REVIEW FOR ACCREDITATION

OF THE

PUBLIC HEALTH PROGRAM

AT

NATIONAL UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
February 11-12, 2013

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH), the recognized accrediting body for public health schools and programs, regarding the Public Health Program at National University. The report assesses the program’s compliance with the Accreditation Criteria for Public Health Programs, amended June 2005. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation and a visit in February 2013 by a team of external peer reviewers. The program agreed to allow one of the three external reviewers to participate in the site visit by telephone, since a last-minute weather emergency meant that on-site participation would be impossible. CEPH offered the program the opportunity to reschedule the visit for a time when a full team could be available on site, and the program chose to proceed with the site visit as scheduled.

During the visit, the team had an opportunity to interview school and university officials, administrators, teaching faculty, students, alumni and community representatives, and to verify information in the self-study document by reviewing materials provided on site in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

National University (NU) was founded in 1971 and is the second-largest private, non-profit institution of higher learning in California. The university is dedicated to making lifelong learning opportunities accessible to a diverse student population, and the university focuses heavily on providing training and education to adult learners and military populations, including veterans. The university includes schools of business and management; education; engineering; technology and media; health and human services; and professional studies, plus the College of Letters and Sciences. The university offers classes at 27 campuses in California, one campus in Nevada and online. All university degree programs offer courses in a one-month format: graduate courses typically meet for 4.5 hours two weekday nights and for one 4.5 hour Saturday session over the course of a month.

The MPH program enrolled its first students in March 2010 and graduated its first two students in August 2011. Classes were offered on-site at the university’s Science and Technology Campus in San Diego for the first two years. In 2012, the program began also offering online classes and classes on-site at Balboa Naval Center. Due to low enrollment, the Balboa option is no longer available. Overall, the program has met its enrollment target of admitting approximately 30 new students each year, and students who enroll full-time with no gaps in enrollment complete the degree in 18 months.

The program is housed in the School of Health and Human Services (SHHS)' Department of Community Health (DCH). The program offers three concentrations: health promotion, mental health and healthcare
administration. Although all three concentrations have faculty resources and fully-developed curricula, no students had yet enrolled in the healthcare administration concentration at the time of the site visit, and enrollment in the mental health concentration is low.

This is the program’s first review for accreditation.
Characteristics of a Public Health Program

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

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

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

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

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

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

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

These characteristics are evident in the National University (NU) MPH Program. NU has been accredited by the Western Association of Schools and Colleges (WASC) since 1977, and the program and its faculty have the same rights, privileges and status as other NU degree programs. Program faculty are trained in an array of public health disciplines and related fields and both adjunct and full-time faculty bring considerable public health practice experience to the classroom. The faculty complement ensures that the environment supports interdisciplinary communication, and required coursework builds students’ skills in applied problem solving.

The culture and mission of the university, school and department all align easily with a public health vision and values. The program honors its commitment to accessibility with excellent physical, library and faculty resources. The university places heavy emphasis on assessment and has invested considerable resources in supporting an environment that not only allows for effective assessment of individual
students but also fosters consolidation and review of student data for suggested change to programs’ curricula and operations.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The program has a mission statement that encompasses the core areas of teaching, research and community service, as well as the collaborative nature of the program. The mission statement follows: The National University MPH program prepares educated, ethical and high-functioning public health professionals that serve the global community by advancing health and social justice. The MPH program employs collaborative administration where faculty, students, and public health professionals collaborate to disseminate public health scholarship through teaching, research and community service.

A program vision statement notes the program’s aspirations to train public health professionals who can respond to evolving needs of the diverse communities they will be serving. The program has defined six broad goals – four relating to instruction and one each to research and service. Specific objectives detail how the program proposes to achieve each goal. The mission, vision and goals of the MPH program are posted on the program website. The mission is also included in course syllabi for the MPH program.

The mission, goals and objectives were developed over a two year time period. The MPH “program lead” (National’s term for the program director) prepared a draft document and invited the SHHS External Advisory Board to provide input. Faculty discussed and refined the mission, vision, goals and objectives during monthly faculty meetings. The MPH students provided input prior to the final approval by the MPH program faculty.

The MPH program lead has primary responsibility for monitoring the mission, goals and objectives but all MPH faculty are charged with ensuring that the statements remain valid and relevant to current public health practice. Adjunct faculty members are asked for specific input at semi-annual faculty summit meetings to assure feedback from current public health practitioners. Faculty reported that the last summit held in December 2012 was well attended and provided valuable input for the program.

The self-study document provides a table listing the values of the MPH program. It includes a statement of each specific value (eg, “respect”) and then an explanation of how that value is implemented in the MPH program (eg, “All individuals who encounter the MPH faculty and staff will be treated with respect and dignity.”). Eleven values are included and explained in the table.
1.2 Evaluation and Planning.

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

This criterion is partially met. Planning and evaluation are a key focus of the university as a whole. NU develops an institution-wide strategic plan every five years. Programs within the university annually assess progress and make updates and revisions to their portion of the plan to assure that objectives are on target to be met. Faculty, students, staff, administrators and communities served by NU provide input to the plan development. The NU 2015 plan identifies five focal areas: academic climate, student demographics, educational technology, institutional resources and trends beyond 2015. The MPH program has developed seventeen specific goals across the five focal areas that are included in the NU 2015 strategic plan. An example of an MPH program goal statement under the academic climate topic is “By 2015, the National University MPH will assess the program to ensure that relevant public health theories and practices are well integrated into the curriculum.”

Formative and process evaluation is carried out during the twice monthly Department of Community Health faculty meetings. Full-time faculty members are required to attend the meetings in person or via technology, and adjunct faculty members are invited to participate. MPH program issues or concerns are included as part of each agenda. Faculty members discuss and make collective decisions on program curriculum, policies and strategic plans. Meetings also may focus in-depth discussion on one specific issue. Recent discussions have focused on the curriculum, the low enrollment in the mental health concentration in the MPH program and the addition of the public health administration concentration. A review of the committee minutes/notes confirmed that each DCH faculty meeting agenda includes MPH topics among other departmental discussions. Faculty told the site visit team that problem-solving and sharing of ideas occurs between faculty members in informal settings as well. Changes initiated by the faculty then go through the regular NU channels for adding or changing curriculum or other program components. A new university-wide electronic review and approval system expedites and provides a system to track the decision-making process.

Progress toward meeting instructional objectives is monitored through the Program Annual Report (PAR) process. The MPH program faculty utilizes an NU computer-based assessment system to generate the yearly PAR. The assessment system requires the program to define specific measures as well as acceptable and ideal targets for achieving each objective. The MPH program lead and faculty enter data throughout the year, and the system aggregates the data. A “reflections and recommendations” section is included in the PAR and is linked to requests for resources needed to improve performance in meeting targets. The recommendations are reviewed by the SHHS dean, the Graduate Council and the provost. Copies of the PARs for 2011 and 2012 academic years were included in the appendices of the self-study
document. Each includes the specific items/actions being tracked and the targets for meeting each. The data as well as the reflections and recommendations provide useful information to the MPH faculty on improvements or changes that may be needed at the program or course level. Faculty also consider input provided directly through student exit interviews, faculty and alumni surveys, advisory board feedback and student comments offered to faculty throughout each course.

The university requires all programs to conduct a five year program review. The first MPH program five year review is scheduled for 2016. The university Graduate Council approved a program review rubric developed by the university Academic Assessment Committee, and all programs use this rubric. Lead faculty members are trained to assist programs in conducting the review. The review generates a memorandum of agreement between the SHHS dean and the provost which delineates the recommendations for program planning and how any changes will be implemented. The budgeting process each year considers the PAR as well as the five year review recommendations.

