. These methods include:

- Student performance in MPH academic course work;
- Student performance in practice course work including the summer internship;
- Student performance in the culminating experience;
- Student collaboratory focus group assessment at the end of year one;
- Student collaboratory focus group assessment at the end of year three;
- Community Adjuct Faculty and Preceptors collaboratory focus group assessment at the end of three semesters of working with an MPH cohort;
- MPH Portfolio;

- On-line health education competency survey to assess students self-perceived competence in MPH skills upon entry and again three years later upon graduation;
- On-line alumni survey at one year post graduation, with plans for repeat at three years post graduation and then every five years;

- 1. Student performance in MPH academic course work:** The responsibility for monitoring student mastery of the end-of-course learning objectives falls to the professors of each respective course; professors must select assessment strategies that are appropriate for their individual courses. Course grades reflect students' mastery of the associated learning objectives. MPH courses use a variety of methods to document the extent to which a student has attained course learning objectives. Midterm and final examinations, case study analysis, oral presentations, term papers, course projects and class participation are all used to assess the student's understanding and application of course material. Grades are assigned on a scale that ranges from A to F, with some courses such as Summer Internship and Culminating Experience rated on a Pass/Fail basis. Students must maintain a minimum Grade Point Average (GPA) of 3.0 or better. To pass from conditional to classified standing in the MPH program, students must achieve a 3.0 or better in the first semester of the program.
- 2. Student performance in practice course work including the summer internship:** Student practice performance in both our three practice conjoined courses and in the summer internship is used as an evaluation tool to determine the student's ability to apply theory learned in the classroom to "real world" settings. An evaluation of the students' performance is conducted at the completion of the practice by both the SFSU Practice Coordinator and by the community preceptor. Additionally, the practice coordinator meets with practice teams (in conjoined courses) and the community preceptor a minimum of one time per semester during the practice semesters for a process evaluation of students' work. In the practice conjoined courses, students are evaluated by the meeting minutes, reflection papers and final reports submitted, and by the professional presentation of their results. During the internship, students are evaluated primarily by their midterm and final reports.
- 3. Student performance in the culminating experience:** Students are required to produce a culminating project which includes a professional paper and presentation. This project requires MPH students to synthesize and integrate the knowledge they have acquired in their coursework and to apply the theories and principles of community health education in public health practice. A committee of two faculty members guides students through their culminating experience and assesses whether they have mastered the competencies expected of graduate-level trained health education professionals. These competencies include formulating policy, developing and implementing needs assessments, evaluating the educational needs of diverse populations, and designing, implementing, managing and evaluating health education programs. Examples of culminating experiences could include, but are not limited to: development of a training or academic curriculum; conducting a needs assessment that would be used for the development of a program plan; producing a video or visual arts project related to a public health issue or theme; formation of an organization to address a community health issue. Criteria used to evaluate the culminating experience are

based on the competencies the student emphasizes in her or his project. These are identified in the proposal stage and approved by the faculty committee.

- 4. Student collaboratory assessment at end of year one:** The collaboratory is an electronic classroom housing 20 computers and a large screen projecting the input from each of the separate computers. This innovative lab allows for an evaluative process that permits each student voice to be heard and additionally enables students to hear and respond to each other. The collaboratory is an ideal mechanism to monitor students' perceptions of their learning and to gather process feedback from them about their experiences and needs as students in our MPH. (Collaboratory questions posed to students at the end of the first year can be found in Appendix 14). Faculty review the results of the collaboratory and discuss them at the MPH subcommittee retreat held at the beginning of each academic year.
- 5. Student collaboratory group assessment at the end of year three:** At the end of the third year of the MPH program, an exit collaboratory is conducted with graduating students. This exit collaboratory is considered an outcome assessment and thus asks students to provide both quantitative and qualitative feedback about their academic experience and their overall satisfaction in the MPH program. (Exit collaboratory survey questions and a summary of these assessments for the 2001 and 2002 cohorts can be found in Appendix 15). Faculty review the results of the exit collaboratory and discuss them in the MPH subcommittee retreat held at the beginning of each academic year.
- 6. Community preceptor's collaboratory focus group assessment at the end of three semesters of work with an MPH team:** The MPH program has as part of its curriculum three consecutive semesters of practice conjoined course work supervised by the MPH practice coordinator and a Community Adjunct Faculty. At the end of the three semesters, the community preceptors participate in an evaluation of the relevant skills and competencies of our MPH students (see Appendix 16 for Community Adjunct Faculty survey questions and a summary of the results).
- 7. MPH Portfolio:** Students in the MPH program are required to prepare a portfolio during the MPH program that includes evidence from their academic classes, practice courses, internships and culminating experience projects demonstrating their competence in Community Health Education. The first ten competencies are based upon the standards for the preparation of graduate public health practitioners established by the Society for Public Health Education (SOPHE) and the American Association for Health Education (AAHE). The eleventh competency has been added by the Department and involves a demonstration of multicultural competence. The students work on their portfolio as part of the MPH Reflective Seminar. The draft of the portfolio is submitted at the beginning of the last semester in the program. At this point, all materials except the culminating paper and presentation are included. The final portfolio is submitted by the first week of May in the student's graduating year. (See Appendix 17 for the MPH portfolio guidelines).
- 8. On-line health education competency survey to assess students self-perceived competence in MPH skills upon entry into the MPH and again three years later upon**

graduation: As part of the MPH program assessment, a pre-test in which students report their self-perceived level of understanding/skill for each of the competencies is administered before students begin their first year of the three year MPH program. At the end of the third year, students complete the same survey as a post test so the program can evaluate perceived changes in competency. The Competencies are based on “A Competency-Based Framework for Graduate Level Health Educators,” prepared by the American Association for Health Education, National Commission for Health Education Credentialing, Inc. and the Society for Public Health Education. The competencies outline Masters level skills in assessing individual and community needs for community health education; planning effective community health education programs; implementing community health education programs; evaluating effectiveness of community health education programs; coordinating provision of community health education services; acting as a resource person in community health education; communicating health and community health education needs, concerns, and resources; applying appropriate research principles and methods in community health education; administering community health education programs; and advancing the profession of community health education. For program assessment, data are analyzed from two perspectives. First, the self perceived change in competency is measured from when students entered the program until after completing the MPH three years later. Dependent *t* tests were run to assess these changes. Second, the post tests were analyzed to assure that graduating students perceived that they had indeed mastered the competencies. (See Appendix 18 for pre/post competency survey results.)

9. **On line alumni survey at one year post graduation, with plans for repeat at three years post graduation and then every five years after that:** In July 2002, San Francisco State University’s Masters in Public Health program administered the Health Education Department’s first Alumni Survey for the class of 2001. The objective of the alumni survey was to ascertain the impact of the MPH degree on job opportunity/placement, job responsibilities and salary. Additionally, alumni were asked to judge the accomplishments of the MPH program regarding its mission and goals. Questions related to cultural competence, academic quality, career preparation, critical thinking, leadership, group and team skills were included. The survey had a total of 28 questions. It was administered online only, and students were recruited through an initial letter and email. Every two weeks, reminder emails and letters were sent to students who did not complete the survey. The survey was finally “closed” when direct phone calls were made to students, but the department received no response. (See Appendix 19 for alumni survey and results.)

B. Outcome Measures by Which the Program Evaluates Student Achievement

The Department uses a number of measures to evaluate students’ preparedness to accept the responsibilities of a community health educator. These measures are assessed using the following: the students’ participation in the exit collaboratory; culminating experience; competency self-assessment; and MPH portfolio course. Additionally, the core skills of assessment, planning and evaluation are assessed by community preceptors with whom the students have worked over three semesters. In determining the Program’s success in preparing competent community health educators, the program has set the following outcome measures as standards for performance.

1. **100% of students will maintain a 3.0 or better to graduate:** All 34 students (100%) graduated to date have had a GPA of 3.0 or better.
2. **85% of students will complete the culminating experience with their entry cohort:** Of the 34 students completing the culminating experience to date 97% completed with their entry cohort.
3. **There will be a significant increase in perceived competence from pre to post assessment for 95% of the 200 competencies:** (see Appendix 18 for full results) Upon entering the MPH program, the overall mean for the class of 2002 was 2.93. Upon graduation, the overall mean for all the competencies was 4.25. The highest mean (4.60) was also for Responsibility I: Assessing Individual and Community Needs for Health Education and the lowest mean (3.90) was for Responsibility IX: Administering Health Education Programs. Upon entering the program, students in the class of 2002 did not feel they were able to apply a particular skill/concept to 196 or 98% of the questions. By the end of year three of the program, students felt they were able to at least apply skills and concepts to problems as well as problem solve and think creatively about a particular skill/concept (at a 4.0 level or higher) about 83% (166) of the competency questions. In the analysis of the pre post comparisons, 144 or 72% were significantly improved at the $p < 0.01$ level, 38 or 19% were significantly improved at the $p < 0.05$ level, and 18 or 9% were not significantly different.
4. **For 80% of the health education competencies measured, students will report a high level of knowledge acquisition defined as the competence to apply and creatively problem solve with the knowledge/skill.** By graduation, students in the class of 2002 reported that for 83% (166) of the 200 competencies measured, they felt able to apply, if not problem solve and think creatively using the particular skill/concept (at a 4.0 level or higher).
5. **85% of students will report that they feel well prepared to work with diverse communities:** Eighty-eight percent of the class of 2002 reports that they agree or strongly agree that they have been well prepared to work with diverse communities.
6. **80% of students will report upon graduation that they would recommend the MPH program to prospective students:** Student assessment literature reveals that the most significant indicator of student satisfaction is the likelihood that students will recommend the program to other prospective students. For the class of 2001, 80% (N = 11) agree or strongly agreed they would recommend the program, 21% (N = 3) were neutral, none disagreed. For the graduating class of 2002, only 70% agreed or strongly agreed with this statement. (As evidenced in the summary of the 2002 collaboratory summary Appendix 13, the qualitative data suggest the program's current lack of accreditation was responsible for the hesitation on the part of those not in agreement.)
7. **80% of students will report that the cohort experience makes a valuable contribution to their graduate experience.** Eighty-three percent in the class of 2001

and 93% in the class of 2002 agreed or strongly agreed that the cohort experience contributes significantly to their graduate experience.

- 8. 80% of the students will report that the MPH program has strengthened their ability to be a collaborative leader and work in a team.** The class of 2001 did not answer this question quantitatively. Eighty-one percent of the class of 2002 reported that they strongly agreed or agreed that collaborative leadership and teamwork was strengthened as a result of the MPH.
- 9. 80% of students will report that the MPH provided them with strong preparation for their future career.** Eighty-six percent of the class of 2001 and 87% of students in the class of 2002 reported that they strongly agreed or agreed that the MPH provided them with strong preparation for their future careers.
- 10. 70% of graduates will report finding work in the field of community health education.** In our first alumni survey, 75% of graduates report current employment in the field of community health education.
- 11. 80% of alumni will report that they would recommend the MPH program to prospective students.** Ninety-two percent of respondents to the alumni survey reported that they would recommend the MPH to prospective students.
- 12. 80% of alumni report that the MPH provided them with strong preparation for their present careers.** Eighty-two percent of our first alumni class agreed that the MPH provided them with strong preparation for their present careers.

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

This criterion is 100% met. The MPH at SFSU has established an extensive series of procedures for assessing and documenting student attainment of specific learning objectives and competencies, and to determine readiness for a career in community health education.

Research

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

A. Research Activities and Respective Policies, Procedures and Practices

The mission of the Health Education Department is to promote health and justice in urban communities. Community-based applied research is a core element of this mission and of the department's commitment. External funding through grantsmanship has grown considerably over the last decade at SFSU. The Office of Research and Sponsored Programs (ORSP) and the San Francisco Foundation assists our faculty to identify and apply for funding and to administer funding once funds are granted. Professional achievement and growth at SFSU are exhibited in a variety of ways including through: research, publications, creative works, curricular developments, unpublished manuscripts, and works in progress. In general, no one of the following vehicles for professional growth and achievement is viewed as more important than others. However, the framework of each department's needs and emphasis are considered in the evaluations.

Research and Publication. Descriptions of publications, research projects or unpublished manuscripts, or copies of said works shall be submitted to the department retention and tenure committee. If scholarly evaluations of the works are available, these shall be included.

Creative Work. Creative works, such as musical compositions, paintings, sculptures, films, videotapes, literary or dramatic works, designs or inventions, exhibitions or performances shall be submitted to the department retention and tenure committee in whatever form or forms are typically employed for evaluation in the relevant field. Such forms may include presenting the creative work itself, a reproduction or replica of the work, or a description of the work together with whatever critical reviews may be available.

Research and Curricular Development. Research in the discipline, across disciplines, or for the benefit of general education, may result in significant curricular developments. Such results become part of the evidence supporting faculty's retention or tenure.

In the Department of Health Education, and particularly for MPH faculty, grantsmanship is an expectation. As is evident in Appendix 20 (and Table 14 on page 77) at least half of the faculty have secured external support for community-based research. In light of this reality, it is also important to note that the character of SFSU is one of a teaching institution; thus, the curriculum and our students are a major part of our professional commitment. For instance, even with research support, the teaching load is typically expected to be two courses per semester and only on occasion is reduced to one. The MPH program purposely does not want to model itself after research institutions where the faculty are "not home," are busy off campus, and for whom teaching and department work are a very minor part of their professional lives. This reality would hinder the ability to work productively as a team, mentor students, and achieve the mission of the program.

The Department of Health Education has a research agenda that focuses on community health issues. Faculty members demonstrate how their research interests fit within this broader agenda. The research and evaluation methodologies (e.g., community-based participatory approach) are sensitive to diverse stakeholder perspectives and involve community members in the identification of problems, design and implementation of programs, and use of findings for action. Appendix 20 lists the sponsored research carried out by MPH faculty in the last three years.

B. Current Community-based Research Activities

MPH faculty are working in areas where racial and ethnic health disparities are most apparent including: childhood asthma; diabetes; harm reduction; drug treatment on demand; environmental racism; trauma education; school-based sexuality education; homelessness; adolescent violence; and, applied multicultural evaluation strategies. In the professional preparation arena, we have a nationally recognized Community Health Worker (CHW) training system for first level public health practitioners, (in collaboration with the City College of San Francisco) and “Welcome Back,” a project to fast track immigrants with health care training backgrounds into Public Health positions in the United States. The emphasis on bridging theory, research and practice is realized in many of our externally funded projects. For instance, the idea of creating a community-based research and action framework to address structural determinants of health and well-being of populations launched a successful conference September 14, 2001. This event represents a component of a 5-year plan to build the Health and Social Justice Network and bring together more than 250 health and social service providers, advocates, community organizers, academics, policy makers and community members interested on building collaboration pathways, partnerships and networking possibilities. The Network is a joint venture between the Urban Institute and the Department of Health Education.

Specific examples of applied research partnerships include, the **Yes We Can! Asthma Demonstration Project** begun in 1997, the **Community Action to Fight Asthma (CAFA)** state wide initiative to reduce environmental triggers for childhood asthma and the **Welcome Back** initiative for culturally competent health services in California. All three projects are part of Community Health Works of San Francisco (CHW). CHW is a partnership of San Francisco State University Department of Health Education and City College of San Francisco. Founded in 1992, CHW is a nationally recognized center for innovation in community health. It focuses on public health and primary care for low income and immigrant communities of color. Two intertwined goals guide the work: to eliminate health inequities, and to diversify the public health and primary care workforce. (see Appendix 9 for CHW brochure).

