

REVIEW FOR ACCREDITATION
OF THE
FIELDING SCHOOL OF PUBLIC HEALTH
AT THE
UNIVERSITY OF CALIFORNIA, LOS ANGELES

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

November 13-15, 2013

SITE VISIT TEAM:

Cheryl L. Addy, PhD , Chair
Linda E. Forys, EdM, MCHES
James M. Raczynski, PhD

SITE VISIT COORDINATOR:

Nakita Kanu, MPH

Table of Contents

Introduction.....	1
Characteristics of a School of Public Health.....	2
1.0 THE SCHOOL OF PUBLIC HEALTH.....	3
1.1 Mission.....	3
1.2 Evaluation and Planning.....	4
1.3 Institutional Environment.....	6
1.4 Organization and Administration.....	7
1.5 Governance.....	9
1.6 Fiscal Resources.....	12
1.7 Faculty and Other Resources.....	14
1.8 Diversity.....	16
2.0 INSTRUCTIONAL PROGRAMS.....	18
2.1 Degree Offerings.....	18
2.2 Program Length.....	20
2.3 Public Health Core Knowledge.....	21
2.4 Practical Skills.....	21
2.5 Culminating Experience.....	24
2.6 Required Competencies.....	25
2.7 Assessment Procedures.....	27
2.8 Other Graduate Professional Degrees.....	29
2.9 Bachelor's Degrees in Public Health.....	29
2.10 Other Bachelor's Degrees.....	30
2.11 Academic Degrees.....	30
2.12 Doctoral Degrees.....	31
2.13 Joint Degrees.....	32
2.14 Distance Education or Executive Degree Programs.....	33
3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.....	35
3.1 Research.....	35
3.2 Service.....	36
3.3 Workforce Development.....	37
4.0 FACULTY, STAFF AND STUDENTS.....	38
4.1 Faculty Qualifications.....	38
4.2 Faculty Policies and Procedures.....	38
4.3 Student Recruitment and Admissions.....	39
4.4 Advising and Career Counseling.....	41
Agenda.....	42

Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Fielding School of Public Health (FSPH) at the University of California, Los Angeles (UCLA). The report assesses the school's compliance with the *Accreditation Criteria for Schools of Public Health, amended June 2011*. This accreditation review included the conduct of a self-study process by school constituents, the preparation of a document describing the school and its features in relation to the criteria for accreditation, and a visit in November 2013 by a team of external peer reviewers. 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 in a resource file. The team was afforded full cooperation in its efforts to assess the school and verify the self-study document.

Founded in 1919 as one of the 10 institutions in the University of California (UC) system, UCLA comprises 16 schools and colleges. In addition to the FSPH, the Center for Health Sciences (CHS) is home to the schools of medicine, dentistry and nursing. Serving more than 42,000 students (approximately 29,000 undergraduates and 12,000 graduate students), the university offers 135 baccalaureate degrees, 120 master's degrees and 95 doctoral degrees.

The FSPH was founded in 1961 as an interdisciplinary school in the CHS, though the dean reports directly to the executive vice chancellor and provost. The FSPH is organized into five departments: biostatistics, community health sciences, environmental health sciences, epidemiology and health policy and management.

The school was first accredited in 1960. The most recent review, in 2006, resulted in a term of seven years. In 2009 and 2012, the Council accepted the school's interim reports, which related to issues identified in CEPH's annual reporting process.

Characteristics of a School of Public Health

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

- a. The school 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 school and its faculty shall have the same rights, privileges and status as other professional schools that are components of its parent institution.
- c. The school 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 school of public health 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 school of public health shall maintain an organizational culture that embraces the vision, goals and values common to public health. The school 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 school's activities.
- e. The school 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 school shall offer the Master of Public Health (MPH) degree in each of the five areas of knowledge basic to public health and a doctoral degree in at least three of the five specified areas of public health knowledge.
- f. The school 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 UCLA's FSPH. The school is located in a regionally-accredited institution, and the last review was conducted by the Western Association of Schools and Colleges (WASC) in 2010. The school and its faculty and students enjoy the same rights, privileges and status as the other four CHS schools. The school is organized into departments that align with the five core public health knowledge areas. Faculty and students also collaborate across areas of study to address public health issues, with a particular focus on improving health outcomes in greater Los Angeles. The school's strong ties to the practice community, including a number of faculty members with significant public health experience outside of academia, support the school's community engagement efforts.

Both the school and the university at large demonstrate an organizational culture that emphasizes key public health values and goals, and the significance of instruction, research and service are reflected in the school's mission statement. The FSPH has sufficient resources to offer professional (MPH and DrPH) and academic (MS and PhD) master's and doctoral degrees in each of the five core areas of public

health. Despite the continuous erosion of state funds in recent years, the school has maintained overall financial health and remained committed to educational excellence and activities that align with its strategic plan. The FSPH has implemented evaluation and planning procedures to monitor and improve student performance and ensure that all internal operations continue to support the school's mission, goals and objectives.

1.0 THE SCHOOL OF PUBLIC HEALTH.

1.1 Mission.

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

This criterion is met with commentary. The FSPH has a clear and concise mission statement with aligned goals, objectives and value statements. The school's mission statement emphasizes the importance of instruction, research and service. The mission of the FSPH is as follows:

To enhance the public's health by conducting innovative research, training future leaders and health professionals from diverse backgrounds, translating research into policy and practice and serving our local communities and the communities of the nation and the world.