The MPH program lead regularly monitors program goals and objectives. She ensures that the program monitors instructional goals and objectives on a monthly basis and other objectives on a defined schedule. Annual activity reports from faculty summarize progress on meeting individual development plan objectives and are reviewed by the program lead, department chair and dean. A number of changes to the program have already been made to address issues identified in 2011 and 2012 assessments.

The self-study document lists specific outcome measures for each of the MPH program objectives. Data are included as available for 2010, 2011 and 2012.

The specific concern relates to the measurability of objectives for the program outcome measures. The outcome measures presented in this criterion and throughout the self-study document frequently did not match the data presented or were not stated in a manner that allowed reviewers to evaluate the data against the target. For example, one outcome measure says “Qualified faculty are available to staff all MPH classes,” but the data list a number of classes (14, 31 and 42) each year that “were instructed by faculty with terminal degrees in the public health field in which they teach.” Without a denominator that explains how many total classes were held each year, the numbers presented do not allow reviewers to determine whether the target was met or not. Another outcome measure says that “Faculty are given release time and/or stipends to conduct research.” As above, the presentation of numerical data in the columns that follow this outcome (two, two and four course releases, respectively) do not allow for evaluation against the target. This outcome measure also exemplifies reviewers’ concern about the measurability of outcome measures: how many faculty and/or release time/stipend opportunities does the program plan to attain each year? These issues pervaded all areas of the document.
The DCH initiated the request to seek CEPH accreditation for the MPH program, and it was approved by the university administration in 2009. The school dean hired the MPH lead faculty member who began developing the program curriculum in March 2009. The self-study document was prepared through a collaborative effort of the SHHS dean, the DCH chair and all full-time faculty. The provost, university director of accreditation services and the Office of Institutional Research and Assessment also contributed. The faculty participated in regular meetings to review self-study drafts and contributed original input electronically. Students, alumni and community constituents were provided with opportunities to review and provide comments electronically on the drafts as well. Although few of the current students with whom the site visit team met recalled providing direct input on the self-study document, alumni and preceptors did note that they had been provided with the opportunity to comment on the draft document as part of the review process. The MPH program lead and SHHS dean have discussed plans to assure more opportunities for constituent input to the program in the future. Plans are to conduct the new alumni survey, which has only been done one time to date, on a twice-annual basis to provide input into the planning cycles within the program. In addition, the dean shared that he and the CHD chair/MPH program lead have been discussing establishing an external advisory group specifically for the MPH program that can provide input as the program develops and expands.

The self-study document was well organized and provides the basis for understanding how the MPH program goals and objectives are developed, monitored, updated and incorporated into the educational experience for students.

1.3 Institutional Environment.

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

This criterion is met. National University has been accredited by the Accrediting Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges (WASC) since 1977. The most recent review was in 2011, and the next review must be conducted in 2021. In addition to WASC, a number of programs, including nursing and business, hold accreditation from specialized and professional accrediting agencies.

National was founded in 1971 and is the second largest non-profit institution of higher learning in the state of California. Its mission includes a focus on lifelong learning that is accessible to a variety of students, and National has a long history of serving adult learner and military populations. The university’s programs all follow a one-course-per-month model that allows students to structure degree attainment at their own pace. The university is comprised of five schools and one college, including the schools of business and management; education; engineering, technology and media; health and human services; professional studies and the College of Letters and Sciences. The university offers programs at 27 campuses in California and one campus in Nevada and through online delivery.
The MPH program is housed in the School of Health and Human Services’ Department of Community Health. The School of Health and Human Services also houses departments of health sciences and nursing.

The MPH program is offered onsite at the Health and Technology Campus in San Diego and online. The program lead (program director) reports to a department chair; currently, the same individual fills both roles. The department chair reports to the school dean, who reports to the provost, and the provost reports to the university president. The university president serves as the chief executive of the university Board of Trustees.

National University is a component of the National University System, and a chancellor serves as the chief executive of the system. In addition to National University, the National University System includes John F. Kennedy University; National University International; the Division of Pre-College Programs, consisting of National University Academy and National University Virtual High School; Spectrum Pacific Learning; and WestMed College. The chancellor also oversees the Center for Integrative Health, the National University System Institute for Policy Research, National University Golf Academy, and the Center for Performance Psychology.

The chain of authority from the program up to the Board of Trustees governs decision making that relates to budgets, though final budget allocation includes input from a number of sources, including the Faculty Senate, and draws on priorities identified in the university’s strategic plan. The program follows its own academic policies, which align with those adopted by the National University Senate and Graduate Council. Allocation of full-time and associate faculty positions occurs through an annual request process that originates with the program lead and coincides with the budget process. The president determines the rank and salary of new faculty members based on recommendations by the dean. New faculty members are offered an initial two-year contract with the expectation that they will apply for reappointment before the end of the second year. Adjunct faculty are hired throughout the year as needed, and the program lead has the authority to hire adjunct faculty, though all adjunct faculty must possess a PhD or DrPH in a public health discipline or a master’s degree and 10 or more years of experience in the field of instruction.

1.4 Organization and Administration.

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

This criterion is met. The program is located in the DCH. The department also includes associate and master’s degrees in health informatics, a bachelor’s degree in public health, a Master of Healthcare
Administration degree, bachelor’s degrees in health science (teaching credential) and healthcare administration and a master’s degree in health and life science analytics. Each of these degree programs has a designated program lead who reports to the department chair.

The program lead is responsible for student admissions, production and implementation of the program’s budget, scheduling of course offerings, curriculum revisions, faculty recruitment, supervising student internships and capstone projects and maintaining relationships with the public health practice community and other university units. Currently, the same individual serves as program lead for two of the MPH program’s three concentrations (health promotion and mental health) and department chair—administrators indicate that it is common for new programs to designate the department chair as program lead during initial years. During the site visit, reviewers learned that the program has permission to begin searches for full-time faculty members to assume the program lead positions for the MPH in health promotion and the MPH in mental health. The searches will begin in July.

In terms of staff, the program’s full-time internship coordinator and shared departmental assistants report to the program lead.

The program’s interdisciplinary efforts primarily occur through university-based service opportunities, though faculty from other university programs are occasionally called upon to provide program instruction in their areas of expertise. The faculty complement is trained and experienced in a variety of disciplines. In addition to their advanced degrees in public health, core faculty have degrees in psychology, nursing and organizational management, among other areas.

1.5 Governance.

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

This criterion is met with commentary. At the university level, the Faculty Senate is the primary governance body. The Faculty Senate focuses on procedures and policies that affect the welfare of university faculty. The undergraduate and graduate councils, subcommittees of the Faculty Senate, focus on academic quality, including degree program approvals and assessment plans.

The Faculty Senate establishes most policies, including academic policies and general expectations for faculty productivity in research and service. These faculty expectations constitute minimum expectations, and deans and department chairs establish the specific criteria against which faculty are annually evaluated.
Planning occurs first at the university and school levels, with annual strategic plan development and monitoring at each level. The program lead, informed by meetings with the full-time faculty, is responsible for program-level planning and policy-making suggestions—the program lead conducts these activities through regular meetings with the school dean.

The Department of Community Health conducts faculty meetings twice a month. These meetings are attended by full-time and associate faculty and focus on operational planning of departmental activities. Meeting minutes indicate that all meetings include significant substantive discussion of the MPH program. Adjunct faculty are welcome to attend these meetings, and the program facilitates participation by distance technology. Because attendance by adjunct faculty has been low, the program held an experimental “Adjunct Summit” in late 2012. Attendance was high, discussion was lively, and adjunct faculty requested that these meetings occur at least semi-annually.