The **Yes We Can! Urban Asthma Partnership** www.communityhealthworks.org/yeswecan is a three-year demonstration and evaluation project to develop and test an asthma management system for use in diverse low-income communities. The partnership carries out a large-scale upgrade of asthma care for children concentrated in the southeast quadrant of San Francisco. A related grant from The California Endowment is funding the publication of a tool kit, a complete set of manuals and protocols for state and national replication of our community health team model of prevention-oriented asthma care. The tool kit is being developed in partnership with Kaiser Permanente and the Child Health Institute of the University of Washington. Yes We Can! is centered at two clinics that serve children with asthma: San Francisco General Hospital and the Mission Neighborhood Health Center, a community-based clinic rooted in the Latino community. (See Appendix 21 for more on Yes We Can!)

The following organizations compose the YES We Can! Partnership:

1. San Francisco State University
2. City College of San Francisco
3. San Francisco Department of Public Health
4. Kaiser Permanente
5. San Francisco Health Plan
6. American Lung Association
7. Bayview/Hunters Point Health and Environmental Resource Center
8. Blue Cross of California
9. Mission Neighborhood Health Center
10. Pediatric Asthma Clinic at UCSF General Hospital
11. Regional Asthma Management and Prevention Initiative
12. San Francisco Asthma Task Force
13. San Francisco Unified School District

Currently, the Department of Health Education through Community Health Works was awarded a \$1,387,628 grant to serve as the state office for Community Action to Fight Asthma (CAFA) initiative. www.calasthma.org. CAFA is a 12 million dollar state wide initiative to reduce environmental triggers for childhood asthma. CAFA funding supports 12 community-based partnerships across California. The partnerships work with the public, private and nonprofit sectors to identify and reduce asthma triggers in places where children live, learn and play. The partnerships collect local data for surveillance and monitoring of asthma; implement a targeted project to reduce asthma triggers in homes, schools or the outdoor environment; recommend policies to reduce asthma triggers; and inform and educate parents, educators and caregivers about the environmental triggers that can cause an asthma attack. Regional coalitions provide technical assistance and support to local partnerships to increase their reach and impact.

Regional coalitions providing support to the community-based partnerships are:

- *Regional Asthma Management and Prevention Initiative (Northern California)*
- *San Joaquin Valley Health Consortium (Central California)*
- *Other regional coalitions to be formed*

Community-based Partners are:

Northern California:

- Oakland/Berkeley Asthma Coalition for School-Aged Children (Alameda County)
- West County Asthma Task Force (Contra Costa County)
- Sonoma County Asthma Consortium (Sonoma County)
- San Francisco Asthma Task Force (San Francisco County)
- Solano Asthma Coalition (Solano County)

Central California:

- Kern County Asthma Coalition (Kern County)
- Tulare County Asthma Coalition (Tulare County)
- Merced/Mariposa County Asthma Coalition (Merced/Mariposa Counties)

Southern California:

- Central/South Central Los Angeles Asthma Collaborative (Los Angeles County)

- Imperial Valley Asthma Partnership (Imperial County)
- San Diego Allies Against Asthma (San Diego County)
- Long Beach Alliance for Children with Asthma (Los Angeles County)

The *Welcome Back Initiative* <http://www.e-welcomeback.org/> is a three-year, three-site project in San Francisco, San Diego and Los Angeles funded through a grant from The California Endowment. The San Francisco site is the founder of Welcome Back and lead on the statewide initiative. The mission of “Welcome Back” is to build a bridge between the need for linguistically and culturally competent health services in underserved communities and the pool of internationally trained health workers living in California. The intervention strategies: (1) provide educational case management services to participants; (2) support participants in obtaining professional licenses and/or link participants to existing health professions training programs; (3) identify existing “fast track” programs and develop other such courses as possible; and, (4) provide a range of public health courses and a certificate of completion from SFSU. As California becomes the most diverse state in the nation, the staff at Welcome Back Centers are very excited with the opportunity to work with its immigrant communities and build on their many assets. (See Appendix 22 for more on Welcome Back)

The San Francisco Welcome Back Center is the lead center in California's statewide initiative "to build a bridge between the pool of internationally trained health workers living in California and the need for linguistically and culturally competent health services in underserved communities." Welcome Back is a project of CHW and therefore includes City College of San Francisco (CCSF) and San Francisco State University (SFSU) as partners. The Partnership also includes the SF Bay Area Regional Health Occupations Resource Center (RHORC).

C. Additional Externally Funded Research Activity Over the Last Three Years

1) Model Master of Public Health (MPH) for the 21st Century

With funding from the Federal Department of Education Fund for the Improvement of Post Secondary Education (FIPSE), the Department of Health Education developed a new and innovative Master of Public Health Degree curriculum in Community Health Education. A cornerstone of the innovation in the MPH curriculum was the development of a reciprocal partnership with the San Francisco Department of Public Health (SFDPH). The two primary programmatic goals of this effort are: 1) linking student learning with actual practice; and 2) grounding practitioners in public health theory.

2) California Children and Families Commission (CCFC)

A two-year grant from CCFC, to develop a program to improve asthma care for low-income children and open 2 new model asthma clinics in community based settings: one at Mission Neighborhood Health Center and one at the Excelsior Clinic.

3) Employment market study for Master of Public Health (MPH) graduates

Funded by FIPSE, the Department Health Education worked with the SFSU Public Research Institute to conduct two surveys of major health organizations in the Bay Area to understand the employment market for Master of Public Health (MPH) graduates in Health Education. The survey determined: 1) the number of currently employed MPHs; 2) the projected demand over four years; and 3) actual number of new hires over four years. Ninety-one organizations were surveyed each year. These data allow comparisons between the employers’ projections of MPHs they *expected* to hire between 1995 and 1999

and the *actual* number of MPHs they reported hiring during the same period (see Appendix 4 for more on the Employment Market Study).

4) *Diabetes Strategic Grants Evaluation*

This evaluation is expected to have significant results useful to the grantees, policymakers, foundation staff and those working in the field of diabetes prevention, management, and treatment. Both qualitative and quantitative data will be collected and a variety of approaches including an environmental scan, case studies, client level clinical data, grantee aggregated process/outcome data, policy scan, literature review, and grantee and advisory board convenings will be used. Results and reports will be synthesized through the use of innovative web-based technology, and made openly accessible via the web to a wide variety of audiences.

5) *Real Stories Teaching Cases for Community Health*

Real Stories is a monograph containing 15 public health teaching cases grounded in “real world” practice settings. They were developed in collaboration with San Francisco Bay Area community leaders, organizations and public health practitioners engaged in efforts to strengthen communities and reduce mortality and morbidity. *Real Stories* has been disseminated to faculty in community health nationally. It is available free of charge and available upon request. (A *Real Stories* booklet is included as a supplement to this report).

6) *Community Health in Action*

Funding was received to implement a conference on Community Health in Action by the Office of Minority Health and The California Wellness Foundation in the fall of 2001. Over 250 social justice activists and social service providers, students, and community members from the San Francisco Bay Area, other parts of California and other states participated in this Community Health in ACTION conference exploring ways to collaborate, network, and create opportunities for learning.

7) *CHW Training Curriculum and Textbook*

City College of San Francisco and San Francisco State University through the Department of Health Education’s Community Health Works is funded by FIPSE to disseminate a proven successful Performance Based Certificate for Community Health Workers from diverse and linguistically isolated communities. The central objectives are: (1) to publish the nation’s first CHW Performance Based Training System commercially; (2) to develop a model for state-wide dissemination by institutionalizing our CHW Certificate in six regional community colleges of California, the largest and most diverse state in the nation; (3) to position ourselves for national dissemination. CHW is currently in contract discussions with Jossey Bass to publish the CHW textbook.

8) *Community Health in ACTION Fellowship Program*

The goal of this collaboration between the Department of Health Education, a department of the College of Health and Human Services, and the Office of Community Service Learning of the San Francisco Urban Institute is to strengthen the community action component of the University’s service learning activities. The department aims to accomplish this goal through a Community Action Fellowship program aimed at eliminating health disparities among communities and populations. The goal is to strengthen the abilities of undergraduate students, and the communities in which they work, to reorient community health efforts upstream – to organizations, communities and public policies. Students are

given additional preparation in advocacy and public policy to be able to succeed at service learning for social change.

9) Trauma Education Project

This project, funded by the Edelman Wright Institute (1) assesses the degree to which teachers in training at SFSU are exposed to information about various aspects of trauma; (2) provides on and off campus resources on trauma to SFSU community; (3) involves community partnerships to provide trauma prevention education; and (4) provides two in-service workshops for students in the teacher training/credentialing program at SFSU and health education teachers in the San Francisco Unified School District.

10) Health and Social Justice Network

The Health and Social Justice Network (www.hsjn.org), a joint venture between the SFSU Urban Institute and the Department, received a grant from the San Francisco Foundation to engage in a one-year strategic planning process. This grant is an outgrowth of the September 2001 Community Health in Action conference and is designed to develop an action agenda in partnership with public health and community activists related to affordable housing, a living wage, food security, clean and safe communities and work environments, access to health care and protection of civil rights. Strategies for obtaining results in these areas include cross-sectoral collaboration, applied research, popular education, policy change, networking, organizing, and mobilization.

11) Communities 2000 Evaluation

The Communities 2000 Initiative was a 4-year \$3 million community-building effort funded by the David and Lucile Packard Foundation. It was implemented in three California counties and provided small grants to over 100 neighborhood groups. The Initiative focused on building a sense of community, strengthening leadership and enhancing civic engagement at the grassroots level.

12) First Things First: An Evaluation of the Healthy Families Children's Insurance Program

This evaluation was conducted in partnership with UCB and was funded by the California HealthCare Foundation. The purpose was to examine, in three California counties, the effectiveness of the outreach, recruitment, and enrollment of children in the State of California Health Families children's insurance program.

13) Building a Regional Community-Based Voice for Environmental Health and Justice

This academic/community-based partnership combining research, policy advocacy, public education, and technical assistance seeks to improve environmental health in low-income communities of color in Southern California. Partners include researchers from UC Santa Cruz, Occidental College, Communities for a Better Environment, and Liberty Hill Foundation. The project is funded by a grant from the California Endowment.

14) Air Toxics and Children's Health

This grant from the US Environmental Protection Agency, Washington, DC provides funding to examine the impacts of outdoor air toxics on children's health, including chronic and acute respiratory illnesses such as asthma. Work with agency scientists includes the development of new, policy-relevant indicators to assess health outcomes and respiratory risks.

15) The Prevention Institute

This institute provides funding to assist in building an academic-community partnership to evaluate the Salinas Safe Schools/ Healthy Students Initiative Leadership Council. The goals are: to document the evolution of the impact of the Leadership Council on the collaborative over the course of the initiative; and, to provide continuous feedback to the leadership council and project staff regarding the way the leadership council itself is having an impact on the safe school and healthy student collaborative.

16) Transportation and Health Survey

In partnership with the Center for Third World Organizing (CTWO) and their partner organization, PUEBLO, Health Education faculty worked to provide technical assistance in developing and fielding a survey to demonstrate the connection between available public transportation and transportation routes to primary care providers, local and regional park and recreation facilities, and fresh food outlets/supermarkets. The results are being used in organizing campaigns by CTWO and PUEBLO. This study is an example of partnering between Community Based Organizations (CBOs) and the department to conduct community-based participatory action research.

Table 14: Research Productivity and Source of Funds from 00-03

	Source of Funds	2000-2001	2001-2002	2002-2003
Evaluation of TCE Diabetes Initiative	Arguire Evaluation Firm			\$ 202,000
Center for Third World Organizing	The California Endowment		\$ 8,000.00	
CET ONLINE Course Development	SFSU Center for the Enhancement of Teaching	\$ 2,900		
Community Health in Action Conference	Office of Minority Health		\$ 18,000	
Community Health Works	Multiple Funders see Appendix 9	\$1,126,478	\$ 3,752,170	\$ 2,241,394
Community Service Learning	SFSU Office of Community Service	\$ 3,495	\$ 3,495	
Evaluations of Communities 2000	Packard Foundation	\$ 100,000	\$ 100,000	
Evaluations of Healthy Families Initiative	UC Berkeley	\$ 30,000		
Air Toxics and Children's Health	EPA		\$ 5,282	
Model MPH Grant	FIPSE	\$ 250,000		
Marion Wright Edelman	SFSU Institute		\$ 5,500	
Multicultural Integration Award	SFSU Multicultural		\$ 3,495	
Prevention Institute	Bay Area CBO	\$ 15,000		
Real Stories CA Wellness	CA Wellness Foundation	\$ 75,000	\$ 75,000	
Research and Professional Development Award	SFSU RPDC Award	\$ 3,374		
Silicon Valley Toxics	UC Santa Cruz		\$ 9,400	
Social Justice Institute Internship Hewlett	Hewlett Family Foundation		\$ 86,276	\$ 86,276
Health & Social Justice Network	San Francisco Foundation			\$ 18,000
Regional Community-Based Voice	The California Endowment/UC Santa Cruz		\$ 2,500	
Urban Health-UCSF	UC San Francisco		\$ 21,648	
Total		\$2,189,247	\$ 4,090,766	\$ 2,547,670

D. Measures by which the Program Evaluates Success Over the Last Three Years

The following chart, Table 15 contains research productivity for MPH faculty (except for the professional presentations) over the last three years. This chart neither covers pending dollars nor articles submitted but not in press at this time. See (Appendix 20 for a complete compilation of faculty presentations and publications.) The measures by which the program evaluates research productivity include: the number and value of external and internal grants secured, the number of papers published and/or books reviewed.

TABLE 15 : MPH Faculty Research Productivity in 2000-2003

Name	# External Grants	# of Internal SFSU Grants	\$ External Grant Value	\$ Internal Grant Value	# of Papers Published	# of Papers with Faculty 1st Author	Books/Book Review
Mary Beth Love	18	0	\$7,745,300	2,900	3	2	1
Zoe Cardoza Clayson	6		\$1,433,000		3	2	1
Lisa Moore	1	0	\$21,649		8	3	
John Elia	2	2	\$9,013		10	7	5
Rachel Morello-Frosch	4	1	\$25,182.00	3,374			
Juliana van Olphen	1	0	-		3	1	
Vivian Chavez	0	3	\$15,000	10,485	3	3	
Ramon Castelblanch	0	0	-		2	2	
Roma Guy	1		\$172,552.00				
Total	33	6	\$ 9,406,695.00	\$31,759.00	32	20	6

(Specific research productivity by faculty member is outlined in Appendix 20)

E. Student Involvement in Research

Upon graduation, 20% of MPH students have some formal research experience. This is illustrated in a variety of ways: (1) Student community assessments required as part of the practice conjoined courses; (2) Students presenting and publishing from their coursework at SFSU; (3) student and program graduates involvement in faculty research projects; and (4) student culminating experience research.

1. Examples of Student Research

Student involvement in research is an integral part of the MPH program. In HED 821 and 831, students work in groups of 3 to 4 to conduct community assessment research. These assessments involve focus groups, interview and/or surveys of community members to assess community health assets and needs. Examples of student assessment research are listed below.

- STD Tuberculosis and Outreach Prevention Program Assessment/focus groups/Filipino population; STD risk factor identification.
- Assessment/ focus group/drop-in needs of homeless pregnant women in the SF Mission district.
- Assessment/focus groups of HIV risk of transgendered population
- Assessment/focus groups/key informant interviews of the Bosnian immigrant community's health needs in SF
- Assessment was to complete the analysis of the community health survey conducted by the Bay View Hunters Point Community Development and Health Prevention program related to health priorities, drug/alcohol abuse & employment opportunities.
- Assessment/focus groups of Mission neighborhood residents' perceptions related to pedestrian concerns.
- Assessment of childhood injury risk in the home for the Child Injury Project and Toddler Poisoning Prevention Project
- Assessment/key informant interviews to develop an interdisciplinary asthma intervention team in primary health care settings from a hospital clinic
- Assessment/key informant interviews of Latina perception of personal and family mental health issues.