The school's values emphasize the importance of health equity and inclusiveness, disease prevention and innovation. The values are as follow:

- Recognition that health is a fundamental human right that transcends borders;
- A commitment to advancing the health of all by addressing population health, prevention and health promotion;
- A focus on increasing equity in health and inclusion in all aspects of our mission; and
- A commitment to excellence, innovation and integrity in science and to the application of science to advancing health and well-being.

The FSPH has identified five goals that support its mission. These goals relate to instruction, research and service, infrastructure, community engagement, global health and health policy development. Each goal has between one and eleven measurable objectives.

Site visitors determined that the process for developing and revising the school's mission and supporting values, goals and objectives was strategic and inclusive. The current mission, values, goals and objectives were originally developed and adopted by the Executive Committee in 2001, through a major strategic planning process. In addition to conducting a series of working groups of various constituents (ie, the Evaluation Committee, the Faculty Executive Committee, community representatives and/or individual faculty members, staff and students) to define and outline the FSPH's priority areas, the school provided an opportunity for third-party comment and input on the process and content of the strategic plan. Shaped and influenced by feedback and suggestions from internal and external stakeholders, the

final plan was revisited during a day-long faculty and staff retreat in November 2008 and reaffirmed by the Evaluation Committee shortly thereafter.

The mission, values, goals and objectives are presented in the school's strategic plan, which is available in hard copy and accessible on the FSPH website.

The first commentary relates to the currency of the FSPH strategic plan. This document was recently reviewed by faculty, staff and the Evaluation Committee, and the dean asserted that the goals and objectives are still relevant. No apparent revisions have been made since the plan's inception in 2001, however, to ensure relevance and responsiveness to the emerging health needs and demands of populations within the school's defined service areas. On-site discussions with the dean, however, informed the site visit team of the school's intention to revisit the strategic plan and revamp the FSPH's strategic planning process in 2014.

The second commentary relates to the school's tendency to define objectives that are process-oriented, rather than outcome-oriented. For example, the objectives related to the research, education and service goal set targets such as "track postgraduate work placement," "coordinate the school's service and practice efforts" and "develop systems to track service activities." Instead of focusing the school's attention on improving job placement rates and increasing faculty and student participation in service activities, these indicators highlight the school's related data collection and project management efforts. Another example relates to the school's health policy development efforts. One of the associated objectives reflects the school's plans to "evaluate and track policy activities and increase recognition and reward for policy-related activities." Again, this indicator emphasizes the school's data management procedures and efforts to incentivize political engagement, rather than the outcomes the school expects to achieve as a result of such activities.

1.2 Evaluation and Planning.

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

This criterion is partially met. The FSPH has established protocols for monitoring and evaluating progress against many of its objectives and for assessing the school's effectiveness in achieving its mission and goals.

The evaluation of the school's activities involves various constituents through committee meetings, school-based center and departmental reviews, course evaluations and a variety of surveys. For example, the associate dean for research is responsible for monitoring data on all faculty- and

department-level research productivity each year; instructors and department chairs review and assess the results of the course evaluations submitted by students at the end of each quarter; and the International and Immigrant Health Committee manages data pertaining to the funding streams that support faculty and student research activities in international settings. The Evaluation Committee and the Faculty Executive Committee convene three times each year and once each quarter, respectively, to review the overall results of ongoing evaluation processes and determine if any modifications are necessary to ensure goal attainment and continuous quality improvement.

Faculty told site visitors that several drafts of the self-study were broadly distributed, via e-mail, to faculty, students, alumni and community partners for input. The majority of students, alumni and community partners with whom the site visit team met, however, expressed a lack of participation in the development of the self-study and indicated that they first received the document a week prior to the site visit. The self-study describes the integration of feedback from members of the Public Health Student Association, the Alumni Association and the students, alumni and community representatives serving on the Evaluation Committee. On-site discussions with faculty and staff also confirmed their extensive involvement in the school's evaluation and planning efforts.

The self-study presents measurement data pertaining to the FSPH objectives, as of the 2012-2013 academic year.

The first concern relates to the lack of defined timelines and targets. The FSPH has failed to establish targets and timelines for any of its outcome measures, as seen throughout the self-study document. The dean articulated her commitment to spearheading the development of targets in the strategic planning process scheduled for 2014.

The second concern relates to the lack of infrastructure in the evaluation processes, including the identification of data collection systems, responsible parties and the frequency with which data are collected and reviewed. The FSPH has not established specific and ongoing evaluation procedures for many of the objectives presented in the strategic plan and in Criterion 1.1. In fact, on-site discussions with the associate dean for academic programs revealed that much of the data collection and analyses were conducted only recently—during the preparation of the self-study.

The third concern relates to the lack of data collected on the school's performance against many of its objectives. Several objectives presented in the strategic plan and Criterion 1.1 are not accounted for or measured in the available outcome measures data. The dean expressed her plan to invest in a more comprehensive and routine data management and evaluation system.

1.3 Institutional Environment.

The school shall be an integral part of an accredited institution of higher education and shall have the same level of independence and status accorded to professional schools in that institution.

This criterion is met. UCLA is accredited by the Western Association of Schools and Colleges. The university has been continuously accredited since 1949, and the 2010 reaccreditation resulted in a 10-year term. The university responds to more than 15 specialized accrediting agencies in fields such as architecture, engineering, law, social work, dentistry, medicine and nursing.