The program has a number of standing committees, which are primarily populated by the full-time faculty but also include adjunct faculty and, in several cases, student representatives. Department committees with significant participation from and/or discussion of the MPH program and its faculty include the Faculty Forum on Research (FFOR), Curriculum Committee, Scheduling and Awards and Recognition. An MPH core faculty member chairs the Volunteerism Committee, which has operated through e-mail rather than through scheduled meetings to date.

Several full-time program faculty participate in university-wide committees, including the Graduate Council, Research Council and Institutional Review Board, and nearly all participate in school-level committees as well.

The program’s Curriculum Committee has a student representative, and the Community Service and Volunteerism Committee has a spot allocated for a student.

The first cohort of program students founded the National University Public Health Association. This organization sponsors welcome activities for new students, group volunteer activities, activities during Public Health Week and study groups. The association also sponsors a Facebook page for all program students. Site visitors’ meeting with current students indicated that the Facebook page and other social media, including networking opportunities with alumni, have been the most active and widely-used activities. Some MPH students also participate in the National University Health Administration Association, which offers a number of activities, including events co-sponsored with the local chapter of the American College of Healthcare Executives.
The commentary relates to the need for focused efforts to increase student participation in program governance. Faculty attribute this challenge to the program’s population of students who are also employed full-time, but all program meetings and activities allow for virtual or distance-based participation, and students’ level of enthusiasm for the program is obviously high. The program has identified a student who is eager to participate and serve on the Curriculum Committee, and future efforts may focus on identifying and targeting appropriate students who are willing to make the time commitment as an investment in their own professional development as well as in shaping program improvements.

1.6 Resources.

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

This criterion is met. The program has adequate financial resources to support the MPH program and satisfies this criterion’s expectations for the minimum number of primary faculty dedicated to the program, with three full-time faculty who contribute .50 or more of their effort for each of the three areas of concentration. In addition, the program employs three associate faculty members, who contribute 75% FTE each to the program (but are not full-time National University employees), and a large cadre of regular adjunct faculty.

The process used to allocate funding to the program is logical, fair and systematic, and authority for making budgetary decisions at the program, department, school and university levels lies with appropriate personnel within the organizational structure. Roughly 35% of tuition funds raised by the program are allocated to university-wide services that support the program directly, including marketing and recruitment, student advising, facilities and instructional technology. Table 1 presents the program’s budget alongside the department budget, since the program budget figures are estimated as a portion of the DCH budget.
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<th>Source of Funds</th>
<th>CH Department 2010</th>
<th>MPH Program 2010</th>
<th>CH Department 2011</th>
<th>MPH Program 2011</th>
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<th>MPH Program 2012</th>
<th>CH Department 2013 YTD</th>
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The program makes good use of adjunct faculty and faculty relationships across the institution. Student faculty ratios are conducive to effective teaching; however, two of the three concentrations have very low or no enrollment. It is important that student/faculty ratio targets are maintained as these enrollments grow. A number of students who met with site visitors from the health promotion concentration (the largest concentration) cited the small class sizes and individualized attention from instructors as a primary factor in their decision to attend National and in their satisfaction with the program.

National University has 28 campuses throughout California, several of which are in the San Diego metro area. The program has access to many of those sites, but offers most courses from the Technology and Health Sciences Center – a new building well equipped with modern technology, classroom and office space, student meeting space, and support facilities. Eight classrooms are regularly available at this site for MPH courses, which seat 30-45 students (larger than MPH class sizes). These classrooms are all equipped with modern computers, projectors, and internet connections. The Technology and Health Sciences Center provides a professional, organized and clean space for classroom, meeting and computing facilities.

The library provides several instructional resources that can be accessed in person or online and maintains membership in several search engines appropriate to the program courses. The library holdings of more than 200,000 books, 160,000 e-books, 39,000 e-journals and 158 databases are extensive enough to support a professional, graduate degree program.

The program has established a relationship with Veteran’s Village, a local collection of services for veterans and their families, in an effort to tailor certain aspects of the program support functions for this population. One primary faculty member in the mental health specialization is located 100% at Veteran’s Village, providing research and service to the population of veterans and actively working to develop opportunities for MPH students and faculty.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Master of Public Health Degree.

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

This criterion is met. The program offers the MPH in three specializations: health promotion, mental health and healthcare administration. Table 2 presents the program’s degree offerings.
Each specialization has eight required courses in addition to the coursework in core public health knowledge areas. Both the health promotion specialization and the mental health specialization include coursework in research methods, global health, program evaluation and public health policy and advocacy. The health promotion specialization includes required coursework in health informatics, public health biology and health promotion strategies, among others. The mental health specialization includes required coursework in mental health program planning, public health aspects of violence and public health aspects of drug addiction, among other areas. Both specializations are structured to ensure that students are eligible to take the Certified Health Education Specialist (CHES) exam, though the mental health specialization looks at the skill areas through the specific lens of mental health issues. The healthcare administration concentration includes courses in health policy, information systems, marketing and leadership, among other topics.

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<thead>
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<th>Table 2. Degrees Offered</th>
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<tr>
<td>Masters Degrees</td>
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<tr>
<td>Health Promotion</td>
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<tr>
<td>Mental Health</td>
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<tr>
<td>Healthcare Administration</td>
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2.2 Program Length.

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

This criterion is met. The program requires 72 quarter-credits for completion. The 72 credits consist of 14 didactic courses, each of which is offered in the one-month format, like all National University offerings, and an internship and a capstone project. The internship and capstone project are scheduled for two months each. The program schedules “strings” of the 14 required month long courses over an 18-month period. Each course builds on the previous courses, so the string must be completed in order, although the program has made a few case-by-case exceptions to allow students to begin at various points during the core knowledge courses, since each core course has no prerequisites. The program has also been able to offer individualized solutions for students who have to miss a course in the string due to work or personal issues: solutions have included providing an independent-study version of the missed course, allowing qualified students to “double up” on coursework in a subsequent month or switching the student to a different string than the cohort with which he or she began.

The program has typically enrolled two cohorts a year, with strings beginning in March and September onsite at the Technology and Health Science Campus. In 2012, the program began offering two strings onsite at Balboa Naval Hospital, exclusively for military personnel and their families. During 2012, the program also began offering two online strings. Additional strings can be added to address student
demand, if needed. Strings can also be collapsed or combined if student demand weakens. Because of deployments and other factors, the Balboa-based strings became too small to remain sustainable, but students seamlessly switched to either an online string or to a San Diego-based string held on National’s campus.

The one-month courses earn 4.5 quarter-credit units. A 4.5 quarter-credit course requires 40 hours of classroom time plus 120 hours of out-of-class preparation. The program’s onsite courses typically meet for 4.5 hours two days a week and one 4.5 hour Saturday session over a four-week period. The onsite courses also include an online supplement that provides additional readings and activities outside of the classroom contact hours. In total, program students complete 567 contact hours of didactic coursework.

2.3 Public Health Core Knowledge.

All professional degree students must demonstrate an understanding of the public health core knowledge.

This criterion is met. All students in the MPH program are required to take five core courses each covering one of the basic public health core knowledge areas. Table 3 presents the required course titles and numbers as well as the core knowledge area which each addresses.