Additionally, students in the MPH program are required to conduct a culminating experience. To date, these projects have either involved the development, implementation and evaluation of professional training or an applied community research project such as a focus group or needs assessment. Examples of students applied research projects are provided in Table 16 on the following pages.

Table 16
HED 895- Sample Culminating Experience Abstracts

Student	Abstract
Sandra Carrillo	<p><i>Outreach and Recruitment Strategies for Undocumented Families</i></p> <p>In San Francisco, more than 9,000 children are uninsured. Of the uninsured it is estimated that 5,000 fall in the 300% poverty level bracket and/or are undocumented Spanish-Speaking children. The California The purpose of my project is to develop an assessment tool and use Spanish multilingual and cultural competencies to design, implement and conduct a survey. The findings will be used to develop community outreach strategies and to recruit monolingual Spanish-Speaking parents to enroll their children in the program. The assessment tool will be a survey questionnaire in Spanish administered in settings where monolingual families seek health care information and services. The findings will be used to develop community outreach strategies. The purpose of the outreach is to outreach to monolingual Spanish-Speaking parents and enroll their children in a health care plan.</p>
Monica Dea	<p><i>The Forgotten Face of AIDS</i></p> <p>An increasing number of people have developed HIV infection in their later years, most often related to male-to-male sexual contact or blood transfusion, although substance users and heterosexual transmission also occur. Due to the general lack of awareness of HIV/AIDS in older adults, this segment of the population, for the most part, has been omitted from research, clinical drug trials, educational prevention programs and intervention efforts. Recognizing that there is no mechanism to gather information about HIV issues for people over age fifty, San Francisco Association on HIV Over Fifty will be formed to raise the awareness of the general public about the issues of HIV in older adults, to provide advocacy, education, communication, prevention, and support for HIV infected older adults, their families and those who provide care on their behalf.</p>
Cindy Evangelista	<p><i>South of Market Teen and Family Center HealthWeb</i></p> <p>This website is tailored to the health concerns of Filipino youth who reside in San Francisco's South of Market (SoMA) District, an area primarily comprised of low-income people of color. Youth focus groups revealed concerns over gang violence, drugs, reproductive/sexual health issues, and mental health. Also, peers, family members, and the Internet were identified as information sources. Currently, Filipino teens underutilize or are not aware of local health services. A website, which provides health information and local resource listings, increases youth access to health information, confidentially and cost-effectively. Youth will be trained on how and where to access computers and the Internet. The website will be piloted and evaluated by SoMA youth, modified accordingly, and then turned over to the SoMA Teen and Family Center for future use.</p>
Alice Lee	<p><i>Training of Trainers: The Impact of Witnessing Domestic Violence on Children</i></p> <p>In Asian communities, domestic violence is a taboo subject not often discussed for cultural and personal reasons. When domestic violence happens in a family, children who witness the violence in their homes may have significant negative repercussions on their emotional, social, and academic functioning. Aiming to help Asian parents avoid spousal abuse and its negative impact on their children, a six hour Training of Trainers session entitled "The Impact of Witnessing Domestic Violence on Children" will be conducted to at least 35 parental services providers. Pre and post knowledge and intention to act tests will be used to evaluate the impact of the training.</p>
Jennifer Lorvick	<p><i>Promoting Adherence to Treatment among the HIV-infected Urban Poor: the Action Point Model</i></p> <p>In this project, a manual will be developed on how to promote adherence to anti-retroviral therapy among the HIV-infected urban poor. The manual will be based on the Action Point program in San Francisco. The program provides adherence support to HIV-infected</p>

	<p>individuals with competing life challenges, such as homelessness and mental illness, which make adherence to medication regimes difficult. The primary goal will be to describe and document adherence support as conducted by Action Point staff. The methods of this successful program are largely undocumented. A second goal will be to provide a model to other agencies, which seek to begin HIV adherence support programs, through technology transfer strategies. A third goal is to define and describe the concept of ‘adherence support’ as a public health strategy to better treat chronic illnesses among the urban poor.</p>
Monica McLemore	<p><i>Contemporary topics in ethics in public health: A module approach to infusing current curricula at San Francisco State University</i></p> <p>Professional ethics in public health is pertinent to many areas including: human subjects research, confidentiality of information, disclosure statements in research and complex decision making around individual versus population health goals. The intent of this project is to infuse current MPH course curricula with ethics modules that are simple thought provoking, and pertinent to today’s health care environment. The student in conjunction with the culminating experience faculty will attempt to utilize many of the skills of the MPH curriculum to develop modules that can interface on the graduate and undergraduate levels. The modules will also be flexible enough to allow for individual lecturers to bring their own teaching style to the modules while fulfilling the mission of the MPH program to integrate Freirean principles of liberation education. Once implemented with the agreement of several lecturers, the student will utilize simple evaluation techniques to establish the viability of module infusion of the current curricula with pertinent and relevant topics in public health.</p>
Martin Rios	<p><i>Criminal Justice and the Community Health Realization Project</i></p> <p>This project will develop a social marketing campaign to illustrate how repeat involvement with the criminal justice system relates to public health issues and to encourage risk reduction for recidivism. The goal of this project is to draw attention to the complex problem of recidivism and offer health education messages that may help ex-offenders avoid further involvement with the criminal justice system. Two conceptual focus groups will be conducted with ex-offenders to help develop and evaluate this project’s influence on attitudes and behavior, and to determine its value in breaking the cycle of recidivism. This project will utilize a community health realization model, which helps people to lead healthier, more stable, and more productive lives. Ultimately this project will produce a series of posters to be widely distributed to various community-based ex-offender support service organizations for office display.</p>
Shannon Singleton-Banks	<p><i>Addressing the Barriers and Promoting Midwifery Health Care Among African-American Women</i></p> <p>This Project's goal is to increase utilization of midwifery services among African-American women. Two focus groups will be conducted to access the barriers that challenge African-American women to using midwifery health care services. Upon analyzing and evaluating the data, a set of recommendations for an educational intervention curriculum will be created. From the focus group results an in-service will be developed for the staff of the Black Infant Health Program. The objective of the in-service is to equip case managers with the information and resources they need to facilitate African-American women in utilizing midwifery services. A pre/post test will be designed and implemented to measure the impact of the in-service. This project will support the ongoing efforts in establishing health promotion and prevention strategies to dismantle root causes of racial disparities as they directly affect access to the best comprehensive pre/postnatal health care.</p>
Susana Torres	<p><i>Dietary Factors in Diabetes Management Among Latina Women</i></p> <p>The goal of this project is to assess diabetes management related to diet in Latina women in the San Francisco area. Interviews and surveys will be conducted with a convenience sample of 20-30 adult, diabetic Latina women from local clinics or hospitals, which provide diabetes care and management. In addition, 5 semi-structured key informant interviews will be conducted with providers who work with Latina women with diabetes. Questions will be related to dietary practices, diabetes management, coping mechanisms, and the cultural significance of foods and eating traditions. It is expected that this research will make</p>

	important contributions to understanding the cultural and linguistic competency issues involved in diabetes management, particularly the relationship between food and culture in the Latina community.
Keisha Tyler	<i>Sistah, Speak! Political Action Among Young African-American Women</i> The goal of this project is to assist African-American women in realizing their political power by increasing their participation in the political process. In an assessment conducted earlier, I found that African-American women are willing to politically advocate on behalf of themselves and their community, but feel that their efforts would be useless because they would not be heard. <i>Sistah, Speak!</i> will address this issue by training young women in effective health policy advocacy, and supporting them through the process of lobbying a health policy bill of their choosing. The participating women will evaluate the effectiveness of the program.

Finally, MPH students are encouraged to present the research conducted while in the MPH program at local, state and national conferences. To date, students have presented numerous papers. A representative listing can be found in Appendix 23.

2. Student (MPH current or graduates) involvement in faculty research

- Thi Pham: Diabetes Strategic Grants; Community Health in Action Fellowship Evaluation; Community Health in Action Conference, Real Stories
- Nieu Nguyen: *Real Stories*
- Emma Sanchez: Communities 2000, Real Stories, MPH Labor Market survey also co-authored three manuscripts.
- Celia Graterol: Diabetes Strategic Grants; Community Health in Action Conference, Welcome Back Evaluation
- Kym Dorman, strategic planning for the Health and Social Justice Network.
- Sharon Turner: MPH alumni survey and pre/post competency analysis; Yes We Can
- Amanda Goldberg: MPH collaboratory analysis; Trauma Education Project

F. Assessment of the extent to which criterion is met

This criterion is 100% met. Faculty at SFSU are actively engaged in research and grantsmanship. Given the commitment to teaching and the teaching requirement at SFSU, faculty productivity in research and scholarship is significant. Student involvement in research activities is built into the curriculum. Additionally, efforts to involve students in faculty research are being made although the full time employment of our MPH students poses a barrier to such involvement for many of our students.

Service

Criteria VII: *The program shall pursue an active service program, consistent with its mission, through which faculty and students contribute to the advancement of health education practice, including continuing education.*

A. Service Activities

Service to the community is an integral function of San Francisco State University and most specifically, one of the principal areas of evaluation for faculty in the MPH program. Service activities include organized faculty efforts to improve the health of specific populations through both program development and policy work, field placements carried out by students, practice linked academic courses, service learning components for over 20% of the undergraduate program curriculum, continuing education by faculty, faculty involvement in professional organizations and education offered by the department to the community at large.

Faculty serve the University using their professional expertise to provide service at the community, city, state, or national levels. Such service involves participation which makes a contribution to community activities or projects, and which enhances relations between the University and the community. Emphasis is placed on those community activities in which the academic expertise of the faculty member is directly applied. Descriptions of community service are submitted to the department retention and tenure committee. Professional societies or other professional activities participation includes membership and offices held in professional societies, committee activities, participation on editorial boards or in refereeing, and services provided as a consultant. In addition, other service duties include, but are not limited to, the following: administrative assignments, committee work, special advising assignments, program/curriculum development, sponsorship of student organizations, and direction of non-instructional activities and projects. Faculty at SFSU demonstrate professional ethics and principles, and accept responsibility for working effectively with colleagues to achieve department, college, and University goals.

Most research projects sponsored by the Department of Health Education have a service component. For example, the mission of the Welcome Back program is “To build a bridge between the need for linguistically and culturally competent health services in underserved communities and the pool of internationally trained health workers living in California.” To that end, the program has developed a model of service based on individual counseling by Educational Case Managers (ECMs). With almost 800 participants, the San Francisco Welcome Back center offers its services with City College of San Francisco. Statewide, there are over 3000 participants enrolled in the program; participants receive services through two community colleges and their respective CSU partners in southern California.

The YES WE CAN urban asthma partnership goal is to improve the clinical services provided to children in low-income communities of color in San Francisco by developing and implementing a large-scale countywide upgrade of asthma care for 800 children on Medi-Cal in San Francisco. Most children live in the southeast quadrant of San Francisco County, a diverse undeserved area with very high asthma hospitalization rates; approximately 300 children reside in Bayview/Hunters Point, an area with four times the state hospitalization rate for asthma. The

YES WE CAN model moves beyond a narrow biomedical approach to integrate proven best practices in prevention-oriented medical care, "wrap around" social services and large-scale system change. Preliminary research results show a reduction in emergency room use, hospitalization and improvement in quality of life for Yes We Can children.

Our faculty serve on various community non-profit Boards and committees. Mary Beth Love, Ph.D. has contributed to the vision and direction of the organizations that she is most closely affiliated through her leadership role in strategic planning efforts. Within the University, she has served on a small strategic planning body for the College of Health and Human Services and is currently a member of a University wide strategic planning effort. She chaired the Populations and Programs subcommittee for the strategic planning effort of the San Francisco Department of Public Health. The charge of this subcommittee was to identify how and what constituencies the SFPDH should be directing its efforts.

Roma Guy, Practice Coordinator for MPH, is highly visible in the Bay Area with her work to improve community health through policy interventions. She represents the Department of Health Education on two policy boards city wide and takes a leadership role to contribute to improving the health of the people of the Bay Area through professional practice, volunteer work and policy development. The following leadership roles assumed by Ms. Guy are appointments made by the mayor of San Francisco for four-year terms:

- *SF Health Commission, president and vice-president (second term).* Her policy leadership is focused on integrating primary care, behavioral and tertiary care, developing coherent strategies and plans in the areas of population health, prevention, and community based health care, and supporting Department of Public Health professional participation on community based and neighborhood based especially in primary and secondary assessments and prevention strategies. As a SF State faculty member and MPH coordinator, Roma has been a major contributor to policies that have included establishing universal health care in SF for children 0-18, developing health and social justice policies such as defining housing as a health care issue, modernizing services in long-term care, institutionalizing harm reduction programs and trainings in substance abuse services including in hospital and long-term care facilities; expanding the cultural and literacy competency tools for contractors of health services; creating a first-ever strategic planning tool for the Department of Public Health; and establishing a position and priorities for a woman and girls advisory function.
- *SF Local Homeless Board, second term. Founding Co-Chair and currently a member of the Policy Committee.* In her leadership role she led the creation of by-laws, participation of people who are homeless, committee structure, process for assessing needs of homeless people and for distribution of the McKinney (federal) funds. Ms. Guy served as a key facilitator of conflict resolution and problem-solving during the three years it took to develop a Continuum of Care Plan which is the priority setting program to address and respond to between 10,000 to 15,000 homeless people who live in San Francisco.

SFSU MPH students benefit from Commissioner Guy's policy/advocacy connections with enriched internship opportunities. As part of her community service, Roma has had a long-term leadership role in improving the status of women and, as such, was a founder of the Women's Building, SF Women Against Rape, Women's Alcoholism Center and The Women's Foundation. She maintains her engagement with current women's and girls' issues with her work at the Women's Building on women's history, founding the California Women's Agenda which seeks to promote the 12 action priorities following the International Women's Conference in Beijing, China, 1995, and joining the Board of Directors of LIFETIME, a nonprofit which links and supports women on welfare (CALWorks) obtaining their GED, high school diploma and enrolling in community colleges and four year educational institutions. Other nonprofits -- Health Access (universal health care), Jim Hormel Center, SF Public Library, International Museum of Women, SF. Women's Leadership Alliance, SF -- engagements reflect Ms Guy's range of interests in health, popular and public education and social justice.

Lisa Moore has continually done service with the community through community education about HIV prevention and harm reduction. She has done a range of activities from helping to organize national and international conferences to giving over a dozen invited trainings and talks, all with the aim of improving the health status of indigent drug users. This work has contributed to the changes in policy about needle exchange at the local and state levels. Additionally, her service work has been to alert HIV prevention activists of the continuing needs of women and people of color in the HIV epidemic.

Zoe Cardoza-Clayson was appointed to the Advisory Board of the Partnership for the Public's Health for a 5 year period to create partnerships between public health departments and community-based organizations in 12 jurisdictions throughout California. This \$37,000,000 investment from the California Endowment foundation is probably the largest effort of kits kind nationally. Dr. Clayson is also chair of the Evaluation Advisory Committee of this effort.

Vivian Chavez serves on the National Advisory Committee for the Community Health Scholar Program (CHSP, www.sph.umich.edu/chsp). The program's goals are to increase the knowledge of and skills in community-based participatory research and teaching, as well as to prepare public health faculty to develop a community-based participatory research agenda. The program offers scholars funding to enhance the visibility, credibility and knowledge base for applying community-based approaches to public health and to learn how to conduct Community-Based Participatory Research (CBPR) through a variety of educational experiences with faculty and community mentors. As a postdoctoral fellow in the CHSP at the University of Michigan at Ann Arbor, Dr. Chavez developed a 32 minute video documentary about CBPR, using the CBPR approach in its production. The video, titled, *A Bridge Between Communities*, targets diverse audiences ranging from health promotion researchers and practitioners, students, policy makers, community members and potential funders. Since its release in the summer of 2000, this video has been shown to audiences across the country as a teaching tool regarding the principles of CBPR.