UCLA comprises 16 schools and colleges. The FSPH is an interdisciplinary school in the Center for Health Sciences, which is also home to the schools of medicine, dentistry and nursing. The FSPH dean, along with the other CHS deans, reports directly to the executive vice chancellor and provost. While the School of Dentistry also reports to the vice chancellor of health sciences and dean of the School of Medicine, on-site discussions with the vice chancellor confirmed that the FSPH enjoys the same level of autonomy and authority accorded to the other CHS schools. The executive vice chancellor and provost reports to the chancellor, who in turn reports to the UC president. The president reports to the Board of Regents.

The dean, in consultation with the chancellor, supervises issues related to budgeting and resource allocation. While the FSPH's annual operating budget, based on an estimate of all expected expenses, is allocated by the chancellor to the dean, the dean has budgetary responsibility over resource allocation to departments and schoolwide activities. Unlike some of the other CHS schools, however, the UCLA Graduate Division decides what portion of revenue is returned to the FSPH in the form of scholarship funds.

The department chairs initiate all personnel recruitment, selection and advancement, with oversight from the dean and chancellor in the case of faculty reviews. Department chair recommendations, either for faculty appointments or promotions, are submitted to the dean. The dean makes subsequent recommendations to the chancellor for final approval. Staff recruitment, selection and promotion, on the other hand, require the approval of the associate dean for administration, rather than the dean and chancellor.

The school follows the academic standards and policies established by the UCLA Academic Senate. Although the department chairs oversee the development and implementation of curricula and initiate the selection and recommendation of prospective students for enrollment, all of FSPH's admissions decisions—unlike those of the School of Medicine and the School of Dentistry—require the approval of the Graduate Division.

1.4 Organization and Administration.

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

This criterion is met. The FSPH maintains an organizational structure that is conducive to public health learning, research and service. Faculty who met with site visitors also recognized and communicated their appreciation for the school's collegial environment and the transparency of the institution's planning and decision-making processes.

The dean is responsible for overall leadership and coordination, policy development and implementation and fiscal and human resource management.

The associate dean for academic programs, who reports to the dean, oversees the school's degree programs and promotion and tenure processes, advises the dean on faculty issues and personnel actions, reviews faculty grievances and coordinates disciplinary actions. The associate dean for administration, the chief operating officer responsible for managing all of the school's administrative and financial functions, also reports to the dean; such functions include the allocation of departmental budgets and central administrative funds and the management of faculty and staff offices and other FSPH facilities.

The associate dean for research and the assistant dean for external affairs also report to the dean. The associate dean oversees all of the school's research-related activities, including the coordination and processing of contracts and grants for all FSPH departments and centers. Other responsibilities include: reviewing and approving award submissions; coordinating mentoring programs for new and junior faculty; and developing FSPH-specific research-related policies and procedures. The director of communications, who reports to the assistant dean for external affairs, is charged with developing communication strategies, maintaining public and government relations, disseminating research and facilitating media and communications-related training and support. In addition to overseeing these activities, the assistant dean for external affairs directs the school's fundraising and alumni activities.

The assistant dean for student affairs, serving under the leadership of the associate dean for academic programs, oversees student recruitment, admissions processes, disciplinary actions, housing and financial aid matters and other issues that concern student welfare. The director of new initiatives reports to the dean and is responsible for designing new programs and managing the school's most innovative projects.

The school is organized into five departments: biostatistics, community health sciences, environmental health sciences, epidemiology and health policy and management. Each department chair reports to the dean, supervises the administration and delivery of their respective department's degree programs, oversees the department's budget and research activity, reviews and approves the department's contract and grant proposals and manages the department's faculty and staff. Each chair is supported by a staff administrator who is responsible for the coordination of all academic and staff payroll actions, student-related activities, budgets and research grants within the department.

The FSPH includes 15 research centers. The designation of each center as department-based or school-based is determined by the size of the center and/or the interdisciplinary nature of its mission. The directors of the Center for Global Infectious Disease, the World Policy Analysis Center, the Global Media Center and the Center for Global and Immigrant Health each report to the dean. The directors of the Bixby Center on Population and Reproductive Health, the Center for Healthier Children, Families and Communities and the Center for Public Health and Disasters each report to the chair of the community health sciences department. The directors of the Center for Environmental Genomics, the Center for Occupational and Environmental Health and the Molecular Toxicology Program each report to the chair of the environmental health sciences department. Lastly, the directors of the UCLA/RAND Center for Adolescent Health Promotion and Disease Prevention, the Center for Cancer Prevention and Control Research, the UCLA/Kaiser Center for Health Equity, the Center for Health Policy Research and the Center for Health Advancement each report to the health policy and management department chair. Each center director oversees the research activities of their respective centers, the faculty and students involved and their center's efforts to solicit and secure funding.

The school facilitates interdisciplinary learning, research, service and collaboration in several ways. Many adjunct faculty members hold joint appointments with a department in other UCLA schools: the School of Medicine, the School of Dentistry, the School of Nursing and the School of Education and Information Studies. Faculty affiliated with the FSPH's research centers hold joint appointments with various departments within the school, other UCLA schools and departments and/or neighboring universities. Local health organizations, community leaders and service providers also collaborate with faculty on a variety of research projects and grant-funded initiatives. The involvement of FSPH faculty in collaborative activities within and beyond the school's research centers (eg, federal, state and local health departments and organizations) complements and enhances their instruction of students and serves as a platform for faculty to introduce the importance of interdisciplinary collaboration into the classroom. Faculty who met with site visitors also discussed their eagerness to work with students on community health projects and connect students to the research centers with which they partner.