<table>
<thead>
<tr>
<th>Core Knowledge Area</th>
<th>Course Number &amp; Title</th>
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<tbody>
<tr>
<td>Biostatistics</td>
<td>COH 602: Biostatistics</td>
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<tr>
<td>Epidemiology</td>
<td>COH 606: Epidemiology</td>
</tr>
<tr>
<td>Environmental Health Sciences</td>
<td>COH 608: Environmental Health</td>
</tr>
<tr>
<td>Social &amp; Behavioral Sciences</td>
<td>COH 604: Health Behavior</td>
</tr>
<tr>
<td>Health Services Administration</td>
<td>HCA 600: Administration and Management of Healthcare</td>
</tr>
</tbody>
</table>

Course syllabi provided in the appendices include detailed information about each of the core courses. The course background information pages include a course description and the MPH program mission statement as well as the mission statement for any other degree for which the course may be counted (eg, Master of Healthcare Administration). Syllabi list competencies to show where the course material links back to overall learning in the MPH program. Syllabi also include course learning objectives and detailed information on class requirements and schedules as well as grading and any special activities (eg, presentations, papers) to be completed. If the course is available in an online format, a second syllabus provides information about the schedule, logistics and requirements. Faculty with whom the site visit team met shared that a course offered in both online and classroom format is rigorously reviewed to be sure the content presented to students is the same for both formats. The syllabi are detailed and clearly written.
Site visitors reviewed syllabi for the five core public health knowledge area courses. The HCA 600 course, US Healthcare System, includes a significant emphasis on administrative issues in clinical settings. During the site visit, faculty discussed the close relationship and intertwined nature of public health and health care in the San Diego area. As the program matures, however, it may be important to focus on ways to more specifically highlight public health and community-based program focused content.

2.4 Practical Skills.

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

This criterion is met. All MPH students are required to complete an internship consisting of a minimum of 120 hours of practice-based learning under the supervision of a preceptor. The prerequisites for internship are successful completion of all 14 didactic courses, including the public health core and specialization courses. Students may choose from agencies and preceptors with current affiliation agreements with the department. They may also initiate affiliations with new sites and preceptors. Preceptors must have a graduate degree in public health or a related discipline and be willing to mentor the student within their agency or organization.

An internship handbook is provided to each student during the COH 611 Research Methods course. The handbook includes a series of self-assessments to be completed by the student before and during the internship that helps determine each person’s perception of their preparation to perform the core and specialization outcomes and to develop specific learning objectives for the internship. Students typically work with the program lead and/or internship coordinator to select three potential internship placements that will meet the learning objectives. Other faculty shared with the site visit team that they also regularly discuss possible internship sites and provide input to students about potential internship placements, based on their professional experiences and contacts.

The MPH program recently hired a full-time staff member as the internship coordinator. Once the student selects potential internship sites, the internship coordinator assists the student with setting up interviews with the preceptors. Preceptors offer a position after the interview if the student’s skills and learning objectives and agency needs match. The program lead or internship coordinator, student and preceptor jointly approve the learning objectives and activities to be accomplished during the internship. The internship coordinator travels to each southern California internship site at least once to meet with the preceptor and to provide support, guidance and technical assistance for the preceptor and student. For internship sites located outside of the area that is within a reasonable driving distance, including international sites, the internship coordinator manages the interactions with the preceptor and the student via email, phone and/or Skype.
The student, preceptor and internship coordinator meet during the first week of the internship to clarify expectations. Students’ learning objectives and activities must meet the learning outcomes of the COH 691, Public Health Internship course. Writing assignments and sequential assessments in the internship handbook are completed and submitted to the internship coordinator or MPH program lead at specified intervals throughout the internship. The student’s grade is assigned by the MPH program lead based on the written assessments, any written products from the internship objectives and input from the preceptor. Preceptors complete an exit interview and evaluation survey. Students also complete an evaluation of the internship experience and the preceptor that is submitted to the internship coordinator. Students generally are expected to complete the internship in three months but can have up to 12 months of “in progress” status to complete the work if required and approved by faculty and the preceptor.

Preceptors with whom the site visit team met felt that the students who were placed with them were very well trained in skills needed to complete their learning objectives and projects. Preceptors and alumni remarked on the improvements to the internship process that have been made as a result of providing feedback to the MPH program lead and faculty since the program began placing students in internship positions. These stakeholders also agreed that having a full-time internship coordinator has made a significant improvement in communication lines and the ease with which placements and supervision are managed. Preceptors expressed appreciation for the handbook and other support they receive from the MPH program faculty and the internship coordinator. The internship coordinator is currently networking with new organizations and potential preceptors to expand the options for future placements.

The self-study listed internship sites and preceptors with whom the program has worked over the past two years. Sites include the County of San Diego Health and Human Services Agency, Mental Health America, Social Advocates for Youth San Diego and the American Liver Foundation San Diego.

2.5 Culminating Experience.

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

This criterion is met. All students must complete a capstone project focused on a relevant problem in public health theory or practice. They must plan and complete either a data-based research project or a scholarly and creative activity related to public health. The capstone project provides a relevant and beneficial culminating experience for students, by guiding them through an independent scholarly or research project. The content guidelines provided in the narrative were very clear and helpful, and site visitors verified that they are appropriate for a graduate level, independent research project assignment. The grading rubric provided in the appendix was particularly well developed and helpful as a guide for both students and faculty. This rubric will likely prevent confusion among students and help ensure that
consistent and fair grading across a vast variety of projects. Previous projects reported in the self-study document indicate students’ choice of topics and questions that match the purpose of the requirement.

During the site visit, faculty explained that students have multiple opportunities throughout their studies to discuss ideas about their culminating experience projects. Students usually have about six months or more to develop their projects, receive feedback and guidance and create a project plan. Each student works with a primary project advisor and receives guidance from the program lead to ensure that projects are completed successfully. Overall, this requirement is very well structured, with clear and explicit written expectations and multiple means for providing students with guidance to ensure success. The program lead noted that faculty members have focused heavily on making sure that the capstone is a rigorous, high-quality experience. Since the program is newly-established and not yet widely known, the program lead identified the capstone project as an opportunity for students and, by extension, the program to demonstrate quality.

2.6 Required Competencies.

For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of educational programs.

This criterion is met. The program identifies five competencies that all students will master:

- Analyze and interpret health data.
- Describe the distribution and determinants of disease, disabilities and death in human populations
- Evaluate the environmental factors that affect the health of a community.
- Analyze the planning, organization, administration and policies of health care organizations.
- Apply the concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

These competencies are mapped to the five required core knowledge courses, the research methods course, the internship and the capstone experience. The map indicates where each competency is introduced and developed and where students are expected to demonstrate mastery. The program uses specific definitions for each of these three levels, and multiple levels of review ensure that these definitions are consistently applied in curricular mapping. “Introduction” is associated with “analyzing” on Bloom’s Taxonomy or Level 2 in Webb’s Depth of Knowledge. “Development” is associated with “evaluating” or Level 3, and “mastery” is associated with “creating” or Level 4.

The program identifies eight competencies for the health promotion specialization. The program has mapped these competencies to the National Commission on Health Education Credentialing (NCHEC) areas of responsibility, since it intends to prepare students for the CHES credential. It has also mapped the eight competencies to eight courses: the courses in global health, program evaluation and public health policy and advocacy as well as the five health promotion-specific courses. As with the core
competencies, the map designates introduction, development and mastery. Each competency maps to at least five of the eight courses.

The mental health specialization is structured similarly, with seven competencies mapped to the NCHEC areas of responsibility, to the five specialization-specific courses and to the courses in global health, program evaluation and public health policy and advocacy. Again, the competency map designates levels, and each competency maps to at least five courses.

The program identifies and maps five competencies for the healthcare administration specialization.

The university refers to the competencies as program learning outcomes (PLOs), and to course-level learning objectives as course outcomes (COs). All course syllabi clearly list COs and the relevant PLOs.

Program leaders and faculty began the competency development process in 2009. They reviewed competency sets from other accredited public health schools and programs. After several iterations and approval at multiple levels (department, school, Faculty Senate, provost, etc.), the program adopted an initial set of core competencies in April 2009. Later in 2009 and again in 2010, faculty examined the NCHEC competencies and tailored them to match the intended program of study for the health promotion and mental health specializations. The program lead collaborated with the program lead of National University’s MHA degree and with faculty affiliated with that program to develop the healthcare administration competencies, which used the knowledge topics defined by the Commission on Accreditation for Healthcare Management Administration as their foundation. During the approval process for each set of specialization competencies, the program reexamined the core competencies to identify gaps or areas of overlap.