During their enrollment in the Department of Health Education, every MPH student (through fieldwork or voluntary activity) completes at least 200 hours of community service dedicated to improving the health of Bay Area populations.

B. Current Service Activities Over the Last Three Years

Descriptions of service activities are outlined in Appendix 24. Table 17 below presents MPH faculty as active members in various professional and community-based organization locally and at a national level.

Table 17: Current Service Activities

<i>Faculty Member Name</i>	<i>Internal</i>	<i>External</i>
Zoe Cardoza Clayson	Health Ed. HRT Review Committee Chair Teaching Effectiveness Committee Research and Professional Development	SF Homeless Prenatal Program, Board Greater Bay Area Family Resource Network, Boar; SF Science and Health Ed. Partnership, SF Unified School District Medical Care Section, Chair, Urban Health Committee
Ramon Castelblanch	(new hire)	Health Equity & Public Hospital Caucus – APHA, Chair Medical Care Section, APHA – Section Council; Leadership Conference Planning Committee co-cha Strategic Framework Group, National Center on Healthcare Leadership.
Vivian Chavez	SFSU Multicultural Task Force Health Ed Search Committee 01-02 HESA Faculty Advisor GET Committee.	Alcohol Policy Network – Board Reviewer – CDC CBPH grants Reviewer – SAHSA Capacity Grants National Advisory – Community Health Scholars Program APHA Council Officer, HEHP Section
John Elia	Committee Member, University Interdisciplinary Council (UIC). Cluster Coordinator of GE Segment III's <i>Health and Wellness Cluster</i> . Faculty Advisor for Queer Alliance (a student organization) at San Francisco State University. Academic Senator; Committee Member of the Curriculum Review Approval Committee (CRAC), a university-wide committee; Committee Member of the Lecturers' Council of the Academic Senate. Committee Member of Health Science Teacher Preparation in California: Standards of Quality and Effectiveness for Subject Matter Programs; Chair, Undergraduate Curriculum Committee,	Advisory Board Member of the <u>International Encyclopedia of Sexuality, Education, and Culture</u> . Editorial Board Member of <u>Journal of Gay and Lesbian Issues in Education</u> . Peer Reviewer of a Human Sexuality Textbook for McGraw Hill Publishers. Associate Editor, <u>Journal of Homosexuality</u> ; Senior Book Review Editor, <u>Journal of Homosexuality</u> ; Publications Board Member, <u>SIECUS Report</u> .
José Ramón Fernández-Peña		Advisory Committee, UCSF Center for AIDS Prevention Studies (CAPS) Advisory Committee, UCSF Center for the Health Professions Board of Directors, Stop AIDS Project San Francisco HIV Prevention Planning Council Starting Points Initiative (Prop 10), Advisory Board Statewide Health Occupations Advisory Committee, Office of Chancellor of Community Colleges.

<i>Faculty Member Name</i>	<i>Internal</i>	<i>External</i>
Roma Guy	School of Nursing Advisory Comm School of Social Work Adv. Comm Family Resource Center, founder and advisory. board member; Urban Institute Fellow	SF Health Commissioner, president, Vice President, Chair of Population Health and Prevention, Chair of Laguna Honda and a member of Community Health Network Joint Conferences Commission rep. to SF Health Authority. SF Local Homeless Board Jim Hormel Center, SF Public Library CA Women's Agenda SF Women's Leadership Agenda Health Access, Board LIFETIME, Board Women's Building of Bay Area, founder.
Mary Beth Love	CUSP II Strategic Planning Council of Chairs College of HHS Strategic Planning CHHS Graduate Awards Committee	SFDPH Strategic Planning Steering Committee for Coalition Health Related Professionals-Asthma Reviewer – Health Promotion Practice Reviewer – CDC CBPH grants APHA CBPH panel president HRSA initiated MPH Program coalition
Lisa Moore	Health Ed. Search Committee 02-03 General Education Committee: University Wide	Planning Committee, National Harm Reduction Conference Harm Reduction SF Health Dept. Advisory Committee Program Committee: International Conference of Harm Reduction 2003, Chiang Mai Reviewer: NIDA and NIMH grants Program Committee: National Sophe 2002-2003 LIFELINE – Board member HIV Prevention Project- Board member
Rachel Morello-Frosch	<on leave 2002-2004>	
Juliana van Olphen	SFSU Strategic Planning Committee – The University and its Environment	Search Committee– Hunter College CUNY Workforce Development Initiative

C. Continuing education activities

Continuing education is usually offered to professionals (e.g., teachers, credential students, social workers, counselors, clinical psychologists, etc.) to provide them with educational workshops and trainings to help them stay current in their professions. Generally, professional associations and licensing agencies require that these professionals successfully complete such educational experiences periodically. Usually, these educational experiences are offered through University Extension Programs in the forms of workshops, mini-courses, or seminars. As a department, we have participated in various continuing education activities, including, but not limited to:

Statewide Community Health Worker Training

The California Asthma Among the School-Aged (CAASA) is a three-year statewide program designed to improve the clinical management of care for school-aged children with asthma. Made possible by a \$3.6 million grant from The California Endowment, the CAASA program brings together the Integrating Medicine and Public Health Program (IMAP), the California Department of Health Services the University of California, San Francisco (UCSF), and seven clinics statewide to implement a model program to improve clinical diagnosis, treatment, and management of asthma for school-aged children. Staff of Community Health Works were hired

to train the CHWs across the state in asthma outreach and education skills and strategies for the CAASA grantees.

YES WE CAN Toolkit

The YWC toolkit is a step-by-step guide for primary care clinics, public health departments and Medicaid managed care organizations to implement a medical/social team program for the prevention of children's asthma care. Through the generous support of the California Endowment and Kaiser Permanente Northern California, complimentary Toolkits will be available for community-based and public health clinics in California, and at a modest price, for clinics serving low-income communities nationally. It provides three manuals of empirically tested and evaluated materials and protocols for improving asthma management. The toolkit puts a range of outstanding resources at the fingertips of busy health and public health professionals. (See Appendix 25)

Continuing Education with SFDPH

As part of our FIPSE grant for the MPH (1998-2001), the Department of Health Education in cooperation with the SFDPH, implemented a continuing education survey for DPH employees. The purpose of the survey was to assess the organizational culture of the Public Health Division with respect to staff education and training needs. The results of the survey were presented to senior staff at the SFDPH, and recommendations were jointly developed for SFDPH to take action in a couple of areas in need of improvements. As a result of this survey, the SFDPH dedicated an issue of its quarterly newsletter to continuing education, featuring the results of the survey, as well as presenting a story from a SFDPH staff member who is also enrolled in the SFSU MPH program.

As part of this effort, a total of nine Urban Health Seminars were conducted at the SFDPH, increasing and nurturing a culture of learning for public health practitioners, MPH students and faculty. Participants represented a wide variety of disciplines and ethnic groups within SFDPH, SFSU, and the community-at-large. The Urban Health Seminars have become well known throughout the DPH, and were announced in the DPH Health Education Training Center, through the Health Promotion Section. The series brought in renowned speakers such as Rick Brown speaking on the future of Public Health from the University of California at Los Angeles (UCLA), Nancy Krieger, from Harvard School of Public Health speaking on Embodying Inequality and Paul Farmer, M.D., from the School of Social Medicine at Harvard University whose presentation was entitled "Pathologies of Power: Rethinking Health and Human Rights." (See Appendix 26 for Urban Health Series Posters)

Welcome Back Leadership Series

Under the auspices of Community Health Works, partners with the San Francisco Welcome Back Center, City College of San Francisco and the Department of Health Education are offering a series of continuing education services to health professionals as part of the Welcome Back Leadership in Health Certificate Program. The lecture series has been developed to provide Welcome Back participants with the skills and knowledge required to take a leadership role in community health and health care. The lecture series draws upon the expertise of many of our faculty, as well as other knowledgeable members of the public health community. The objective of this continuing education series are to develop insight and skills in important areas of public

health leadership for Welcome Back participants -- foreign-trained health professionals who have immigrated to the U.S. and who are trying to meet the requirements necessary to work in the Health Care field in their trained professions -- as well as other health care and public health professionals and students. Certificates of completion will be awarded from San Francisco State University. Workshops are presented to other Welcome Back sites statewide in the spring of 2003. The lecture series began fall 2002 with MPH faculty as presenters and will continue throughout the spring and fall 2003. The lecture series, although aimed at Welcome Back participants, is open to all interested health care professionals in the San Francisco Bay Area. The series takes place on SFSU's campus and is being broadcast via distance learning classrooms to the Welcome Back sites in L.A. and San Diego beginning in the spring of 2003. (See Appendix 27 for series description.)

The Institute for Holistic Healing Studies (IHHS)

Located within the Department of Health Education, the IHHS has been at the forefront of the self-care revolution. Its mission is to provide the university and the broader community with a comprehensive foundation of knowledge and skills for developing personal health and well-being. The mission of IHHS is to provide the University community with a comprehensive foundation for developing personal health through learner-centered instruction, innovative research and extracurricular programs. IHHS has developed a Pre-Holistic Health Professions curriculum for Chinese Medicine. It has incorporated a holistic health concentration within the Health Education undergraduate degree (BS in health education). It has developed with the College of Extended Learning (CEL) two professional continuing education courses and an Advanced Training Program for Japanese Health Professionals. The Japanese program, now in its 4th year, consists of an intensive summer and a two-year training at San Francisco State University. In collaboration with CEL, IHHS is exploring a 200-450 hour post-baccalaureate Anthroposophical Healing Studies Certificate.

Other Continuing Education Activities

In addition to department wide continuing education activities, Professor John Elia has taught at UC Davis Extension his popular Human Sexuality course, a ten-hour course designed to partially fulfill requirements for licensure for mental health professionals (social workers, counselors, and clinical psychologists). Besides being a course for licensure preparation, this course also serves as a continuing education course (with Continuing Education Units) for those already in practice as mental health professionals. This survey course covers: sexual anatomy and physiology, sexual health, history of sexuality, values and sexuality, sexuality education, communication, sexual dysfunctions, sexual variations, gender issues, sexual minorities issues, etc. Through UC Berkeley Extension, Dr. Elia has taught a segment of the *Health and Wellness* teacher preparation requirement for students to teach health education at the elementary and secondary schools in California.

Dr. Mary Beth Love and Dr. Zoe Cardosa Clayson edited book entitled Real Stories: Case Studies in Community Health is an effort at providing continuing education for health educators involved in training and education. The book has been disseminated free of charge to faculty across the country. It was also distributed at the exhibition hall at the Annual American Public Health Association meeting in Fall 2002. Additionally, workshops were offered for DPH

employees and SFSU faculty on using the case method in teaching through the Fund for the Improvement of Post Secondary Education grant.

D. Student Service in Continuing Education Programs Offered

The Urban seminars described above were well attended by the MPH students from SFSU. Students in the MPH are invited to the Welcome Back Leadership Series; a few have participated.

The PHOGs (Public Health Organization of Graduate Students) MPH student group has a newly formed Professional Development Committee. In collaboration with the Reflective Seminars, the cross cohort seminar in January 2003 will focus on career development. The Health Career counselor in the Career Center at SFSU will be invited as well as professionals within the MPH and in the Bay Area to discuss future prospects and emerging roles of public health professionals.

Additionally, in the third year of the MPH reflective seminar, students are given a modest stipend to identify issues and invite speakers to the seminars they feel will address a leadership issue they as a cohort have identified as important to the fulfillment of their cohort mission statement. The class of 2003 has hired a consultant to present on the issues of power in leadership and cultural competence.

E. Institutions with which the Program Collaborates to Offer Continuing Education

- San Francisco Department of Public Health
- City College of San Francisco
- Integrating Medicine and Public Health Program (IMAP)
- The California Department of Health Services (DHS)
- The University of California, San Francisco (UCSF)
- Career Center of SFSU
- UC Davis Extension
- UC Berkeley Extension
- Kaiser Permanente Northern California
- Child Health Institute at the University of Washington
- Odessa Brown Children's Clinic (Seattle, WA)
- Mission Neighborhood Health Center/Excelsior Clinic

F. Measures by which the Program Evaluates the Success of its Service Component

Evaluation measures for service activities include evidence of faculty and student activities and evaluation measures of service activities and community based projects. Involvement in service activities are a requirement of all tenure-track faculty at San Francisco State University. The evaluation of service includes evidence of faculty involvement in Departmental, University and professional committees and functions. Additionally, the Department measures its performance in service by assessing the extent of our continuing education and efforts in work force development of health and public health professionals. Our service efforts are measured through evidence of individual faculty's invitation to share his or her expertise through academic lectures, conference presentations and

workshops. In addition, the variety of collaborative, applied, community-based grant projects have the faculty in the community providing service as a part of their scholarship. Evaluation of the impact of these efforts is always an integral part of that work. Finally, the investment the Department has made in affecting local public health policy through our involvement on the SF Health Commission has been substantial. The leadership role played by our faculty has resulted in the development of the strategic plan that has given prevention and ecological approaches of health a strong strategic direction for Public Health efforts in San Francisco.

G. Description of Student Involvement in Service

Throughout the practice and summer internship experience, students have qualitative opportunities to contribute to community based public health, health advocacy, and policy. There have been several instances when students in teams or as part of their summer internship exceed the academic requirements and expectations. They remain with the project to “complete the process and/or outcome.” A few examples listed below reflect the students’ contribution to the community:

- A community health assessment that was completed by a student team and follow-up with program planning by a summer intern resulted in a funded proposal for the creation of the Bosian Community Center in San Francisco.
- From extensive advocacy and policy work, a new organization was launched entitled “The Bay Area Association on HIV Over Fifty.” The student provided the leadership beyond the hours of the internship and maintained her involvement after graduation.
- For the San Francisco Department of Public Health, following a summer internship, a student continues to volunteer her leadership for the development of a monolingual, culturally sensitive, family violence program.
- From a community health assessment conducted by an MPH student on African-American women, Leadership and Health, a conference was organized and implemented. The student maintained her engagement with the organization on a leadership level.

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

The criterion for service is 100% met. Faculty in the Department of Health Education are involved in a breadth of service activities ranging from University governance, to health policy development, to practice placements, to professional trainings, to resource development and dissemination. The commitment to service is integral to the mission and values of the MPH program and to the Department of Health Education as a whole.

Faculty

Criterion VIII.A.: *The program shall have clearly defined faculty which, by virtue of its size, multidisciplinary nature, educational preparation, research and teaching competence and practice experience is able to fully support the program's mission, goals and objectives.*

A. Faculty

The Department of Health Education has 15 full time equivalent faculty; nine of the full-time Health Education faculty serve as core faculty in the MPH program. Currently, only one MPH course is taught by a part-time faculty member. All of these faculty possess relevant doctoral and masters degrees. One core faculty member, the practicum coordinator, is masters level trained individual with extensive public health experience. Since the beginning of the MPH program in 1998, five of the nine faculty were hired—a 44% increase in faculty resources. We will hire a tenth new faculty for the fall of 2003. A matrix of all faculty, including core faculty, and part time teaching faculty is shown in Table 18. The Table includes information on rank, preparation, gender, ethnicity, % time in MPH, area of specialty, teaching responsibilities and research interest.