The FSPH also collaborates with numerous schools and departments across campus to offer a Global Health Certificate and several joint degree programs (further described in Criteria 3.3 and 2.13, respectively) that expose students to various public health perspectives and develop students' cross-disciplinary understanding of the field.

1.5 Governance.

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

This criterion is met. The FSPH demonstrates a clear governance structure with defined roles and responsibilities. The school has 11 standing committees that participate in policy development and decision-making, planning and evaluation, budget and resource allocation, student recruitment and admission and curriculum development, among other functions.

The Dean's Council oversees the school's budget and resource allocation. Committee members—the five department chairs, the associate and assistant deans and the chair of the Faculty Executive Committee—meet once a month to review and discuss administrative and budgetary issues, planning and evaluation efforts and human resource needs.

The Faculty Executive Committee (FEC) serves as the voice of the faculty body. The committee meets four times each year to discuss and evaluate school policies and address general faculty issues, concerns and needs. Membership includes an elected faculty chair, an elected faculty representative from each of the five departments, the dean, the associate dean for academic programs, and two elected officers of the Public Health Student Association (PHSA).

The Educational Policy and Curriculum Committee (EPCC), which reports to the FEC, includes a faculty member from each of the five departments, the associate dean for academic programs, the assistant dean for student affairs and one student representative. The committee convenes to 1) discuss and develop schoolwide policies pertinent to student affairs, 2) review and approve proposed course and curricular changes and competencies, 3) develop strategies to accommodate and support joint degree students and 4) establish best practices for graduate-level instruction.

A subcommittee of the EPCC, the Student Affairs Committee discusses all issues related to student affairs (eg, advising, recruitment and financial assistance), serves as a liaison between students and the faculty and administration and designates the allocation of financial awards. The committee consists of a faculty member from each of the five departments, the associate dean for academic programs, the assistant dean for student affairs and one student representative.

The Undergraduate Programs Committee is another subcommittee of the EPCC. This committee is responsible for monitoring, evaluating and developing academic standards and policies pertaining to the undergraduate public health minor program. Members include a faculty member from each of the five departments, the associate dean for academic programs and the assistant dean for student affairs.

The Evaluation Committee consists of a faculty member from each of the five departments, the associate dean for academic programs, the assistant dean for student affairs, one alumni representative, one student representative and two community representatives. The committee, which meets at least three times each academic year, is charged with 1) coordinating the schoolwide strategic planning processes, 2) evaluating and monitoring the school's progress towards attaining its mission, goals and objectives, 3) reviewing and revising the school's strategic plan to ensure relevance and align with emerging priorities and 4) proposing recommendations to the dean and faculty to support continuous quality improvement.

The International and Immigrant Health Committee is responsible for promoting instruction in global health, developing policies to support the needs of international students, collaborating with international health organizations, identifying opportunities for FSPH graduates to work overseas and supporting student and faculty research activities in international settings. Membership includes three faculty members with significant global health expertise and/or teaching and research experience, the associate dean for research and one student representative.

The Academic Computing Committee includes three faculty members (representing the biostatistics, environmental health sciences and epidemiology departments), the associate dean for administration, the associate dean for research, the manager of computer services and one student representative. This committee coordinates technology support for faculty, staff and students, monitors the school's computer lab and software resources and needs and identifies and recommends routine technology upgrades.

The Community and Alumni Relations Committee consists of five faculty members (representing the health policy and management, community health sciences and biostatistics departments), the assistant dean for communications, the assistant dean for external affairs, one alumni relations staff member and one student representative. Although the committee has made an effort to recruit alumni and community representatives for membership on the committee, the documentation provided to site visitors indicates a lack of participation of such parties over the last three years. The committee is responsible for promoting the professional involvement of faculty, students and alumni in the community, to include identifying and sponsoring professional development, networking and training opportunities and soliciting alumni support of FSPH activities.

The Laboratory and Equipment Committee is charged with coordinating the use of and support provided for the school's laboratories and special equipment, to include the development of an injury prevention and laboratory safety plan and procedures manual. Members include three faculty from the environmental health sciences and epidemiology departments, the associate dean for administration and one student representative.

The Research Committee develops and reviews policies regarding grants administration, explores opportunities for cross-departmental collaboration, monitors faculty procurement of external grants and contracts, solicits funding for the school's research projects and disperses available research funds. Four faculty members, the associate dean for research, the associate dean for administration, the assistant director for research administration and one student representative currently serve on this committee.

Faculty and staff search committees are also formed on an as-needed basis, at the request of each department chair and after the approval of the dean (in the case of faculty searches) and the associate dean for administration (in the case of staff searches). Such committees, typically made up of several FSPH administrators and faculty members, are called upon to recruit and evaluate new faculty or staff members. The search committees provide the department chair(s) with recommendations for hiring selected candidates. Ultimately, the chancellor (in the case of faculty reviews) and the associate dean for administration (in the case of staff reviews) make the final decisions on which candidates to hire.

In addition to supporting the governance of the school, FSPH faculty are active in other department-, college-, university- and UC system-level committees. The self-study provides information about the standing and ad hoc committees on which FSPH faculty serve, including the School of Nursing's Evaluation Committee; UCLA's ACCESS Steering Committee, Tenure Evaluation Committee and Academic Senate; and UC's Wellness Committee and Task Force on Health Care Costs. Most faculty members have several committee appointments within the school and across campus.