The program uses the annual university-led assessment process to reevaluate the competency statements themselves. The program also plans to utilize the School of Health and Human Services Advisory Committee, which includes practitioners, preceptors and employers, to review the competencies annually to assure continued relevance. This committee has been temporarily inactive during leadership transitions in the dean’s office.

Faculty described lively discussions of the curriculum and competencies at department faculty meetings. These discussions have resulted in modifications of the curriculum; for example, faculty identified the fact that the course designated to develop one PLO was not doing so optimally. They then identified another course that easily aligned with this PLO and made the appropriate modifications to the second course to make it a primary venue for developing the PLO. The program has also made adjustments to the course sequence based on observations about more optimal ways to build learning experiences on one another.
2.7 Assessment Procedures.

There shall be procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance.

This criterion is partially met. For each competency, the program identifies at least two direct measures and one indirect measure. Direct measures are course-embedded activities (e.g., projects, presentations, exams) that require the student to demonstrate the competency and that count toward a grade. Indirect measures include surveys, focus groups and other similar means of gathering data on student competency attainment.

The program’s approach to direct assessment relies on a system of “signature assignments.” The program lead coordinates a process through which faculty define a set of signature assignments, or assignments that are designated for data collection on student competency attainment. Each competency must have at least two signature assignments required for all students. The self-study presents a matrix that documents the multiple signature assignments associated with each core and specialization competency.

All syllabi clearly identify the signature assignments associated with the course, and signature assignments are all graded using a standard rubric that is available to all program stakeholders, including students. The program lead compiles results from all signature assignments and inputs them in a tracking system. Thus, signature assignments allow faculty to assess individual students on competency attainment, and the overall results from all signature assignments provide data to the program about areas where the curriculum may require strengthening or alteration. Students cannot receive the degree without passing all signature assignments.

The university has mechanisms to hold degree programs accountable for consistent and thorough application of its assessment plan. It also has specific supports for faculty to encourage consistency and best practices in faculty members’ course-level assessment. Resources include the university-wide Annual Assessment Summit and designation of at least two university faculty members each year to serve as “assessment fellows” and provide consultation to all university faculty on best practices in assessment.

Each year, the program produces a Program Annual Report (PAR) with data on all direct and indirect assessments. The PAR identifies target levels for each of these assessments. A target for direct assessment would be that a certain percentage of students attain a certain grade on each signature assignment. At present, the only available indirect measures are surveys of students’ self-assessment of competence, and the program has designated a target level for the self-assessment survey results as
well. The program plans to replace or augment the current indirect measures with others, such as results from alumni and employer surveys, in 2013.

In 2016, the program will conduct its first five-year review, which includes a more comprehensive look across PARs, as well as examination of institutional research data and other sources.

The university has a maximum time to graduation of seven years. Since the first students enrolled in 2010, the first “true” graduation rate will not be available until 2017. The program has developed and implemented a sophisticated system to track student enrollment and progression, which accounts for a number of issues, including the interruptions faced by many military students and the delays that can be caused by missing a single month long class in the program’s cohort model, in which courses must be completed in order. A student who progressed through the coursework in order, without delays, can complete the degree in 18 months, and 10 of the 18 students who enrolled in 2010 have already graduated. Two of the 18 students have withdrawn, and three have transferred to a different program. Thus, if the remaining students in the 2010 entering group complete their degrees, the first cohort will have a 72% graduation rate. Using similar methods of subtracting out those who have withdrawn and/or transferred, the next two cohorts have possible graduation rates of 82% and 95%, respectively, though their true rates will not be available until 2018 and 2019.

The program also tracks the destination of graduates. The program had 16 graduates as of January 2013. Four had been accepted into doctoral programs in public health. The other 12 were all employed in private healthcare settings, higher education settings or public health settings.

Finally, the program tracks pass rates on the CHES exam, which is not mandatory but is made available to interested students. Four students have taken the exam, and all have passed.

In 2012, the program implemented its first alumni survey. Seven of the 16 graduates responded. The survey elicited general information on current employment and certification, general satisfaction with the program and what the most valuable components of the program were. The survey did not ask for information on competency attainment. The program plans to implement an exit survey and an employer survey in June 2013. The survey will actually be conducted by the university’s Office of Institutional Research and Assessment (OIRA), and OIRA will report the results to the program.

The concern relates to the fact that the program has not yet implemented employer surveys, as required, and that the alumni survey results do not contain information on graduates’ attainment of competencies.
2.8 Academic Degrees.

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

This criterion is not applicable.

2.9 Doctoral Degrees.

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

This criterion is not applicable.

2.10 Joint Degrees.

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

This criterion is not applicable.

2.11 Distance Education or Executive Degree Programs.

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

This criterion is met. The program offers all three specializations on-site and online. Both methods of program delivery align with university and program missions and values and are designed specifically for adult learners. The program enrolled its first students in online cohorts in March 2012. The curricula and competencies for the online specializations are identical to the on-site coursework. Since both on-site and online courses include the same signature assignments, the program will compare data on each signature assignment across on-site and online delivery. The first such comparison is scheduled for spring 2013.

All full-time and associate faculty teach both on site and online, and the program also draws on adjunct faculty who may not live in the San Diego area to teach online courses.

The online courses run on the same eCollege platform that all on-site courses use as a supplemental tool. Online courses require a minimum of two synchronous lecture/discussion sections each week using
All synchronous sessions are archived online. Classes include streaming video, lecture capture, interactive quizzes, matching and other games that require application of material in the lectures. Exams are administered online with timing restrictions at the discretion of the professor. Site visitors were able to access all online classes and noted that all classes make use of the full range of technology available, including methods targeted to adult learners. No courses followed a simple, common pattern for online classes of PowerPoint slides and discussion boards. Though nearly all courses included these elements, they were supplemented by self-paced matching games, media-based sessions and required synchronous live chats during which the faculty member appears via webcam.

The program lead and course lead, if applicable, have access to the course shells, and the program lead regularly accesses the course shells to extract assessment data (ie, data about student performance on signature assignments and other course activities). Program and course leads also access course shells to ensure uniformity within a course across faculty members and modalities. Finally, the program lead accesses course shells to post announcements and links about student committee service opportunities, internship opportunities, scholarship availability and other matters. Since course shells exist not just for online courses but for the supplemental component associated within all on-site courses, course shell access is an important tool both in quality control and in supporting the student experience.

Students do have the option to toggle between online and on-site attendance. Faculty indicated that this has been extremely rare. Students tend to bond with their cohorts and feel motivated to remain with their original cohort.

### 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

#### 3.1 Research.

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

This criterion is met with commentary. Research and scholarly activities are a required component for every full-time faculty member in the department, and site visitors noted that the faculty value research as an integral contribution to program quality. Many services and programs exist at the program, department and institutional levels that support faculty research. Examples of institutional support include several awards for outstanding scholarship, an annual Spring Symposium, the Research Council, an annual Faculty Scholarship Conference and the Health Science Research Center. The university also provides an Office of Sponsored Programs and Research that helps identify external funding opportunities and assists with the grant writing process. The university IRB is active in its role to protect human subjects. Research support at the program level includes the Faculty Focus on Research, a
monthly collaborative event that involves all program faculty and is designed to increase productivity, collaboration and dissemination within the department.