Table 18: Faculty Demographics

Faculty	Degrees	Gender	Ethnicity	Rank	Tenure Status	Area of Specialty	Courses Taught	SFSU Start Year
Ramon Castellblanch	BA UC Berkeley MA Harvard U PhD John Hopkins U	M	Mexican-American	Assistant Professor	Tenure Track	Health Politics and Policy	HED 835 HED 850	2002
Vivian Chavez	BA SFSU BA Universidad Complutense MPH UC Berkeley DrPH UC Berkeley	F	Hispanic	Assistant Professor	Tenure Track	Community Organizing, Non-Violence, Leadership Development	HED 810	2000
Zoe Clayson	BA California State University, Hayward ScD John Hopkins University	F	Caucasian	Associate Professor	Tenured	Environmental Health, Health Policy, Evaluation	HED 855 HED 840	1996
John Elia	2 BAs SFSU MA SFSU PhD UC Davis	M	Caucasian	Assistant Professor	Tenure-Track	School-Based Sexuality Education; Sexual Minority Youth; Trauma & the Educational System; Sexual Prejudice; School Health Education.	HED 845	1987
Roma Guy	BA U of Maine MSW Wayne State U	F	Caucasian	Instructor, Program Associate	N/A	Policy, Public Health, Community Organizing	HED 811 HED821 HED831 HED841 HED851	1991

Faculty	Degrees	Gender	Ethnicity	Rank	Tenure Status	Area of Specialty	Courses Taught	SFSU Start Year
Mary Beth Love	MS U of South Carolina PhD U of Massachusetts, Amherst	F	Caucasian	Professor	Tenured	Academic Administration, Leadership Development, Community Based Interventions.	HED 890	
Lisa Moore	BS UC Berkeley DrPH UC Berkeley	F	African American	Assistant Professor	Tenure Track	Harm Reduction	HED 815	1994
Rachel Morello-Frosch	BS UC Berkeley MA UC Berkeley PhD UC Berkeley	F	Latina	Assistant Professor	Tenure Track	Environmental Health and Justice	HED 825	2000
Juliana van Olphen	BA UC Berkeley MPH UCLA PhD U of Michigan	F	Caucasian	Assistant Professor	Tenure-Track	Criminal Justice and Public Health, Community-Based Participatory Research, Social Capital and Community Development	HED 830	2002

B. Faculty's Integration of Perspectives from the Field of Practice

There are presently nine full-time faculty who spend at least 40% of their time servicing the graduate program. Of the complement of graduate teaching faculty, 55% have a degree in community health education or a closely related field. Another 33% have their terminal degrees in an affiliated area of Public Health (Policy, Environmental Health). Faculty are assigned teaching responsibilities in the areas of their specialization, and faculty who have degrees in community health education serve as instructors for the community health education courses in the program.

Graduate teaching faculty are encouraged to maintain ongoing practice links with communities and public health and health education agencies. Faculty have achieved significant levels of community involvement through the following: community and statewide grant funded community-based intervention projects; as editors editorial board members, and reviewers for professional journals; publications; serving in leadership positions in local public health policy making; members of boards of directors; facilitating the development of health related coalitions; conducting national and international panels, workshops, presentations; advising student internships; providing consultation and participating in guest lectures. Information on the specific contributions made by faculty in the areas of service and research is provided in Table VII.I above and under Criteria VI. (Research) and VII. (Service.)

C. Bios

1. Faculty Biographies

Ramon Castellblanch, Ph.D.

Dr. Ramón Castellblanch is an Assistant Professor, Department of Health Education, College of Health and Human Services at San Francisco State University. He received his Doctorate in Health Policy and Management from Johns Hopkins University, his Master in Public Policy from Harvard University, and his bachelor's degree in economics from the University of California, Berkeley. His research focuses on the politics of health policy. He has two articles on the politics of prescription drug prices accepted for publication in the *Journal of Health Politics, Policy & Law* in 2003. He also writes on health administration and has a peer-reviewed book chapter on how managers can take a preventative approach to racism accepted for publication this Winter. He is conducting focus groups of nurses on their attitudes toward unions under a grant from the Institute of Labor and Employment, University of California. He has been elected to the Section Council of the Medical Care Section of the American Public Health Association and as chair of the Health Equity & Public Hospital Caucus of the APHA. He is an op ed columnist for the Progressive Media Project syndicated through Knight-Ridder and a regular op ed columnist for the *Hartford Courant*. He is coordinating a 2003 California conference entitled *Employer Health Insurance Mandates and Incentives – Finding Common Ground* that will bring together interest groups concerned about state legislation promoting employer contributions for health insurance. He currently teaches courses at San Francisco State University in health policy and health administration. Prior to earning his doctorate, he served as the California health policy lobbyist for the Service Employees International Union and as national political action director for the Bazelon Center for Mental Health Law.

Vivian Chávez, DrPH-MPH

Dr. Chávez's dissertation research titled: *Violence in the Lives of Young Women in Urban Environments*, was a qualitative study focused on female perspectives and language about youth violence. Her research interests are in community organization, collaborative leadership, youth development, violence prevention and multimedia evaluation. Chávez serves on the American Public Health Association's Health Education Health Promotion section as governing councilor; she also serves on the W. K. Kellogg Foundation National Advisory Committee for the Community Health Scholars Program. She produced *A Bridge Between Communities* a 32-minute documentary video on the research partnership between community-based organizations in Detroit, the Center's for Disease Control and the University of Michigan. At SFSU Vivian is faculty advisor for HESA, the Health Education Student Association. Soon she will be working in partnership with the San Francisco Department of Public Health as lead evaluator on their new youth violence prevention project targeting Latina and Asian "newcomer" high school students.

Zoe Cardoza Clayson, ScD

Dr. Zoe Cardoza Clayson is an Associate Professor, College of Health and Human Services, Department of Health Education at San Francisco State University and the Director of the Social Justice and Community Health Network. She received her Doctorate of Science in Health Policy and Management from the Johns Hopkins University School of Hygiene and Public Health. Dr. Cardoza Clayson has directed numerous projects, policy analyses and program evaluations in the areas of women's health, children's services, community economic development, and

occupational and environmental health. She has been instrumental in developing new prototypes for evaluating interventions that seek to improve the overall health and well-being of communities; and, she has crafted innovative approaches to public health education using problem-based learning and multi-media methods. She has extensive experience working with low income, diverse ethnic communities as well as with small community organizations, large public agencies, statewide coalitions, international non-governmental organizations (NGO's), policymakers and foundation executives. Her current research projects include evaluation studies of the David and Lucile Packard Foundation's Communities 2000 Initiative and the National Economic Development and Law Center's Family Support Initiative. Within the undergraduate and Masters of Public Health programs, Dr. Cardoza Clayson's teaching responsibilities include Health Policy and Management, Program Evaluation, and Environmental Health.

John P. Elia, Ph.D.

Dr. John Elia, Assistant Professor of Health Education at San Francisco State University, received his undergraduate education in history and physical Education (1986), and a master's degree in history (1989) from San Francisco State University. He earned a Ph.D. in education (1997) from the University of California, Davis. His doctoral training focused on the history, philosophy, and socio-cultural foundations of American education. His dissertation, *Sexuality Education: A Challenge for the Schools*, examined the historical and philosophical underpinnings of sexuality education in American public schools, and concluded that sexuality education should be offered by using a democratic educational process to achieve optimal health promotion regarding the human sexual experience. Besides teaching at San Francisco State University in the Departments of Health Education and Psychology and in the Human Sexuality Studies Program since 1987, Dr. Elia has served as Associate Editor and Senior Book Review Editor for the *Journal of Homosexuality*, an internationally renowned peer-reviewed journal since 1997, in addition to serving on the Publications Committee of the SIECUS Report from 1998-2000. He has edited three books entitled (co-edited with John De Cecco) "If You Seduce a Straight Person, Can You make Him Gay: Issues of Biological Essentialism and Social Constructionism in Gay and Lesbian Identities" (New York: Haworth Press, 1993), "Sex and Relationships: An Anthology" (Dubuque: Kendall Hunt, 1999), and (co-edited with Albert Angelo) "Readings in Contemporary Sexuality" (Dubuque: Kendall Hunt, 2000). His recent scholarship has focused on democracy and sexuality education in public schools, and recently he has been published in *The Educational Forum*, *The Journal of Sex Education and Therapy*, and the *Journal of the History of Sexuality*. His most recent scholarship, "Queering Relationships: Toward a Paradigmatic Shift" is forthcoming in a special issue of the *Journal of Homosexuality* focusing on queer theory and communication studies, and was awarded the "Top Paper Award" of the GLBT Division of the National Communication Association in 2002. Dr. Elia served as a co-associate editor with Dr. Karen E. Lovaas under the guest editorship of Dr. Gust A. Yep, for a forthcoming volume entitled "Queer Theory and Communication: From Disciplining Queers to Queering the Discipline(s)" (New York: Haworth Press, 2003). Most recently, Dr. Elia has been appointed as an Advisory Board Member of the *International Encyclopedia of Sexuality, Education, and Culture* (a three-volume work to be published by Greenwood Press in 2004), and he has been invited to join the editorial board of the *Journal of Gay and Lesbian Issues in Education*, an international peer-reviewed scholarly journal. Besides teaching and research, Dr. Elia gives presentations and workshops for San Francisco Unified School District's School

Health Programs, University of California, Berkeley's Health and Wellness courses, University of California, Davis' Behavioral Sciences Extension Program, and he speaks at local community-based organizations on sexuality education and health.

Roma Guy, MSW

Roma Guy, a member of the faculty of the Department of Health Education, College of Health and Human Services at San Francisco State University, received her Masters in Social Work degree from Wayne State University. She is President of the San Francisco Health Commission and serves on the Local Homeless Coordinating Board. She was appointed to the Mayor's Welfare Reform Committee and served from 1996–1997. In addition to her teaching responsibilities, she is the practice coordinator for all the internships and community placements in the MPH program. Ms. Guy has developed innovative courses and approaches to distance learning, community service learning courses on homeless and public policy as well as a course for low-income parents in higher education. She is currently involved in the development of curriculum related to global health and trauma education for public school teachers. Ms. Guy has supervised undergraduates and graduate students in Health Education, Social Work and Women's Studies both on and off-campus in the disciplines of health and human services, community organizing, policy and program planning. She is a participant in the development of the Health and Social Justice Network. A long-time community activist in San Francisco and the Bay Area, Ms. Guy maintains her involvement with advocacy and non-profit organizations. She is a community activist for women, girls, disabled and sexuality rights; issues related to multiculturalism and the civil rights of poor and disenfranchised related to race and immigrant/refugee status. She is a founder of the Women's Building, the Women's Foundation and California Women's Agenda.

Mary Beth Love, PhD

Dr. Mary Beth Love is Chair and Professor, Department of Health Education, College of Health and Human Services, at San Francisco State University. She received her Ph.D. from the University of Massachusetts, Amherst, School of Public Health in Community Health Education. As Chair, Dr. Love manages a Department of fifteen faculty providing both a Masters of Public Health and a Bachelor of Science in Community Health Education as well as a minor in Holistic Health. Dr. Love has been integrally involved in numerous projects aimed at diversifying the public health workforce. She has been honored three times with highly competitive grants from the US Department of Education, Fund for the Improvement of Post Secondary Education (FIPSE) to develop innovative curriculum that strengthens public health practice skills and addresses the issue of diversifying the workforce. For example, she was pivotal in the development of the Master of Public Health Program at SFSU now in its fifth year and is the founder of Community Health Works the first academic preparation program for Community Health Workers in the country. Dr. Love is the Principal Investigator of a Statewide initiative to integrate foreign trained health care providers into health and public health professions in the US. Dr. Love's community based work is grounded in leadership development and eliminating health disadvantages. Funding under Dr. Love's leadership from the Hewlett Foundation allows the Department to provide internship placements that explore structural barriers and social justice as a determining cause of disease. The *Yes We Can Manage Urban Asthma* (grant from the California Endowment) program's goal is to "scale up" the best practices in asthma management for poor children in San Francisco. It is a model for chronic disease management that marries

best medical practice with public health socio/cultural outreach for marginalized populations. In line with this commitment, Dr. Love is the Co-Principal Investigator of a new 12 million dollar statewide prevention (TCE) initiative to reduce asthma triggers to prevent childhood asthma. Dr. Love is co-editor on a publication from FIPSE and the California Wellness Foundation to integrate Case Based Learning into public health preparation using teaching cases to contextualize public health challenges and sharpen students' problem solving abilities.

Lisa Dorothy Moore, DrPH

Dr. Lisa Moore is an Assistant Professor, College of Health and Human Services, Department of Health Education at San Francisco State University and a Research Scientist at the Urban Health Study, Institute for Health Policy Studies, University of California, San Francisco. She received her Doctorate Public Health in Social and Administrative Health Sciences, Health Education Program from the University of California, Berkeley. She has directed research projects in the areas of HIV epidemiology, qualitative and quantitative evaluations of harm reduction services, tuberculosis prevention evaluation and needs assessment and process evaluations associated with the Treatment on Demand initiative in San Francisco. She has experience working with diverse racial/ethnic and sexual communities and indigent drug user communities. Dr. Moore has worked to develop a national agency of harm reduction education as well as on local level interventions and policies. Her current research projects include a needs assessment of occupational health and harm reduction workers, and a continuing process evaluation of Treatment on Demand, funded by CSAT. Within the undergraduate and Master of Public Health programs, Dr. Moore's teaching responsibilities include Theories of Social and Behavioral Change, Drugs and Society, Multicultural Health Issues, AIDS: A Modern Epidemic and Community Organization.

Rachel Morello-Frosch, PhD

Rachel Morello-Frosch is an assistant professor in the College of Health and Human Services, Department of Health Education at San Francisco State University. She is currently on extended leave doing research on environmental justice, the precautionary principle, and children's environmental health at the Center for Environmental Studies and the School of Medicine, at Brown University. Dr. Morello-Frosch completed her bachelor's degree in development economics, a Master's Degree in Public Health in epidemiology and biostatistics, and her Ph.D. in environmental health sciences at UC Berkeley. Dr. Morello-Frosch's dissertation examined race and class determinants of the distribution of ambient air toxics and associated health risks among diverse communities in California. Her current research focuses on comparative risk assessment and environmental justice, developing models for community-based environmental health research, the intersection between science and environmental health policy-making, economic restructuring and environmental health, children's health, reproductive and occupational health. She has worked extensively on research partnerships with *Communities for a Better Environment* in Los Angeles on Air Pollution, *Toxics and Environmental Justice and the Environmental Defense Fund* on web-based applications for providing accessible environmental justice information for communities organizing around environmental hazards. Recently, she completed a project with the Center for Third World Organizing and the Bay Area Land Use and Transportation Coalition examining transportation barriers to primary health care and food security. Dr. Morello-Frosch has published articles on much of her research in journals such as: *Risk Analysis*, *Environmental Health Perspectives*, *International Journal of Health*

Services, Urban Affairs Review, Environment and Planning C, and Annual Review of Political and Social Sciences. She teaches undergraduate and graduate courses in epidemiology, environmental health and cultural diversity in health promotion.

Juliana van Olphen

Dr. Juliana van Olphen is an Assistant Professor in the College of Health and Human Services, Department of Health Education at San Francisco State University. She has a B.A. from UC Berkeley (5/89), an M.P.H. from the Department of Population and Family Health, UC Los Angeles (6/94) and a Ph.D. in Health Behavior and Health Education from the University of Michigan School of Public Health at Ann Arbor (9/00). She has extensive experience in the design, implementation and evaluation of intervention projects guided by a community-based participatory research (CBPR) approach. She has developed expertise in the application of CBPR principles to applied mixed method (quantitative and qualitative) research projects implemented in diverse, urban communities. Her research interests include social inequalities in health, policy analysis and development, community reintegration of ex-offenders, and community development and social capital for health. With co-authors, she developed a model to enhance understanding of the linkages between social capital and health, and is currently developing innovative strategies to build social capital for health. Most recently, she was involved in the design and implementation of a community-based policy intervention to enhance the community reintegration of substance users leaving jail in New York City, and she continues to work on parallel issues in the San Francisco Bay Area. At San Francisco State University, she is responsible for teaching the sequence of core courses of Community Assessment, Program Planning and Evaluation in the MPH program of the Department of Health Education.