While students serve on the majority of committees described above and thus maintain the capacity to contribute to planning and decision-making and advocate for students' needs, student representatives are not granted voting privileges. Each student representative is selected by the Public Health Student Association. All students enrolled at FSPH are members of the PHSA, which acts on behalf of the student body to 1) ensure the representation and protection of student interests in school policy development and decision-making, 2) secure financial resources for student organizations and 3) host social activities and networking events. Students with whom the site visit team met indicated that, despite the lack of voting privileges, the school is very receptive and responsive to their needs and input on academic and administrative issues.

1.6 Fiscal Resources.

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

This criterion is met with commentary. The FSPH has adequate fiscal resources to fulfill its stated mission, goals and objectives. The fiscal resources that support the school's instructional, research and service activities have increased since the last accreditation review. The budgetary and allocation processes of the school begin at the UC system level. UCLA receives state appropriations based on a formula used to determine the allocation for each of UC's ten campuses. The UC president allocates the funds to the UCLA chancellor, who in turn allocates resources to the FSPH. The dean supervises the school's internal budget and resource allocation process in close consultation with the chancellor.

Table 1 presents the FSPH's budget for the last six years, in addition to the planned budget for the current school year. The school budget primarily covers grant and contract expenditures and personnel costs, including salaries for ladder rank faculty, the dean and the associate deans, and salary support for department and school administrative staff and non-ladder faculty teaching support.

Contract and grant funding contribute to 63% of the school's revenue. In addition to supporting the FSPH's infrastructure and department operations, the indirect cost recovery funds support non-ladder faculty and staff salaries and benefit costs. Despite the \$50 million donation that the school received in 2012, the total capital will only be realized over the next 10 to 20 years, resulting in no significant short-term impact on the school's budget.

Although the level of state appropriations has fluctuated over the last five years with recent cuts in state support, the vice chancellor of health sciences indicated that he remains optimistic about the school's ability to overcome the associated financial challenges—notably, through 1) a new \$2 billion tax that increased UCLA's overall budget by approximately \$30 million for the 2013-2014 academic year and 2) reenergized fundraising efforts at the university and the FSPH.

The self-study also confirms that the school has been able to offset reductions in state funding and increases in campus taxes with new revenue generated from research and professional student fees. While all FSPH students are required to pay academic tuition, professional degree (MPH and DrPH) students are charged additional Professional Differential Student Tuition (PDST) fees.

Table 1. Sources of Funds and Expenditures by Major Category, 2007-2008 to 2013-2014							
	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Source of Funds							
Tuition and Fees	\$4,350,064	\$4,652,204	\$4,457,022	\$4,325,659	\$4,829,894	\$5,079,833	\$6,384,965
State Appropriation	\$11,481,120	\$11,568,525	\$10,340,257	\$11,817,469	\$12,038,789	\$14,417,776	\$13,372,898
Grants and Contracts	\$47,103,639	\$47,707,191	\$43,951,667	\$49,223,205	\$40,791,060	\$41,415,811	\$41,415,811
Indirect Cost Recovery	\$2,294,228	\$2,428,437	\$2,308,842	\$2,737,727	\$2,963,360	\$3,504,717	\$2,964,071
Gifts and Endowments	\$2,635,000	\$3,290,000	\$1,834,000	\$2,629,000	\$2,070,000	\$2,299,455	\$1,765,525
Total	\$67,864,051	\$69,646,357	\$62,891,788	\$70,733,060	\$62,693,103	\$66,717,592	\$65,903,270
Expenditures							
Faculty Salaries	\$8,079,156	\$8,776,048	\$7,997,033	\$8,284,383	\$8,831,191	\$9,257,428	\$9,139,417
Staff Salaries	\$3,162,980	\$3,358,046	\$3,267,222	\$3,308,412	\$3,378,751	\$4,048,382	\$4,571,781
Benefits	\$1,888,151	\$2,042,142	\$2,157,989	\$2,561,124	\$3,205,660	\$3,707,897	\$5,106,409
Operations	\$1,486,636	\$1,503,688	\$1,284,724	\$1,070,144	\$1,234,890	\$1,425,658	\$1,165,248
Maintenance of Space	\$1,155,281	\$1,011,214	\$1,045,228	\$825,060	\$634,870	\$1,301,021	\$1,393,447
Services	\$868,772	\$786,085	\$1,004,878	\$735,461	\$595,589	\$1,547,689	\$1,395,097
Travel	\$273,543	\$323,140	\$230,529	\$256,156	\$334,035	\$314,088	\$495,593
Student Support	\$2,163,999	\$2,277,317	\$2,068,997	\$2,285,874	\$2,531,828	\$2,781,587	\$2,919,586
Grants/Contracts	\$47,103,639	\$47,707,191	\$43,951,667	\$49,223,205	\$40,791,060	\$41,415,811	\$41,415,811
Total	\$66,182,157	\$67,784,871	\$63,008,267	\$68,549,819	\$61,537,874	\$65,799,561	\$67,602,389

The university distributes a percentage of the academic tuition to each FSPH department in the form of block grants that are used for student scholarships. While additional revenue generated from PDST fees is fully allocated to the school, roughly 30% of the PDST is set aside for financial aid and the remaining funds are used to provide student internship support, library and computer lab services and career counseling. The community health sciences and health policy and management departments also offer executive-style degree programs for which tuition is allocated directly to the school and expected to cover all programmatic, administrative and overhead expenses. Any remaining balances are used to support student-related or programmatic costs on an as-needed basis.