Productivity levels over the last three years have been appropriate for a faculty of this size (nine) at a teaching-focused university. The narrative made clear that the university values teaching excellence as a priority, allocating only 20% of faculty time to scholarship. The self-study reports 43 published articles in the last three years and another nine in press.

Documentation and on-site discussions indicated that faculty use a variety of dissemination methods, though peer-reviewed and internal university publications were most prevalent. All primary faculty have recently participated in oral and poster presentations at professional conferences, including the American Public Health Association annual meeting. Primary faculty have also regularly presented at meetings including the Society for Public Health Education (national and California meetings) and Academy Health. Faculty have also been active in disseminating research across other media, such as television and radio. One primary faculty member’s recent publication in a peer-reviewed journal led to dozens of contacts and requests for interviews across multiple media channels.

On-site meetings provided a much richer picture of faculty research than the self-study documentation made apparent. Faculty are active in the scholarship of their fields to an extent that is not reflected by a traditional account of funded research projects. The university deliberately takes a different approach to research than many other graduate-serving institutions. The university’s funding model ensures fiscal health, including the establishment of an endowment to support intramural scholarship, without looking to federal, state or foundation-based research funding as major sources of support. During a meeting with site visitors, the dean noted that research endeavors at many universities tend to be expensive, “siloed” enterprises that purchase faculty time and may incentivize staying out of the classroom. National wants to encourage faculty to maintain teaching and community connections as primary.

This unconventional approach requires vigilance and safeguards. Graduate education, particularly in public health, maintains excellence, in large measure, by ensuring that faculty maintain current and on the cutting edge of developments in the field. Peer review, including the types of review typically associated with seeking grants, serves as an important quality control measure for faculty in graduate public health education. The program must ensure that, in the absence of the type of the peer review associated with regularly seeking external funding, it exposes faculty to other types of external review and encourages and facilitates involvement in emerging areas of public health research.

Students are clearly involved in their own research endeavors, as required by the capstone project, and a number of these projects have been presented at institution-sponsored symposia and local conferences.
National University holds an annual student research conference on campus, and in 2013, competitive intramural funding for travel to the conference will be available. Approximately 20 MPH students have presented at the university conference. MPH students have also presented their research at the San Diego Epidemiology Research Exchange and the Gerontological Society of America’s annual meeting.

The first area of commentary relates to the uneven distribution of peer-reviewed research among the faculty. One faculty member is responsible for exactly half of the publications (26 of 52) listed in the self-study, and two faculty members are responsible for almost 80% (41 of 52) of all publications. Furthermore, it appears that only seven of the nine core faculty have published during the review period. Although productivity is not expected to be perfectly distributed among the faculty, this degree of inequality fails to ensure that all faculty are benefitting from scholarship.

The other commentary relates to the potential to develop more structured research relationships with community partners. Most of the community partnerships described in the self-study focus on research associated with student capstone projects. Other community partnerships that involve faculty were more like technical assistance and community service opportunities than true research partnerships. None of these opportunities indicated a research question, set of methods, data, results or plan for dissemination—the hallmarks of academic research. Faculty indicated that a major goal of the establishment of the online Health Science Resource Center is to connect community agencies with qualified faculty and/or students, so this area has the potential for future growth. During the site visit, the interim dean noted that community partners, including local healthcare organizations, may provide opportunities for faculty to obtain funding for research projects that require it.

### 3.2 Service.

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

This criterion is met with commentary. NU has a focus on teaching, with expectations that, in general, 70% effort will go to teaching, 20% to research and 10% to service. Service is defined as the work of faculty which employs professional expertise to meet the mission of the institution. The MPH program goal related to service states that all full-time faculty should perform community and professional service each year. Annual faculty development plans (FDPs) must include a significant service component. Each faculty member is expected to give an average of eight hours per week to service activities. Students are encouraged to participate in volunteer service activities in their communities in addition to the internship work they carry out as part of the MPH course work, but students with whom the site visit team met universally indicated that it was difficult for them to participate in volunteer activities outside class assignments because of full-time employment and other commitments. The Public Health Student
Association does post notices about and encourages those who can to participate in volunteer service activities.

The self-study provides a brief listing of service activities for four of the primary MPH faculty and three of the adjunct faculty. Site visitors’ review of the faculty CVs provided in the appendices included additional information and confirmed that service is a part of the professional experience of all MPH program faculty. Faculty with whom the site visit team met also verbally shared numerous other examples of the types of service with which they were personally involved and of volunteer opportunities they were providing to students.

The self-study lists four outcome measures the program uses to assess the level of service activities. These include the following:

1. Proportion of promoted faculty providing service
2. Number of affiliation agreements with outside agencies
3. Students completing internship
4. Students participating in volunteer opportunities each year

The self-study document shows targets for achieving the measures and the program’s performance against those targets for the past three years. The target for student participation in volunteer opportunities was not met in 2011. Faculty members are exploring what might be done to provide students with very limited extra time with opportunities to get more involved in volunteer efforts as part of their MPH program. Students have been actively involved in the Bi-national US/Mexico Public Health Week events—this participation is facilitated by one of the primary faculty members who has an active international service agenda. A new MOU with the National Institute of Public Health of Mexico will provide for a two week training and volunteer opportunity for students in Cuernavaca each year, though faculty expressed some reservations about regularly sending groups of students to Mexico, given the current political and safety environment.

The commentary has to do with the perceived placement of more emphasis on student volunteer efforts than those of faculty, despite the fact that actual student participation in service has been lighter than desired. Three of the four service objectives address student participation, leaving expectations for faculty service less structured and more reliant on the individual FDP level rather than focused on coordinating and recognizing faculty service at the programmatic level. Additionally, despite the self-study’s efforts to emphasize student service, neither the self-study nor on-site meetings could define an effective process for collecting information on hours of service completed by students outside their internships. The self-study’s documentation of student service hours counts only the hours of students who participated in Bi-national Week—there is no attempt to codify or document student service through opportunities highlighted by the Public Health Student Association or other venues.
3.3 Workforce Development.

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

This criterion is partially met. The MPH program is in its third year, and the self-study document indicates that, during these initial years, the program has focused its efforts on building and refining the MPH degree program. The DCH chair and SHHS dean participate in statewide partnership and workforce development groups. This participation and group input informed the development of a number of degree offerings, including the MPH and its three specializations. Individual faculty members have assisted in developing and implementing a three-day SAS analytics training event on the university’s campus, which was attended by 50 faculty and graduate students from universities across the US. Faculty shared that this training as well as additional SAS training is planned to be offered in the near future, though faculty have not identified active outreach plans that extend beyond individuals who are already affiliated with universities.

The MPH program also sponsors an online CHES preparation class. The program lead has conducted pilot offerings for the last two years with five or fewer attendees, but the program will offer this opportunity through the NU Extended Learning Division in spring 2013—it intends to use existing networks of alumni and community partners to publicize the training. The DCH also works with the NU Extended Learning Division to offer “Health Education for School Teachers,” a required course for students in teacher credentialing programs. A certificate program in health informatics has been developed but currently has no students.

The concern pertains to the MPH program’s lack of a specific plan for gathering input from community stakeholders and/or linking information available through existing channels on public health practitioners’ ongoing training needs. The program has several elements necessary for a successful workforce development program, but it has not linked existing information to a plan and timeline for development of non-degree options. The alumni and external advisory committee members can provide sources of input on practitioner needs and can assist the program in planning ways to address the identified needs. NU’s expertise in online and technology supported learning could be an asset in these types of programs.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The core faculty and adjunct faculty members are well qualified to deliver the public health core and the three concentration areas. The adjunct faculty members in particular are very well
qualified in terms of practice experience, and the program is fortunate to have access to such a large pool of local practitioners with doctoral degrees.