2. Research Faculty

Biographies of Vicki Legion and José Ramón Fernández-Peña are included as the co-directors of Community Health Works. Dr. Peña has taught a course in the MPH program and has been active as an advisor for MPH students and serves as a culminating experience committee member. Both Ms. Legion and Dr. Peña have hired and mentored MPH students working with CHW. Although the Department views them as integral part of the research and service of the MPH program, they are not included overall as part of the MPH faculty because they are not currently teaching in the MPH and are not general fund/tenure track faculty.

José Ramón Fernández-Peña, MD, MPA

José Ramón Fernández-Peña, MD, MPA, is the director of the Welcome Back Initiative, a statewide demonstration project developed to assist internationally trained health professionals, residing in California, in the process of re-entering the health workforce. He is also the Co-director of Community Health Works of San Francisco, a partnership program between at San Francisco State University's Department of Health Education and City College of San Francisco's Health Sciences Dept. In addition, he is a faculty member at San Francisco State University's Department of Health Education, where he teaches Community Health Assessments in the MPH program. Prior to this, he was director of Health Education at Mission Neighborhood Health Center (MNHC) in San Francisco, where he oversaw the health education activities in the women's clinic, the teen clinic, the adult medicine clinic, and the HIV clinic. During his tenure at MNHC, he secured over \$500,000 in grants from governmental and private sources to develop and expand a series of health education activities and programs. Dr.

Fernández-Peña holds an MD and a Master's of Medical Education from the National Autonomous University of Mexico, and a Master's in Public Administration from New York University. He has over 22 years of professional experience in primary care services from the perspectives of a provider, a professor, and an administrator.

Vickie Legion, MPH

Vicki Legion, MPH, is the executive director of Community Health Works, a partnership of San Francisco State University and City College of San Francisco. Community Health Works is an innovation incubator, carrying out education, training, applied research and advocacy to eliminate health disparities and diversify the health workforce. Our central interest is in improving public health and primary care in low income and immigrant communities.

Community Health Works was recognized by the Annie E. Casey Foundation as one of the fifteen "most innovative and promising" health training programs in the US, received a statewide innovation award in higher education, and has received two highly competitive grant awards from FIPSE (Fund for the Improvement of Post Secondary Education, US Department of Education), which funds only two to three per cent of applicants. Community Health Works piloted and then institutionalized the first college credit Community Health Worker Certificate in the US, now being replicated in nine colleges. Four out of five graduates since 1992 have been low income people of color. We sponsor an urban-health-oriented Drug and Alcohol Counselor Certificate, and Welcome Back, a state-wide program to fast-track health professionals trained overseas into the US health system. We host the Bay Area Regional Health Occupations Resource Center. RHORC is a hub for disseminating health training innovations throughout the Bay Area and California, for example a certificate to train health care interpreters. Finally, Community Health Works has a program called "Health Train" which fosters transfer and speedy graduation for community college students going into the area of public health at San Francisco State University. Vicki received her education at University of Chicago, New College of California, and University of Illinois at Chicago. She has worked in urban community health for twenty years, in areas from epilepsy to women's AIDS and now in higher education. She has led teams that have raised over twenty million dollars in external funding, and built Community Health Works from an organization of three to an organization of 27 staff. Vicki is motivated by a passionate belief that health is a human right and that health disparities are both unjust and preventable.

D. Outcome Measures to Judge the Qualifications of the Faculty

Outcomes have been set to promote the establishment of a highly qualified, academically diverse and productive faculty complement in the MPH program at SFSU. Faculty are judged annually by a process described in Section VIII.B. on their accomplishments in teaching, research, and service.

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

This criterion is very well met as illustrated in: Table 18 and in the faculty bibliographies above; the number of faculty with advanced degrees in public health; degree of participation in community-based research, service, scholarship and grantsmanship; as well as effective classroom teaching. Curricula Vita are available for review in Appendix 28.

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

A. Written Document that Outlines Faculty Rules and Regulations.

The San Francisco State University Faculty Handbook is available by request to the administrative staff. All faculty hired to teach for the MPH Program must follow the rules and regulations set forth in this document. Each core faculty member receives a copy. (See Appendix 29 for the Faculty Manual table of contents; the full manual can be viewed at <http://www.sfsu.edu/~acaffrs/facman/fac-man.htm#997997>).

B. Provisions for Faculty Development

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

In addition to the New Faculty Orientation, CET offers numerous workshops each semester on a variety of pedagogical issues ranging from how to develop on-line courses to course assessment. Also, a faculty member may make an appointment with one of the CET staff members to seek advice, solve technological issues, and develop websites.

At the departmental level, new faculty members are automatically awarded a fifty-percent (50%) reduction in teaching for their first year. By being given a two-course load per term – rather than the customary four course load – faculty can take the necessary time to acquaint themselves with a new work environment, department policies and procedures, and academic programs. Also, this time affords new faculty with the time to develop their research programs. Additionally, the department devotes one two-hour meeting (colloquia) per month to share ideas about effective teaching, research, creative projects, relevant readings, topical issues, etc. These meetings are helpful in terms of serving as forums in which faculty members can get feedback on their research ideas, their teaching, and share ideas about professional development. The department fosters a supportive environment for junior and senior faculty alike. Besides the course reduction for new faculty and the monthly departmental colloquia, faculty members pair up informally to support each other through the retention, tenure, and promotion process in terms of preparing personnel files. Furthermore, the departmental Hiring, Retention, Tenure, and Promotion Committee members are facilitative rather than adversarial for those seeking retention, tenure, and/or promotion.

The university also provides faculty members with opportunities to apply for internal grants and released time to develop innovative teaching practices and programs. One example is the “Service Learning Curriculum Development Award,” which encourages faculty to develop a service learning component to their courses. Another opportunity for faculty to develop teaching tools is the “Technology Discipline Integration,” which promotes the integration of technology into the curriculum.

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

- Sabbatical leaves
- Differences in Pay Leaves
- Presidential Awards for Fulbright Scholars
- Presidential Awards for Professional Development of Probationary Faculty
- Professional Development Leave Without Pay Stipend
- Faculty Affirmative Action Awards
- Mini Grants and Summer Awards for Research, Scholarship, and Creative Activity
- Vice President’s Assignment Time for Research, Scholarship, and Creative Activity

Department of Health Education faculty have been particularly effective in securing these and other resources including:

Raquel Morello-Frosh – *Office of Research and Sponsored Projects (ORSP) Grant, Environmental Justice*

Vivian Chavez - *Community Service Learning Grant: Community Organizing, HED 455*

Zoe Clayson - *Community Service Learning Grant: Health Policy, HED 450 and Vice President’s Assigned Time Award, Building Partnerships with Universities in Vietnam.*

John Elia and Roma Guy - *Marion Wright Edelman Institute Grant: Trauma and Education.*

Juliana van Olphen - *NIMH/SFSU Faculty Development Award, under the Minority Research Infrastructure Program (M-RISP) mechanism.*

These awards usually provide released time and, in some cases, a stipend to support research or curriculum development (see Appendix 30 for a chart of teaching development awards, p. 26-30 of SFSU Faculty Manual).

The College of Health and Human Services emphasizes engagement in applied research projects and application for external funding through the grant process. The Department Chair is protective of research time for core faculty; and faculty have been active in research pursuits (see more detailed discussion in Section V.).

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

For the general support and development of the faculty, the University organizes a bi-annual conference at Asilomar, a state-owned conference center. This conference provides the

University community with an opportunity to exchange ideas and promote positive working relationships. Due in part to the events of September 11th, this year's Asilomar was organized around the theme of Civil Discourse.

External faculty appointed to instructor positions for the MPH program can utilize all library services on campus. And, all faculty have access to the Campus Data Communications Network for e-mail and Internet access.

C. Formal Procedures for Evaluating Faculty Competence and Performance

The SFSU Faculty Handbook governs all performance and tenure reviews with major reviews occurring at the second, fourth, and tenure years (see pgs. 13 – 15 from the Faculty Handbook, Appendix 1). University-wide, all departments are developing additional department-specific criteria that will be nested under these broader SFSU policies. Currently, the Department of Health Education is developing its own guidelines and criteria for performance and tenure review.

Other department-specific procedures currently in place include the following:

1. Faculty Observations:

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

Chair of Department conducts an observation of probationary faculty once per year; a written summary is then prepared, discussed with the faculty member, and placed in the official files. The Chair of the Department and HRPT committee members review all these observations during the process of preparing recommendations for retention, tenure, and promotion.

2. Faculty Self-Evaluation:

Every year faculty reflect upon their professional competence and performance while preparing their Working Personnel Action File (WPAF) file as part of the retention, tenure, and promotion process. This file includes a portfolio of every faculty member's work in the priority categories for tenure and promotion (teaching, research, and University/community service.)

In the past three years, no full-time faculty have failed to be re-appointed and none has been denied tenure.

D. Student Course Evaluation Process

Students evaluate all probationary faculty in every course and tenured faculty are evaluated in two courses per year. The instrument used covers content areas related to the instructors' competence and the content of the course and provides quantitative and qualitative evaluation data. This evaluation tool is contained in Appendix 31. Uniform student evaluation forms are being developed across the College of Health and Human Services, and the Health Education faculty have been involved in this process.

Faculty are expected to achieve mean scores less than 2 on a scale of 1 = best and 5 = worst. All MPH faculty have achieved acceptable mean scores. The Chair of the Department reviews the

summaries of course evaluations each semester and meets with any faculty where students express concern through their written comments. A summary of course evaluation results will be discussed in Criterion X (Evaluation and Planning).

E. Emphasis Given to University/Community Service Activities in the Promotion and Tenure Process.

Community service is considered one of the three core elements (teaching, professional achievement, and community service) for faculty performance University-wide. The Dean of the College of Health and Human Service emphasized this point with a chart he provided to all faculty documenting the relationship between these elements (see Appendix 32, Matrix of Responsibility, Roles, and Results Guideline). MPH faculty are encouraged to excel in community service to further MPH goals as a community-practice oriented degree. In addition, many faculty members conduct community-based applied research in partnership with community organizations and other key stakeholders (see Criterion VI. for further information).

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

University policies dictate annual performance reviews to ensure adequate or optimal faculty performance. The Chair of the Department supports all faculty in their professional development, reviews all teaching evaluations, and discusses critiques with individual faculty members. To date, this established criterion has been successfully met.

Criterion VIII.C.: *The program shall recruit, retain and promote a diverse faculty, and shall offer equitable opportunities to qualified individuals regardless of age, sex, race, disability, religion or national origin.*

A. Faculty Demographics

The diversity of the Master of Public Health (MPH) faculty at San Francisco State University (SFSU) closely approximates the diversity of our urban campus community and the San Francisco Bay Area's population. As of the fall, 2002 semester, our MPH Program has a total of nine core faculty members, comprising seven females (78%) and two males (22%). Of the seven females, one is African-American, four are Caucasian, and two are Hispanic. Of the two males, one is Caucasian and one Hispanic. Although there is a disparity between the number of females and males on the faculty, SFSU's Department of Health Education has made significant progress in this area in recent years, as both male hires have occurred within the last two years. Also, historically, this imbalanced female to male faculty ratio reflects the health education profession, which has been female dominated.

B. Policies and Procedures Regarding Equitable Opportunities

San Francisco State University has an ongoing commitment to recruiting, hiring, retaining, and promoting diverse faculty. In keeping with the mission of our university, the Office of Faculty Affairs in concert with The Office of Affirmative Action & Employment Equity Program (AAEEP) oversee the faculty hiring process. In fact, during the tenure-track search process there are a number of affirmative action procedures in place to assure that individuals from diverse backgrounds are afforded fair treatment as they are considered for employment. The Department of Health Education is fully committed to recruiting hiring, retaining, and promoting faculty

members from diverse backgrounds. Thus, its practices abide by the department's deep philosophical belief in, and commitment to, social justice in the broadest sense, and education that accurately reflects the diverse San Francisco Bay Area community. The University's affirmative action policies and procedures echo the department's views and practices on such matters. For example, SFSU's Office of Human Relations declares a staunch commitment to diversity by stating:

At SFSU, the term "diversity" is used to describe an environment that accommodates that rich cultural mixture of the United States and the State of California. A diverse community encourages mutual respect and understanding at all levels for all groups and individuals within the University.

Differences in heritage, culture, gender, age and lifestyle are appreciated and valued at SFSU for the varied perspectives they bring to the educational process, the workplace, and the services provided by the University.

Equal Employment Opportunity ensures a work environment that is free from discriminatory conditions, where each individual is assessed solely on the basis of merit. It is illegal and a violation of SFSU policy to be treated differently, harassed, or in any other way discriminated against on the basis of any of the following: race, color, religion, gender, national origin, age, citizenship, mental/physical disability, marital Status, veteran status, or sexual orientation (quoted directly from: <http://www.sfsu.edu/~ohr/aa.html>).

SFSU's Department of Health Education strictly adheres to the hiring policies and procedures specified by our university, which is an Equal Opportunity Employer (EOE).

C. Identification of Outcome Measures For Success in Achieving a Diverse Faculty

1. Outcome Measures:

- To demonstrate that the department has recruited, hired, retained, and promoted faculty members from diverse backgrounds, and who are representative of the SFSU student body and the larger San Francisco Bay Area community.
- To demonstrate that the department has hired male faculty members to address the gender imbalance of the full-time faculty.

2. Performance of the Program Against Those Measures over the Last Three Years:

The Department of Health Education has been quite successful in the area of diversity, as the composition of its faculty in recent years has become increasingly diverse. For instance, in the early 1990s, the department's faculty members were almost entirely Caucasian and exclusively female. In 1995, the department appointed an African-American female to its full-time faculty (she continues to make significant contributions to our MPH Program). Continuing to diversify its faculty, the department hired two Hispanic females in 1999 (these individuals continue to play a significant role as core faculty in the MPH Program). Throughout the 1990s, there were no full-time male faculty members. In 2001, one Caucasian male was hired, and in 2002 a Hispanic male joined the permanent full-time

faculty. Both of these faculty members serve as core MPH faculty. In addition, the Department of Health Education gained approval to hire another permanent faculty member during the 2003/2004 academic year. Consistent with university policy and the departmental commitment to diversity, the search/hiring committee and the department faculty as a whole will be extremely mindful of the need for continued diversity in the department.

D. Assessment of the Extent to which this Criterion is Met

As indicated previously (see C above), the Department of Health Education at SFSU has made significant strides in diversifying its faculty in terms of hiring people of color and adding males to the full-time faculty. The composition of the faculty approximates the diversity of the university and the broader community. All of the faculty hired over the past three years have served to diversify the department in one way or another, and currently serve as core faculty members in the MPH Program.

However, the Department of Health Education at SFSU will continue to address the issue of faculty diversity by attempting to recruit more minority faculty. For instance, there is a significant Asian population at SFSU and in the San Francisco Bay Area. Ideally, it would be prudent for the department to actively recruit prospective Asian faculty members to ensure that the racial composition of SFSU's Department of Health Education reflects that of the student body at SFSU and of the Bay Area. The hiring of Asian faculty members may help the department in terms of being better able to address key health issues of concern to the Asian communities in the San Francisco Bay Area. Faculty composition aside, the department attends to the health of Asian communities in the Bay Area through establishing partnerships with community-based organizations serving Asian communities and through placing students in field-based practicums with those organizations. The Health Education Department will continue to explore linkages across campus (e.g., in the School of Social Work, School of Nursing, Anthropology Department, College of Ethnic Studies, etc.) and in the community to ensure proper representation of the Asian communities and to address their health needs.