The school's current financial situation is threatened, however, by rapidly rising benefits and retirement costs. Discussions with faculty and administrators confirmed that the continuous erosion of state funds has placed an increasing burden on UCLA's schools to cover escalating employer-paid pension and benefits costs. Until the 2008-2009 academic year, all ladder rank faculty benefits and pension costs were paid by the university. In 2009-2010, the university began providing only a minimum amount of support per year, while mandating increased contributions (eg, 10.6% in 2012-2013) from schools; contributions from the FSPH are expected to increase annually up to 17.63%. Faculty also raised concerns that the pension fund allocations are being disproportionately applied across campuses within the UC system.

The vice chancellor of health sciences also noted that reductions in funding from the National Institutes of Health have contributed to the FSPH's current financial situation.

The commentary relates to the sustainability of the FSPH's financial infrastructure and resources. While the school receives substantial revenue from its research programs and tuition and fees, the continuous erosion of state funds has placed a heavy burden on the school and continues to threaten its financial stability. Reductions in state funding have created an increasing reliance on soft funding such as tuition, direct and indirect costs and donor funds. Departments within the school are preoccupied with searches for cost-cutting options, donor funding and revenue-generating programs. The FSPH cannot afford to lose additional funding if it is to continue to meet its mission and goals.

1.7 Faculty and Other Resources.

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

This criterion is met with commentary. The FSPH has an adequate faculty complement that includes 76 primary faculty and 152 secondary faculty, including at least five primary faculty per department: 12, 18, 11, 14 and 21 for biostatistics, community health sciences, environmental health sciences, epidemiology and health policy and management, respectively. While the primary faculty complement has remained largely constant over the last three years, the student-faculty ratio remains under 10:1 in all five

concentrations: 6.1 for biostatistics, 9.5 for community health sciences, 6.1 for environmental health sciences, 8.0 for epidemiology and 6.8 for health policy and management, based on primary faculty FTE.

The FSPH has an excellent complement of 241 staff to perform many of the daily administrative operations involved in budgeting, evaluation and planning and student recruitment and admissions.

The FSPH is located in the Center for Health Sciences, in close proximity to the other CHS schools. The school's 13 laboratories, though open for general use, provide specialized equipment and state-of-the-art facilities to support the scientific research interests and teaching activities of students and faculty across the entire UCLA campus and UC system.

The school has adequate computer facilities and equipment. Students have access to shared computers and printers in the PHSA student lounge, the FSPH computer lab, the Department of Biostatistics, the Biomedical Library, the UCLA Center for Health Policy and Research, the World Policy Analysis Center and the Center for Public Health and Disasters, located throughout the campus. The Technology and Learning Center located within the Biomedical Library offers information technology services (eg, computer and audiovisual support) to all CHS students and faculty. SAS, STATA, SPSS and other statistical software is available in select computer labs, including the FSPH computer lab and those housed in the Biomedical Library.

Faculty, staff and students also have access to the information resources offered by UCLA's 13 libraries, including the Biomedical Library and the California Digital Library. Collectively, the campus libraries maintain an extensive collection of more than 8 million volumes and 94,000 serial periodicals, including more than 4,400 professional healthcare and biomedical books and journals, numerous online research databases and free interlibrary loans and document-delivery services. The Biomedical Library also conducts research training sessions and provides technical support for FSPH students.

The commentary relates to the shortage of laboratory, classroom and student lounge and study space. While office space appears adequate for faculty and staff and library and computer facilities seem sufficient for students, the school has reached its maximum capacity for classroom, laboratory and student gathering space. Although the particular group of students with whom site visitors met did not express any concerns about the lack of sufficient student lounge and work space, student exit survey results provided to site visitors reflect students' extreme dissatisfaction with the availability of laboratory facilities (56%), student lounge space (73%) and individual study space (67%). On-site discussions with faculty and staff also confirmed that classroom space is not adequate for the current size of the school. In an effort to promote more interaction and synergy among FSPH faculty, staff and students, faculty and

administrators revealed an additional need for space to house faculty and research staff who currently work in a number of distant off-campus locations.

On-site observations and discussions with the vice chancellor of health sciences confirmed that several plans are underway to ensure that the university is able to meet the FSPH's future space needs. He remains optimistic about the opportunity to take advantage of space that will soon open in the adjacent hospital building, once hospital staff relocate to a newly designated facility; according to him, the new instructional space will likely help to alleviate classroom shortages, in particular.

1.8 Diversity.

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

The criterion is met. The FSPH demonstrates a commitment to diversity and cultural competence in its instructional, research and service practices. Through the following four goals, adopted from the UCLA Campus Strategic Plan for Diversity, the self-study outlines the school's commitment to cultivating the diversity and cultural competence of its faculty, staff and students. These goals are reinforced by the university's mission and strategic plan to enhance the overall climate of diversity on campus:

- Increase the recruitment, retention and representation of underrepresented groups of faculty, students and staff to a level that at least reflects the appropriate relevant pool of availability for the target population;
- Foster a campus climate that respects differences and encourages inclusiveness;
- Enhance and increase academic and research programs that address issues of diversity; and
- Build and strengthen partnerships with diverse communities and community organizations to support diversity in the university and external communities.