The full-time faculty complement includes two professors, four associate professors and three assistant professors. All full-time faculty have doctoral degrees in the fields in which they teach, and five of the nine faculty members have graduate degrees from CEPH-accredited schools or programs.

4.2 Faculty Policies and Procedures.

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

This criterion is met. Faculty members have access to comprehensive documentation of university policies regarding faculty employment in the faculty handbook. The university makes available support services to help improve and maintain faculty effectiveness, including the Faculty Center for Excellence in Teaching and Technology and the Faculty Community. This reflects the university’s investment in teaching effectiveness.

The program has secured customized e-learning solution training from Spectrum Pacific Learning, which helps the faculty create more effective, engaging and creative web-based course delivery. The program also allots $2,400 annually per faculty member for professional development activities, which may include scholarly or instructional activities.

The process for reappointing and promoting faculty is clearly described and reasonable. Teaching quality is evaluated by student evaluations, peer and administrative review and self-assessment. Evaluations are completed by students in every course, and course leads, the department chair and the dean review the results each month. Full-time faculty who receive less than a 3.5 out of five rating receive counseling and mentoring from the chair in order to improve. Part-time faculty who receive less than a 3.5 rating on two courses are not allowed to teach again.

4.3 Faculty and Staff Diversity.

The program shall recruit, retain and promote a diverse faculty and staff, and shall offer equitable opportunities to qualified individuals regardless of age, gender, race, disability, sexual orientation, religion or national origin.

This criterion is met with commentary. The current complement of primary faculty reflects an adequate balance of diversity based on gender and race/ethnicity. The current complement comprises three males (30%), of which one is African American and two are Caucasian. Of the seven females (70%), one is Hispanic, five are Caucasian and one is unknown. This diversity is enhanced significantly by the inclusion of other faculty. Among all faculty members, the male-to-female ratio is almost even, and most
ethnic/racial groups are represented by at least one or two members. The staff complement is ethnically/racially diverse, with five different subgroups represented by the five staff members affiliated with the program.

The university has the expected policies in place to help create an environment that supports diversity and protects minorities from discriminatory action. These policies prohibit discrimination or harassment on the basis of race, ethnic or national origin, religion, age, sex, color, physical or mental disability, marital or veteran status for applicants and employees. The university prohibits sexual harassment based on gender, pregnancy, childbirth, or medical condition including retaliation for reporting a complaint. The university also attempts to create a presence among minority cultural groups by advertising in the Black Employment Journal and Hispanic Employment Journal.

The first area of commentary relates to the opportunity for the program to broaden its definition of diversity. The self-study and site visit discussions primarily framed diversity in terms of racial/ethnic and gender balance, as well as national origin. Diversity based on age, (dis)ability, sexual orientation, religion and other minority status indicators was largely absent from the discussion. Despite the fact that some of these categories may be less amenable to collecting demographic data, including these dimensions in the program’s concept of diversity may allow for greater creativity in implementing curricular or other elements that foster these types of diversity. Since the program’s students and community partners will invariably include many people from these cultural and demographic groups, recognizing and supporting additional outlooks in diversity would likely facilitate efforts to develop the student body and local partnerships.

Additional commentary relates to the fact that the self-study described few proactive efforts to recruit and retain a diverse faculty. University policies around equal opportunity and sexual harassment do contribute to a fairer working environment but do not extend employment opportunities for minority group members. Although on-site discussions indicated that the program does consider diversity as a factor in choosing journals and other venues in which to advertise faculty positions, the program would be strengthened by identification of more proactive means for attracting a diverse applicant pool and retaining faculty who may feel culturally isolated.

The final area of commentary relates to the opportunity for the program to consider means, beyond recruitment and retention, by which the program can create an environment that supports diversity. The program may consider methods that celebrate diversity, based on a variety of demographic factors. Current theory in organizational management provides some direction on methods for incorporating diverse values and perspectives into the goals and procedures of an agency. Creating an inclusive environment is likely to help with long-term faculty retention and program creativity.
4.4 Student Recruitment and Admissions.

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

This criterion is met with commentary. Both recruitment and admissions are centralized at National University, and program faculty and staff are not directly involved in either activity. The university produces and maintains web and print resources that explain the program’s requirements and potential career paths. The program lead and program faculty work with the university-level office to determine the content of these resources, and all resources direct prospective student questions to the program lead. Program faculty also conduct some supplemental recruitment by providing material about the program at community-based meetings and professional meetings. Program staff also conduct supplemental outreach by attending graduate fairs at local institutions of higher learning.

Admission to all university graduate programs requires applicants to demonstrate that they meet certain requirements. The requirements relate, first, to GPA. Any student with a bachelor’s degree from a regionally-accredited institution and an overall GPA of 2.5 or a GPA of 2.75 in the last 90 quarter hours is admitted to the university.

Students with undergraduate GPAs between 2.0 and 2.49 are automatically admitted to the university if they meet one of two additional qualifications: 1) achieve a minimum score on the GRE (130 each in verbal and quantitative and verbal), GMAT (550), Miller Analogies Test (413) or another standardized test defined by faculty in the specific program of study or 2) have successfully completed at least 13.5 quarter-credits of graduate coursework with an average of B or better.

Students with undergraduate GPAs between 2.0 and 2.49 who cannot meet one of the two qualifications may be admitted on probationary status. The central admissions office has sole discretion to make these decisions. Probationary admission allows the student to register for one, 4.5 quarter-credit course in the degree program. If the student attains a B or better in this initial course, he or she is automatically eligible for regular admission.

International students are only eligible if they meet the basic GPA requirement (2.5 or 2.75 in the last 90 hours) and meet minimum TOEFL score requirements. They are not eligible to qualify with a lower GPA.

Programs may define admissions requirements in addition to the university requirements. The MPH program does not have any additional requirements. Thus, university admissions staff are fully responsible for the MPH admissions process.
The program began in 2010. Data for applicants to each specialization are as follows for 2010, 2011 and 2012: health promotion: 27, 61 and 52; mental health: 0, 4 and 18. At the time of the site visit, the healthcare administration specialization had not yet enrolled students, but it had begun advertising and actively seeking enrollments.

Self-study data indicate that all applicants were admitted over the past three years. Of those, enrollment data were as follows: health promotion: 21, 46 and 25; mental health: 0, 4 and 3.

The commentary relates to the fact that program leaders and faculty have minimal involvement with recruitment and admissions. The program has been successful in recruiting and admitting qualified students by relying on university processes and staff. Because the university graduate admissions requirements are very similar to those required by many MPH programs where program faculty are the decision makers, the university process has produced students who can maintain the required B minimum in all program courses and who can complete program requirements. The program might benefit, however, from an increased emphasis on recruiting in the type of public-health-specific venues to which only faculty members typically have access. The program also must monitor attrition and academic success over time: many MPH programs require submission of a personal statement and/or resume to ensure that the student’s interests truly align with public health, in addition to screening for basic academic eligibility. If data indicate issues with attrition or academic success, such additional screening may be an appropriate addition.

4.5 Student Diversity.

Stated application, admission, and degree-granting requirements and regulations shall be applied equitably to individual applicants and students regardless of age, gender, race, disability, sexual orientation, religion or national origin.

This criterion is met with commentary. The program has attracted and retained a racially, ethnically and gender-diverse student body. Of the current students, 93% self-identify as members of a recognized minority group, representing 13 nations, across five continents. More than half speak at least two languages.

National University ranks in the top five nationally and in California in a number of categories that measure awards of graduate degrees to Hispanics. The university does active outreach to Hispanic audiences via Spanish radio stations and Facebook. University-wide data indicate that students who self-identify as minorities are generally satisfied with university services and learning experiences.