Despite the challenges of ensuring representation of all racial groups in the Bay Area on the Health Education faculty, the Department of Health Education has demonstrated significant improvement in this area over the past several years, and it will actively work to improve diversity in the coming years.

Students

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

A. Recruitment

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

The Graduate Division participates in Graduate Fairs held at various campuses each Fall. The division sends representatives to events at such schools as University at San Francisco (USF), UC Berkeley, UC Davis, Sonoma State University and UC Santa Cruz. At these events, prospective students are given the Graduate Studies brochure with an insert that lists contact and deadline information for all the programs, as well as applications. Prospective students are asked to complete an interest form, indicating the programs about which they would like to receive information. When the Department of Health Education is checked, our Administrative Office Coordinator receives copies of these forms so that we may follow up with those interested students.

In addition, the Graduate Division sends a representative to the Diversity Forum, held in Northern California and Southern California on alternate years. The Dean of the Graduate Division and other members of the campus community have participated on informational panels at this event, and have also served as representatives for the campus. This forum has workshops on how to choose and apply to graduate schools, and how to obtain financial aid. SFSU's Graduate Division is also in the planning stages of an on-campus Graduate Studies Information Day that would enable our undergraduates to talk with representatives from each SFSU graduate program.

Recruitment by the Department of Health Education takes a variety of forms. Word of mouth has been, and continues to be, one of the strongest methods for attracting new students. Our current MPH students serve as ambassadors of the program out in the community, often prompting prospective students to contact the Department. Active recruitment occurs via outreach materials, orientations, and through faculty and student participation at relevant events.

Outreach materials include an MPH poster with tear-off mail-in cards (Appendix 33), an MPH program brochure (Appendix 11), and the Department of Health Education website. The posters are delivered to over 300 public health organizations, agencies, educational institutions and individuals, brochures are given or mailed to any student requesting information about the program, and the website is accessible to any interested party from the SFSU homepage. Two-hour prospective student orientations take place four to six times a year and provide a detailed overview of the program and application process to an average of 11 people per session. In addition, a department representative speaks each year at an event for students interested in public health at the University of California at Berkeley and at the University of California at

Davis. Also, students and faculty attending the Northern California Society of Public Health Educators (NCSOPHE) and the American Public Health Association (APHA) conferences promote the SFSU's MPH program. Interested prospective students can also access information about the program, such as the academic calendar and the University Bulletin with MPH course offerings (pages 355-359) and information on grading policies (pages 112-115), from the SFSU and the Department of Health Education websites, <http://www.sfsu.edu/~hed/> (see Appendix 34 for SFSU homepage), as well as contact the department office to speak with an advisor.

B. Admissions Policies

For prospective students to be considered for acceptance by both the University and the Department, they must demonstrate the following:

- Evidence of academic excellence, as reflected in an undergraduate grade point average (GPA) of 3.0 or higher in the last 60 units of undergraduate course work;
- Undergraduate courses in social science and statistics as well as evidence of an undergraduate culturally, ethnically and socially diverse (CESD) course or its equivalent;
- Two years of employment in public health related work;
- Statement of Purpose; and
- Three letters of reference.

Initially, students are conditionally admitted, and then move on to Classified Standing if they maintain a 3.0 GPA or better during the first semester. Additionally, the University requires students to pass a writing proficiency exam, the Graduate Essay Test, or complete an upper-level writing course if they do not pass the exam, before being moved to Classified Standing.

C. Admission Procedures

All MPH applications submitted to the Department are first reviewed by the Academic Office Coordinator to determine if all the required documentation -- application, statement of purpose, letters of recommendations, and transcripts -- are included. The Coordinator then mails a postcard as a notification that a completed application has been received or that further information is needed. All complete application packets received by March 25th are reviewed by two faculty from the Admissions Team; the Admissions team is comprised of the MPH Department faculty. The first readers then present applicants who have met the minimum requirements to the entire faculty and a recommendation is made to reject or accept that prospective student. Our target class size is about 20 students; therefore, 23 to 28 are conditionally accepted to account for student non-response and non-acceptance. Once a student is admitted s/he must take the Graduate Essay Exam and attend a new student orientation. The orientation is conducted by the Department Chair in conjunction with the existing two cohorts of MPH students at the beginning of the semester. At this orientation, new students receive a copy of the MPH Student Manual, and an overview of the program expectations as well as have an opportunity to socialize and ask questions of the current students.

D. Student Admissions and Enrollment Data

The following table (Table 19) depicts the data on the number of applicants, acceptances, and enrollees, and graduation rates. Data from 1998, our first admission year, to 2002 are included to create a picture of our student body since the inception of the MPH program.

Table 19: Qualitative Data on Applicants, Acceptances, Enrollment, and Graduation

Admission Yr.	Cohort Yr.	Applicants N	Conditional Acceptances N (n accepted / n applicants)	Enrolled N	Move to Classified N (n moved / n enrolled)	Graduated N (n classified / n graduated)
1998	2001	44	25 (57%)	18	17 (94%)	15 (88%)
1999	2002	62	32 (50%)	21	20 (95%)	14 (70%)
2000	2003	51	26 (51%)	16	13 (81%)	NA
2001	2004	52	26 (50%)	17	17 (100%)	NA
2002	2005	71	31 (44%)	17	NA	NA

E. Headcount

As of Fall 2002, the MPH program, made up of cohorts 2003 – 2005, has a total of 45 students enrolled; 10 in the class of 2003, 17 in the class of 2004, and 18 in the class of 2005. All students in the program are enrolled part-time, taking an average of eight units a semester.

F. Outcome Measures

The Department uses a number of criteria to evaluate its success in enrolling a qualified student body. These outcome measures include:

- Percentage of Students who Move from Conditional Standing to Classified Standing:** We intend for at least 90% of our students to move to Classified Standing as we are confident in the quality of our applicant pool. Students must obtain a 3.0 or better GPA in their first semester of the MPH program to gain Classified Standing. This first semester is extremely challenging, as students are responsible for the largest course-load of all six semesters. Table 19 above indicates the number and percentages of students enrolled to conditional standing who move classified standing. Three out of the four cohorts (2005 is excluded in this measure as they are still in conditional standing at the time of this self-study) have met this outcome measure, with 94%, 95%, and 100% of the students meeting the requirements for becoming classified graduate students. The drop in the student count for the class of 2003 was due primarily to the loss of two foreign-trained medical doctors who found our program did not fit their needs. As a result of this experience, our admissions team screens foreign students' statements of purpose to assess their understanding of our program and requires a phone interview to clarify their expectations.
- Applicant Acceptance Rate:** Our goal is to accept less than 50% of the applicant pool. As depicted in Table 19 above, our acceptance rate has decreased from 57% in 1998, to around 50% from 1999 to 2001, and finally to 44% in 2002. Overall, the number of applicants has grown from 44 in 1998 to 71 in 2002 enabling us to decrease the percentage of applicants admitted to 44% in 2002.

- **GPA:** All students must have a GPA of 3.0 or higher to graduate from the MPH.
- **Graduation Rate:** Given the nature of this MPH, a three-year-long, sequenced program for working people, it is to be expected that not all students are able to graduate with their cohort. Our aim is to have 85% or our classified students from each cohort graduate. As we have only had two graduating classes thus far, it is difficult to assess our overall success. Eighty-eight percent, 15 out of 17, of the first cohort graduated, thus exceeding our standard. Of the two classified students who did not graduate with this cohort, one died and the other graduated the next year. The cohort of 2002 saw a lower graduation rate of 70%, 14 out of 20 students. However, of the six students who did not graduate with their cohort, five students finished all coursework for SFSU's MPH program and then enrolled San Jose State University's MPH program when they learned that they would not be "grandfathered in" if/when SFSU's program became accredited. These students are scheduled to graduate from San Jose's MPH program in spring of 2003.
- **Professional Presentations and Publications:** While we do not have complete data on all students' professional presentations and publications while in our MPH program, a sizable number of students have presented papers and submitted articles for publication. A sample of MPH students' presentations appears in Appendix 23.
- **Student Honors, Awards, and Acceptances to Ph.D. Programs:** Honors, awards, and acceptances received by members of the MPH cohorts serves a final method by which we evaluate our success in enrolling a qualified student body. The following is a list of honors, awards, and acceptances bestowed on our students:
 1. 2001 Graduate University Hood Recipient – One MPH graduate student was competitively chosen from all 96 graduate programs on campus as the most distinguished graduating Masters student.
 2. In 2002, a student's MPH Culminating Experience proposal was awarded \$350,000 grant from the California Endowment.
 3. Approximately 10 MPH students have been chosen, since 1998, to participate in and have attended the Northern California Cancer Center's Minority Training Program in Cancer Control Research.
 4. A total of seven students (five in the Class of 2001 and three in the Class of 2002) received the San Francisco State University Graduate Student Award for Distinguished Achievement. This award is conferred on students who have earned a distinguished record of academic performance in and contribution to their major field.
 5. Continuing Education - One MPH student graduating from the class of 2001 received full tuition to a Ph.D. program at the Harvard School of Public Health. Another student has been accepted into Yale University, Columbia University, and Harvard Law School. In addition, a graduate of the Class of 2002 was accepted into the Ph.D. program in nursing at University of California at San Francisco (UCSF).

Criteria IX.B.: *Stated application, admission, and degree-granting requirements and regulations shall be applied equitably to individual applicants and students regardless of age, sex, race, disability, religion or national origin.*

A. Policies and procedures to achieve a diverse student population.

Given the MPH's focus on social justice and practice, its accessibility to working people, and its location within a State-funded University in the multi-cultural and progressive Bay Area, diverse applicants are attracted to the program. The diversity of our applicants extends beyond race and ethnicity to include students of various economic classes, sexual orientations, religions, and countries of origin. While all of the aforementioned diversity measures are taken into consideration as the admissions team is reviewing applications, creating a diverse cohort does not require specific recruitment efforts due to our already diverse applicant pool. One current exception, however, is the recruitment of African-Americans. In 2000 and 2001 (admission years for cohorts 2003 and 2004), we noticed a decrease in the number of African-American applicants; as a result, an MPH faculty task force was created to address this decline. This task force held focus groups with the African-Americans in the MPH program and is designing a targeted recruitment plan. Training diverse cadres of public health students is an explicit objective of this program (see Criterion I). As such, we will continue to monitor our applicants and cohorts to carry out this mission, creating targeted recruitment strategies as needed.

B. Student Demographics.

Tables 20 and 21 on the following pages demonstrate the ethnic diversity of our applicants and enrollees. The data is presented in small categories to reflect the self-identified ethnicities of our students and to aid our program in its effort to respond to the needs of the communities served by public health professions, as well as the subsequent gaps in the workforce. As evidenced in Table 20, over half of our applicant pool identified as ethnicities other than white, resulting in enrolled cohorts (see Table 21) that are roughly about a third white. Our students have ethnic origins from around the globe, bringing a diverse mix of experiences and perspectives to our classes. The diversity of our applicants reflects much of the diversity of the Bay Area, with many prospective students identifying as Asian-American (23%), African-American (12%), and Latina (14%).

Table 20: Ethnicities* of Applicants to the MPH Program by Cohort

Cohort	Chinese N	Filipino N	Vietnamese N	Indian N	Latino N	Mexican- American N	African- American N	American -Indian N	White N	Other** N	Mixed N	No Answer N	TOTAL
2001	2	4	3	0	4	1	5	0	9	5	2	9	44
2002	4	4	2	4	4	1	12	1	15	7	3	6	63
2003	2	1	1	4	10	0	5	0	13	7	4	4	51
2004	1	6	1	9	2	3	1	2	11	3	1	12	52
2005	2	2	1	5	8	3	10	0	23	6	3	8	71
TOTAL N (%)	11 (3.9%)	17 (6%)	8 (2.8%)	22 (7.8%)	28 (10%)	8 (2.8%)	33 (12%)	3 (1.1%)	71 (25%)	28 (10%)	13 (4.6%)	39 (14%)	281 (100%)

* Ethnicities are self-identified on the application form. There are no categories; students may choose any label.

** The total of 28 “Other” includes: Afganese (1), African (4), Arab (1), Asian (8), Burmese (1), Cuban-American (1), Guamese (1), Haitian-French (1), Kurdish (1), Iranian (2), Middle Eastern (2), Palestinian (2), Portuguese-American (1), Puerto Rican (1), South-American (1)

Table 21: Ethnicities of Enrolled* Students by Cohort

Cohort	Chinese N (%)	Filipino N (%)	Vietnamese N (%)	Indian N (%)	Latino N (%)	Mexican- American N (%)	African- American N (%)	American- Indian N (%)	White N (%)	Other** N (%)	Mixed N (%)	No Answer N (%)	TOTAL
2001	1	0	2	0	3	1	2	0	4	0	1	1	15
2002	1	2	0	0	2	0	7	0	7	0	1	0	20
2003	0	0	1	0	5	0	2	0	3	0	2	0	13
2004	0	4	1	0	1	1	1	0	8	0	1	0	17
2005	1	0	0	0	5	0	2	0	6	3	0	0	17
TOTAL	3 (3.7%)	6 (7.3%)	4 (4.9%)	0 (0%)	16 (19.5%)	2 (2.4%)	14 (17.1%)	0 (0%)(28 (34.1%)	3 (3.7%)	5 (6.1%)	1 (1.2%)	82 (100%)

* Enrolled for this Table is defined as the number of students moved to Classified Standing their second semester. The one exception is the 2005 Cohort; the numbers for this cohort reflect initial enrollment only.

** “Other” identifications are: Asian (1), Ethiopian (1), and Haitian (1)

Other diversity measures, such as gender, disability status, and age are shown in Table 22 below. A total of seven students self-identified as disabled. Also, the average age of our graduate students over the last five years is 34. Students range in age from the youngest, at 24 to the eldest, at 54.

Table 22: Gender of Applicants and Enrollees* and Disabled Enrollees by Cohort

Cohort	Female #		Male #		Disabled, # of Enrolled
	Applicants	Enrollees	Applicants	Enrollees	
2001	39	15	5	3	2
2002	52	17	11	4	1
2003	47	15	4	1	1
2004	42	14	10	3	2
2005	63	13	8	4	1
TOTAL	243	74	38	15	7

*Enrollees as defined as classified students with the exception of the 2005 Cohort in which students are currently in conditional standing.

C. Measure of Diversity

While the composition of our cohort make-up has certainly been and will continue to be diverse, in part due to the diversity of the Bay Area, we are still interested in capturing underrepresented populations and will continue to develop outreach strategies, such as the one described above in reference to African-Americans.

D. Extent to Which this Criterion is Met

This Criterion is 100% met.

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

A. Description of Advising and Counseling Services

San Francisco State University has a commitment to equip students with the resources required for making deliberate decisions regarding their academic and career paths. Part of that commitment includes providing accurate and accessible advising. The main avenues for student advising and career counseling are the Student Resource Center (SRC), PHOGS, the following courses: HED 811, HED 851, and HED 890; the Practice Coordinator, and the assigned Faculty Advisor.

B. The Student Resource Center

The SRC is designed to help students develop an educational plan compatible with their academic and life goals. The SRC is available to students currently enrolled or interested in

enrolling in the Department of Health Education, and other departments within the College of Health and Human Services. The SRC does not serve to replace the relationship the student makes with her/his department and major advisor, but to supplement the relationship through the provision of accurate, accessible and comprehensive information. As such, this resource center acts as a clearinghouse for information to aid students' understanding of the many components of university life. For example, the SRC can support students in gaining:

- ◆ An awareness and comprehension of university policies and regulations.
- ◆ Knowledge of the university resources available to all students.

and encourage students to:

- ◆ Obtain advising at "pivotal points" in their academic progress.
- ◆ Obtain information about career opportunities and advanced graduate study.