The school supports the achievement of these goals with policies that create a climate free of harassment and discrimination, including the university's student and faculty codes of conduct, policies that prohibit sexual harassment discrimination and policies that enforce equal opportunity and affirmative action. The school also follows the university's policies for monitoring, tracking and responding to related complaints. Individuals with disabilities may seek support from UCLA's Office for Students with Disabilities.

The FSPH promotes cultural competence through the curriculum and its various academic programs. Collectively, the five departments currently offer 149 courses that specifically highlight issues faced by underserved communities and the implications of health disparities. The field practice requirement also exposes students to culturally and ethnically diverse workplace environments. According to the most recent student exit survey, 65% of graduating students were either "satisfied" or "very satisfied" with the accuracy and sensitivity of the curriculum in covering issues of race or ethnicity in the United States. 53% of respondents were either "satisfied" or "very satisfied" with the curriculum's accuracy and sensitivity in covering international issues.

The school identifies Native American/American Indian/Alaskan Native, African American/Black, Chicano/Mexican American, Latino/Other Hispanic and Filipino/Filipino-American students as under-represented in the student population. African Americans, Chicano/Mexican Americans and Latino/Other Hispanics are also under-represented among faculty and staff. Native American and African American students represent only 0.8% and 7.9% of the school's student body, respectively. Chicano/Mexican American, Latino/Hispanic and Filipino/Filipino-American students, on the other hand, represent only 9.3%, 5.3% and 2.4% of the student body, respectively. Enrollment for several minority student groups has only slightly increased over the past four years. While UCLA'S minority student enrollment currently exceeds that of many similar-sized public universities, the population distribution at FSPH and across campus has prompted the school to focus its attention on the ethnic groups listed above.

The school has attempted to increase minority student enrollment by 1) reaching out to local high schools and UCLA's undergraduate student organizations and 2) sponsoring recruitment events within the UC system of campuses and at institutions across the nation that already exhibit significant proportions of minority students. Scholarships and tuition waivers for disadvantaged students, as well as flexible admissions policies for applicants who may not meet all of the basic qualifications (outlined in Criterion 4.3) serve as additional recruitment tools. Several minority student organizations, including Students of Color for Public Health and Queers for Public Health, are also involved in recruitment activities and events that leverage minority students' issues within the school and across campus.

The FSPH has also implemented several strategies to recruit, develop and promote a diverse faculty and staff, ensure equity and transparency in the recruitment process and create a welcoming and inclusive working and learning environment. All job postings are to include the following statement: "The University of California is an Equal Opportunity/Affirmative Action Employer and has a strong commitment to the achievement of excellence and diversity among its faculty and staff. Women, underrepresented minorities, persons with disabilities and covered veterans are encouraged to apply." Each faculty and staff search committee is required to actively elicit applications from minority faculty and staff, as well as those who possess expertise in the area of health disparities and cultural competency. Faculty and supervisory staff are also required to complete an online ethics course. In support of equitable and unbiased career advancement, professional development opportunities are also provided to all faculty and staff, including minorities.

On-site discussions with faculty confirmed that contributions towards service and research in health disparities are highly encouraged by the FSPH and taken into account during faculty search processes and reviews for promotion and tenure. In fact, several faculty members expressed their genuine appreciation for the open-mindedness, inclusiveness and diversity of thought exhibited within the school

and among faculty; the culture of tolerance was evident to site visitors. Faculty also acknowledged the support they receive to pursue a wide variety of research interests, without the pressure to conform or limit their activities to traditional public health issues or approaches.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

The school shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master's degree in at least the five areas of knowledge basic to public health. The school may offer other degrees, professional and academic, and other areas of specialization, if consistent with its mission and resources.

This criterion is met. In addition to professional public health master's and doctoral degrees in each of the five core public health areas, the FSPH offers additional academic master's and doctoral degrees that align with the school's mission.

The school offers the academic master of science (MS) and professional MPH degrees in biostatistics, community health sciences, environmental health sciences, epidemiology and health policy and management. Two executive MPH degree programs, the master of public health for health professionals (MPH-HP) and the executive master of public health (EMPH), are offered by the community health sciences and health policy and management departments, respectively. Multiple unofficial areas of specialization are also available within the community health sciences, environmental health sciences, epidemiology and health policy and management departments.

The school also offers academic (PhD) and professional (DrPH) doctoral degrees in biostatistics, community health sciences, environmental health sciences, epidemiology, and health policy and management. Molecular toxicology is an area of specialization available within the environmental health sciences department.

While joint MPH degrees with law, medicine, Latin American studies and Islamic studies are offered by multiple departments, joint degrees with urban and regional planning, social welfare, African studies, Asian American studies, public policy and business are offered by either the environmental health sciences, community health sciences or health policy and management department. Table 2 presents the complete list of the school's degree offerings.

In addition to the five core courses and the practice and culminating experiences, MPH students must take between 20 and 44 quarter-credits in their area of specialty, depending on their concentration, and take appropriate electives.