The program is also supported by the university’s International Admissions Office, which has educational consultants in India and China and helps all international applicants complete the admissions process.
The university has also developed a cooperative relationship with the military bases and veterans’ service agencies in San Diego. Academic advisor services specifically for military students and their families are available and have their primary office spaces located on military bases, and the university offers reduced tuition rates for service members and their families.

The program develops cultural competence and social responsibility in all MPH students through coursework. The self-study describes three courses that provide students with opportunities to apply related theories in a practice setting. Students are also encouraged to volunteer in southern California communities that need health-related support, and faculty research is conducted in Africa, Ecuador, and Ghana.

The program has achieved adequate student diversity, mainly as a result of its location in a highly diverse, larger metropolitan area. The program could do more, however, to expand its operational definition of diversity to include age, sexual orientation, disability and other minority or disadvantaged groups. In this vein, the program could also be more proactive in both recruitment efforts and means for creating an inclusive environment that celebrates many faces of diversity. For example, many universities have a Safe Zone program to increase awareness of LGBT student needs and to identify faculty who are trained and willing to serve as mentors and advisors to LGBT students. This type of program enhances student retention.

The commentary relates to the opportunity for more proactive, strategic initiatives to ensure that the program maintains an inclusive environment. The program has benefitted from being located in a highly diverse, large metropolitan area, but the program has not focused on developing coordinated efforts to incorporate diverse perspectives and values into the program’s strategic planning process. Similar to the findings regarding faculty diversity, the program would likely see benefits from engaging in more proactive efforts to protect disenfranchised student groups, expand the operational concept of diversity to include other groups and reflect diverse perspectives in daily operations.

4.6 Advising and Career Counseling.

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

This criterion is met with commentary. All NU students’ initial academic advisement is done by a university-level admissions advisor. For MPH students, the advisor works closely with MPH program faculty to provide the potential or new student with specific information on program requirements. Since the program involves a lock-step curriculum, student questions tend to focus on issues relating to financial, logistical and technology issues. Other NU offices provide assistance to the students in all of these areas, such as financial aid, student services and requirements for professional credentials. MPH
faculty informed site visitors that they meet regularly with the members of the centralized advising office and other support offices who deal with MPH students. Faculty update these staff members on program requirements and important facts, and this close working relationship supports advising staff members’ understanding about when to refer a student question directly to the MPH faculty.

Students with whom the site visit team met expressed satisfaction with the centralized academic advising system as a way to navigate the NU application and registration process and as a source of information about specific majors. They also shared that they felt comfortable talking with the MPH program lead and other faculty if they needed information about specific requirements in the MPH program.

The university Career Center offers general employment-related services to students and alumni. The center maintains online resources including counseling, resume and cover letter writing, and contacts with potential employers through NU partnerships and affiliations. The MPH program lead and faculty also discuss career options on a more informal basis with students in person and use email and the SHHS blog regularly to post opportunities. The MPH internship coordinator works with students to prepare for interviews and resume writing. As practicing public health professionals, the adjunct faculty is a resource for public health students’ questions about careers and for networking in the community, and students who met with site visitors noted that adjunct faculty members’ connections were a significant program advantage.

The university has a formal complaint process for students through the vice president for student services. Within the MPH program, complaints are brought to the program lead who works with faculty and the student to resolve the issue. If the issue is a grade appeal, it must go through the SHHS dean to be addressed. Only one grade appeal has gone to the dean from the MPH program and it is currently in process.

The university randomly samples 2000 students annually in the Student Satisfaction Survey. In 2011 the sample of students from the DCH was large enough to discern their satisfaction compared to SHHS students and NU students in general. Department students were more likely than SHHS or NU students to indicate that they would enroll again at NU and that they would recommend the university to friends or colleagues. For the past three years no MPH students were included in the sample that provided input on advising and career counseling.

The commentary relates to the need for a more structured career counseling process in the MPH program. The current informal system does not assure that all students know about the broad array of career possibilities in public health. Some students get the advantage of the in-depth experience of the particular faculty or preceptors they might encounter. A more formal process that students know how to
access would ensure that all students can have the full spectrum of information. A targeted survey to gain MPH students’ input on advising and career counseling would be useful in planning which services might be needed.
Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH
ACCREDITATION SITE VISIT

National University
Public Health Program

February 11-12, 2013

Monday, February 11, 2013

8:15 am Welcome and Site Visit Team Request for Additional Documents
GinaMarie Piane, MPH, DrPH, CHES Department Chair, Department of Community Health
Debra Bean, Associate Provost
Roxanne Kymaani, Director of Instructional Service and Research Compliance

8:30 am Team Resource File Review

9:30 am Break

9:45 am Meeting with Program and Department Administration
Debra Bean, Associate Provost
Scott Higgins, EdD, Interim Dean, School of Health and Human Services
GinaMarie Piane, MPH, DrPH, CHES Department Chair, Department of Community Health
Stephen Bowman, PhD, Program Lead MPH, HA specialization

11:00 am Break

11:15 am Meeting with Faculty Related to Curriculum and Degree Programs
David Adesanya, MD, MPH, Assistant Professor
William Baldyga, DrPH, Community Engagement Consultant, Adjunct Faculty
Stephen Bowman, MHA, PhD, Program Lead MPH, HA Specialization
Catie Chung, RN, PhD, Assistant Professor
Alba Lucia Diaz, MPH, EdD, Assistant Professor
Angela Drake, PhD, Clinical Professor
Ellen Kaye Gehrke, MBA, PhD, Professor
GinaMarie Piane, DrPH, Department Chair, Department of Community Health
Catherine Prato, PhD, Assistant Professor
Tyler Smith, PhD, Associate Professor

1:45 pm Break

2:00 pm Resource File Review and Executive Session

3:15 pm Break
3:30 pm  Meeting with Faculty Related to Research, Service, Faculty Issues
   David Adesanya, MD, MPH (DrPH) Assistant Professor
   William Baldyga, DrPH Community Engagement Consultant, Adjunct Faculty
   Stephen Bowman, MHA, PhD, Lead, Healthcare Administration Specialization
   Marie Bowman-Davis, MPH, Adjunct Faculty
   Catie Chung, RN, PhD Assistant Professor
   Alba Lucia Diaz, MPH, EdD Assistant Professor
   Angela Drake, PhD, Clinical Professor
   Ellen Kaye Gehrke, MBA, PhD, Professor
   Mary McHugh, PhD, Professor
   Deborah Morton, PhD, Core Adjunct Faculty
   GinaMarie Piane, DrPH, Department Chair, Department of Community Health
   Catherine Prato, PhD, Assistant Professor
   Tyler Smith, PhD, Associate Professor
   David Lemberg, MS, DC, Associate Faculty
   Kiera Schminke, MPH, Internship Coordinator
   Alan Smith, PhD, Associate Faculty

4:30 pm  Break

4:35 pm  Travel to the Kearny Mesa Campus

5:05 pm  Meeting with Students
   Reem Al Mahdawi, Health Promotion
   Kim Bellama, Health Promotion
   Osasogie Diana Ero, Health Promotion
   Russell Evans, Health Promotion
   Godwin Fenuku, Health Promotion
   Lauren Gray, Health Promotion
   Ryan Harina, Health Promotion
   Mariannah Kalanzi Kitandwe, Health Promotion
   Debra Roberts, Health Promotion
   Sarah Schumacher, Mental Health
   Maybelline Vitas, Health Promotion
   Nerissa Weeks, Health Promotion

Tuesday, February 12, 2013

8:30 am  Meeting with Institutional Leaders
   President Patricia E. Potter
   Provost Eileen D. Heveron
   Debra Bean, Associate Provost
   Scott Higgins, EdD, Interim Dean, School of Health and Human Services

9:15 am  Break

9:30 am  Executive Session

12:30 pm  Exit Interview