C. Career Counseling in Coursework and in the Student Organization

Additional resources for students regarding career counseling are provided in HED 811 and HED 851. In HED 811 as part of the portfolio, students develop a personal mission statement for their work in public health. Additionally, they reflect on the competencies they have gained as part of the MPH and develop confidence in the skills they can present to a potential employer. Additionally, the portfolio is an asset in students' pursuit of employment. The purpose of HED 851 is to assist students in upgrading their current resumes to include the competencies relevant to their employment objectives. In addition, students must conduct an interview with a professional person who is currently employed in a position the student aspires to obtain within the next five to ten years.

Also, the students established professional development as one of PHOGS's objectives (described in greater detail in Criterion IX.D. and in Appendix 2). All MPH students can network with their peers at various PHOGS events, as well as benefit from the newly created Professional Development Committee. One of the committee's first activities will be to hold a professional development workshop during the spring '03 cross-cohort seminar.

D. Faculty Advising

Finally, in the Department of Health Education, MPH students are assigned a Faculty Advisor in the first semester at SFSU and work closely with the Practice Coordinator for specific academic and career guidance throughout their graduate experience. It is expected that students will initiate advising appointments, develop a professional relationship with their assigned advisor, and seek advice when difficulties occur. Advisors and the Practice Coordinator facilitate intellectual and personal development, and are committed to work in collaboration with students each semester. By initiating regular advising meetings, students ensure professional success and enhance academic performance.

In general, student and advisor roles and responsibilities are delineated as follows:

Student roles and responsibilities include:

- Pre-register for all courses during the SFSU touch tone timeline prior to each semester;
- Meet program deadlines for internship, culminating experience and field practicum;

- Meet SFSU Graduate Division deadlines for internship, culminating experience, and graduation;
- Meet course deadlines to complete requirements, follow program sequence and maintain grade point average of 3.0;
- Consult early with advisor and graduate coordinator to resolve personal and community difficulties;
- Consult early with instructors about difficulties related to coursework; and
- Notify Health Education Department and SFSU Registrar of change of address/telephone/e-mail.

Advisor roles and responsibilities include:

- Holding introductory meeting with advisee;
- Ensuring that all advisee have passed the Graduate Essay Test (GET);
- Reviewing field internships (HED 892);
- Approving culminating experience (HED 895);
- Approving independent study (HED 899) or electives;
- Serving as chair member of culminating experience (HED 895) committee; and
- Filing ‘Report of Completion’ for Culminating Experience Approval of application for graduation.

While much of the advising occurs in the context of the faculty advisor relationships, the faculty as a whole, as well as the Practice Coordinator, play a role in supporting the advising process. For example, at the end of each semester at the regular MPH Faculty meeting, the Faculty participate in a more developed discussion related to individual student status and any particular challenges that need to be addressed. This discussion serves to enhance on-going advising by providing each Advisor with an opportunity to gain a more comprehensive understanding of her/his advisee by hearing the perspectives of the other Faculty members in contact with the particular student.

Beyond general advising and career counseling, advising takes specific roles and responsibilities each semester based on the curriculum outlined in Criteria V.A. The following is summary of advising tasks by year in program.

YEAR 1:

The MPH student meets her/his advisor during the first semester orientation session scheduled the day before the first day of classes. This is an informal and brief opportunity to get acquainted; students can learn about their advisor’s research and service expertise as well as teaching philosophy, and the advisor can learn about the student’s work experience, along with reviewing statement of purpose and long-term goals. Students are invited to schedule subsequent meetings as necessary.

YEAR 2

The MPH student initiates a meeting with her/his advisor to discuss choices for potential internship sites. Advisor listens and asks questions about the student’s preferences in terms of: (1) public health issue/topic area of interest; (2) local, statewide, national, international site location; (3) private non-profit, government, business, hospital, research, academic sector; (4)

specific preceptor or agency of interest. Students are invited to schedule subsequent meetings as necessary to discuss the relationship between the internship and a potential culminating experience project.

As the practice component becomes a larger part of the students' experience in this second year, the Practice Coordinator plays a greater role in advising students regarding their academic and profession development throughout the practice (HED 831) and through the summer internship (HED 841).

YEAR 3

The MPH student initiates a meeting with her/his advisor to discuss culminating experience possibilities and to debrief about the internship experience. In the beginning of the Fall semester, a culminating experience committee is formed with the student advisor as chair. Exceptions are made for students to work with faculty with specific experiences in their topic of interest. The advisor reviews the proposed culminating experience project and sets an appointment with the student to review the drafts of human subjects protocol before submission.

The advisor and graduate coordinator meet with the students in the spring semester to guide the culminating experience project. A minimum of three meetings are scheduled with students to advise completion of the project and prepare them to present projects in written and oral formats. Career options are discussed and letters of reference are completed upon request.

E. Information about student satisfaction with advising & counseling services

The collaboratory focus groups held with both the graduating cohorts of 2001 and 2002 asked students to rate and comment on their satisfaction with their advisors. Overall, most students reported feeling "satisfied" or "very satisfied (12 out of 14 in the 2001 cohort and 11 out of 16 in the 2002 cohort) with the quality and accessibility of their faculty advisor. For example, as evidence in Appendix 15 (2002 exit collaboratory results), 14 out of 16 students "agree" or "strongly agreed" that their "faculty advisors were accessible and knowledgeable as a resource for me in this program."

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

This criterion is 100% met.

IX.D.: Students shall, where appropriate, have participatory roles in conduct of program evaluation procedures, policy-setting and decision-making.

A. Student Roles in Evaluation of Program Functioning

As a new program, and as a program that holds community-based, participatory evaluation as one of its tenets, formal and informal input is solicited from students regarding many areas of this MPH program. Formally, student evaluations occur at the end of every semester-long course (see Appendix 31). In addition, at the end of the first and third years, students participate in a collaboratory focus group session. During these sessions, students rate and provide comments on a number of questions and statements regarding various aspects of the program. These focus

groups serve as the impetus for change in many aspects of the program. For example, it was here that we learned that students felt it might be more useful to do the practice after learning the skills required through coursework rather than practicing concurrently). This feedback led to a reorganization of our practice sequencing (see Criterion V.B. for further explanation of evaluation process and this reorganization of the practice).

Informally, cohort feedback is received on many occasions. Reflective seminars and practicum class meetings often serve as a place where students can provide input on program organization, curriculum, and administration to the Department Chair and to the Practice Coordinator respectively on an on-going basis. And, as our MPH is a relatively small program, another informal evaluation mechanism is individual student feedback to the Chair or to her/his advisor.

B. Student Roles in Governance and the Formal Student Organization

Students are involved in the governance of the MPH program in a variety of areas. For example, three students sat on the Tenure-Track Faculty Search Committee, two to three students participate in the faculty retreats held in the fall and spring of every year, and students served on the Recruitment Committee for African-American students. In addition, the student organization, the Public Health Organizations of Graduate Students (or PHOGS, a reference to the fine San Francisco weather at SFSU), was organized by students in the class of 2002.

PHOGS mission is to:

support individual academic and professional development, promote student governance of SFSU's MPH program, and coordinate the collective activities of MPH students to advance the MPH program's mission of social justice.

PHOGS participates in many levels of MPH program functioning. PHOGS selected the students to serve on the tenure-track faculty search committee. The organization prepares a portion of the cross-cohort seminar every semester; as one of PHOGS goals is to promote professional development, the plan for the spring seminar is to discuss careers in public health. PHOGS has also asked for and received permission to take responsibility for the new Health Education Student Resource Room. PHOGS has proposed the structure and guidelines for this room's use during the time when most MPH students are on campus, as such: all MPH students were granted access, by code, to the room, and the organization is creating a work-plan for the room's development. Furthermore, students have created an SFSU MPH student on-line group through Yahoo Groups. All MPH students in the program are signed on to the group. This electronic portal enables students to post messages regarding public health conferences, jobs, and other activities for all to see, as well as allows PHOGS an outlet for alerting all cohort members about upcoming activities or set up a poll to help make decisions when necessary. Appendix 2 describes PHOGS' goals, structure, and activities in further detail.

C. Assessment of the extent to which criterion is met.

While we have met this criterion 100% thus far, there is still room for further student involvement. Other avenues for student participation are challenging given that most of our students work during the day. We hope that as more students are able to work for the department and faculty on campus, student involvement in program governance will increase. This semester we are able to have one MPH student serving on the admission committee.

Evaluation and Planning

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

A. Description of Evaluation Procedures and Planning Process

The MPH program at SFSU has a variety of measures in place for monitoring its overall efforts against its mission, goals and objectives. These assessment measures have been described in previous sections of this report. The table of measures on the following page, Table 23, displays the key outcomes that the program has established to monitor its performance. Outcomes have been established in each of the seven key areas of the program. Each of these components is assessed annually using a variety of strategies.

The Department of Health Education invested in a strategic planning process, in the AY '01-'02 to set the direction for all of its programs and faculty (Appendix 5). This process, although not limited to the MPH program, did address core issues within the MPH, such as student recruitment and the integration of a stronger ecological approach to health into the program mission.

The three separate collaboratory surveys incorporated a rich source of data into the evaluation and planning aspect of the program (Appendices 14, 15 and 16). The results of the surveys are the focus of a portion of annual MPH retreats scheduled each fall. Curricular changes have been made as a result of the feedback from students, faculty and community adjunct faculty. This has been true especially around the various innovative elements of the program and in particular regarding the practice conjoined courses. As mentioned in Criteria V, we have changed the practice sequencing, based on collaboratory and faculty feedback, for the class of 2004 (our fourth cohort). We will be closely evaluating and monitoring student learning through: 1) student performance in course work and practice placements; 2) feedback from students, faculty, CAF, and internship preceptors.

Faculty provide another important source of program evaluation data. Faculty evaluate the program through the following means: intensive and ongoing review of core competencies to determine coverage and student mastery; annual review of student mastery as evidenced by the quality of the culminating experience projects; and ongoing and intensive discussions of the practice conjoined courses and their evaluation.

To stay in touch with employment opportunities for our MPH graduates, the program has implemented two employer surveys to illuminate the San Francisco MPH health educator workforce and labor market since its inception in 1998. The method employed was a time-series survey of an employer panel between 1995 and 1999 aimed at studying the employers' reported number of MPH health educators on staff, their hiring projections and the importance of selected competencies. The results showed that in the San Francisco Bay Area, there were approximately four MPH health educators per 100,000 persons in 1999. The majority worked in local health departments and community-based organizations. Although hiring was largely replacement in the late 1990s, employers anticipated an increase in hiring from 2000 to 2004. Employers

reported that general educational preparation was adequate, although preparation in specific competencies, such as bilingual competence, was lacking. We concluded from this research that a favorable labor market for graduates of MPH programs in Community health education exists in the San Francisco Bay Area for the near future. (Appendix 4). However at the time of this self study, nearly three years after the survey, the potential consequences of a failing economy and the budget cuts in health and human services in California must be considered in assessing the current employment prospects for MPH graduates California.

Finally, the Department’s commitment to reinvigorate a community advisory board in the fall of 2003 will provide another avenue to assure that the program is meeting the needs of its external constituencies.

B. Measure to Assess the Effectiveness of Evaluation and Planning Activities

Table 23 below lists the measures the Department is currently using to assess the seven relevant domains of the program.

Table 23. An Overview of Evaluation Methods for the Program in Urban Public Health

Variable of Interest	Strategies	Measures	Proposed Program Criterion
Resources	Monitoring by Department Chair	Student Faculty Ratios (SFR); Dollars per FTES student	SFR maintained at under 10/1 ratio; Dollars per FTES student maintained at more than \$12,000/student
Teaching Effectiveness	Student evaluations	Student comparison to other instructors	Mean score less than two on a five point scale
	Peer observations	Peer faculty prepares written report of observation and review of course materials	Lesson and course materials judged satisfactory by observing faculty
Student Learning	Course examinations	Questions based on course objectives	Overall course grade must be B or better
	Student writing	Writing assignments based on course objectives; Graduate Essay Test	Overall course grade must be B or better Student must pass prior to being moved to conditional standing
	Student process feedback end of yr 1 in collaboratory	Student satisfaction and student perceptions of learning competencies achieved	Student qualitative feedback review and feedback into the program for program improvements
	Student outcome feedback end of yr 3	Collaboratory survey where student satisfaction and student perception of learning assessed Pre/post self assessment of competent	80% satisfied 80% perceive learning competencies achieved Comparison of pre/post and post only rating of self perceived competence
	Assessment of practice associated with practice conjoined courses	Community Practice Faculty rating; Practice Coordinator rating	Practice faculty and community practice faculty judge that student achieved at least 80% of stated objectives

Variable of Interest	Strategies	Measures	Proposed Program Criterion
	Culminating experience	Faculty rate based on extent to which student demonstrates mastery of core competencies	student must get faculty committee approval as satisfactorily completing their culminating experience project
Alumni Professional Performance	Survey of alumni	Alumni judge whether program gave them skills and competencies needed for professional job demands; alumni are working in settings that use public health skills.	More than 80% of alumni satisfied or very satisfied with competencies; 80% working in fields that require public health skills; 80% report they would recommend the program to others
Research	Assess quantity, quality and significance of faculty research	Number and amount of research grants and peer reviewed publications; public health significance of research for urban populations	Several grants and peer-reviewed publications prior to tenure and between each level of promotion; Research deemed significant by supervisor and external reviewers for promotion and tenure
Service	Assess quantity, quality and impact of community service and demonstration projects	Number and amount of grants for service projects; public health impact of service	Active involvement in at least one community service or professional project; Impact of contribution deemed significant for tenure and promotion.
Program Mission, Goals, Objectives and Strategic Plan	Determine success in realizing mission, achieving goals and objectives, and meeting targets in Strategic Plan through regular program monitoring, College Academic Program Reviews, and accreditation reviews	Faculty, director, Dean, Provost, President and CEPH external reviewers determine program is achieving mission, goals and objectives, and implementing Strategic Plan	Substantial success in achieving mission, goals and objectives, and Strategic Plan

C. Assessment of the extent to which this criteria is met

The program meets these criteria 100%. Over the past five years the program has made substantial efforts to establish processes and procedures to assess if the program is meeting its stated goals and objectives.

Criterion X.B.: *For purposes of seeking accreditation by CEPH, the program shall conduct an analytical self-evaluation and prepare a self-study document that responds to all criteria in this manual.*

A. Provision of Documents

The self-study and the attached appendices provide the documents requested by the Council on Education for Public Health.

B. Description of Self-Study Process

Planning for CEPH accreditation began with the inception of the program. Most of the assessment methods were developed as part of the initial funding from FIPSE in 1997. The actual work on the self-study began in August 2002. The self study team involved the entire MPH faculty. The effort was led by the Department Chair, Mary Beth Love and MPH faculty, Vivian Chavez. Several graduate students were hired to assist with the work of the self study. Amanda Goldberg worked closely with Dr. Love and Dr. Chavez, and Regina Lagman and Karla Rodriguez worked with the Practice Coordinator, Ms. Roma Guy. In a faculty retreat in late August, the MPH faculty met to review the CEPH criteria and develop a CEPH work plan. Meetings were held on a weekly basis thereafter to review drafts, discuss important issues and make decisions.

C. Response to Previous Accreditation Reports

NA

D. Summary Statement

See the Executive Summary for a summary of this report.