Table 2. Instructional Matrix		
	Academic	Professional
Master's Degrees		
Biostatistics	MS	MPH
Community Health Sciences	MS	MPH
Master of Public Health for Health Professionals*		MPH-HP
Environmental Health Sciences	MS	MPH
Epidemiology	MS	MPH [^]
Health Policy and Management		
Health Policy		MPH
Health Management		MPH
Health Services Research	MS [^]	
Health Services Organization		MPH [†]
Executive Master of Public Health*		EMPH
Doctoral Degrees		
Biostatistics	PhD	DrPH
Community Health Sciences	PhD	DrPH
Environmental Health Sciences	PhD	DrPH
Molecular Toxicology	PhD	
Epidemiology	PhD	DrPH
Health Policy and Management	PhD	DrPH
Joint Degrees		
Law		MPH/JD
Biostatistics		
Community Health Sciences		
Environmental Health Sciences		
Epidemiology		
Health Policy and Management		
Medicine		MPH/MD
Community Health Sciences		
Environmental Health Sciences		
Epidemiology		
Health Policy and Management		
Latin American Studies		MPH/MA
Community Health Sciences		
Environmental Health Sciences		
Epidemiology		
Health Policy and Management		
Islamic Studies		MPH/MA
Community Health Sciences		
Environmental Health Sciences		
Epidemiology		
Health Policy and Management		

Table 2. Instructional Matrix		
	Academic	Professional
Urban and Regional Planning		MPH/MURP
Environmental Health Sciences		
Social Welfare		MPH/MSW
Community Health Sciences		
African Studies		MPH/MA
Community Health Sciences		
Asian American Studies		MPH/MA
Community Health Sciences		
Public Policy		MPH/MPP
Health Policy and Management		
Business		MPH/MBA
Health Policy and Management		

*Executive degree programs

^One-year postdoctoral program option, in addition to a traditional masters degree

†One-year postdoctoral program only

2.2 Program Length.

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

This criterion is met. One quarter hour, per ten-week term, requires 30 hours of classroom instruction and student preparation combined. The traditional MPH degree in biostatistics, community health sciences, environmental health sciences and epidemiology requires 58, 60, 62 and 68 quarter-credit hours, respectively. While the MPH degrees in health policy and health management each require 88 quarter-credit hours, the one-year postdoctoral MPH degrees in health services organization and epidemiology each require 56 quarter-credit hours. The master of public health for health professionals and the executive master of public health degrees require 60 and 88 quarter-credit hours, respectively. The school has not awarded an MPH degree for fewer than 56 quarter credits over the last three years.

While the school approves course substitutions and exemptions, such requests require students to pass a waiver examination and are thoroughly and formally reviewed by the chair of the associated department and the student’s faculty advisor, who takes the following aspects into consideration: course syllabi, competencies, level of work required and student reasoning for deviating from the curriculum. No unit credit is awarded for waived courses. When a course waiver is approved, the student must substitute a different course for the required units; usually this is a higher level course than the one waived.

2.3 Public Health Core Knowledge.

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

This criterion is met. MPH students must complete coursework that allows them to attain knowledge about the five public health core areas. Core course requirements differ slightly for each concentration, as one core course (in the same knowledge areas as the concentration) is replaced with a more advanced concentration-specific course; for example, instead of taking Introduction to Community Health Sciences (CHS 100), CHS students are required to take the Foundations of Community Health Sciences (CHS 210) course. Nevertheless, the core knowledge expectation is largely achieved through the successful completion of the courses identified in Table 3.

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	BIOSTAT 100A – Introduction to Biostatistics	4
Epidemiology	EPI 100 – Principles of Epidemiology	4
Environmental Health Sciences	EHS 100 – Introduction to Environmental Health	4
Social & Behavioral Sciences	CHS 100 – Introduction to Community Health Sciences	4
Health Services Administration	HPM 100 – Health Policy and Management	4

Faculty confirmed with site visitors that all DrPH matriculants must have already completed the five core courses in public health before entering the doctoral program. If the prospective student has completed a master's degree in a field other than public health, applicants must have taken the equivalent of the required core MPH courses or include them in the course of study after admission, thereby ensuring that the expected breadth and depth of core public health knowledge is obtained before beginning doctoral-level study.

While not all of the core course syllabi provided to site visitors explicitly list the learning objectives associated with each course, on-site review of the SPHweb portal, the school's course management and assessment system, confirmed an appropriate level of breadth and depth to expose graduate students to the five core knowledge areas. Waivers for core courses, which undergo the same review process as waivers for all other required courses, are permitted on a case-by-case basis.

2.4 Practical Skills.

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

This criterion is partially met. While practicum requirements vary by department, the majority of practical experiences are planned, organized, supervised and strategically designed to provide an opportunity for students to apply their academic knowledge and acquired skills to a specific public health project. The

practicum also serves to extend students' learning experience beyond the classroom and into a professional environment.

In preparation for the practicum, MPH students in the Department of Biostatistics are connected to UCLA's Biostatistical Consulting Clinic (BCC) and the clients (eg, biotech companies, clinicians conducting clinical trials and/or operations research and other health care researchers) it serves. The BCC, rather than the organizations and agencies that utilize the clinic's statistical support services, serves as the official practicum site. Biostatistics faculty who serve as preceptors are, by virtue of their general faculty qualifications (further described in Criterion 4.1), appropriate supervisors of students. Faculty preceptors meet with students throughout the progression of the practicum experience. Each student is required to submit a final project report to his or her faculty preceptor, who reviews and grades the deliverable as a means of evaluating student performance. While the nature of the statistical analyses performed usually lends itself to approximately 150 hours of work and commitment on the part of students, faculty who met with site visitors confirmed that the Department of Biostatistics has not explicitly established a minimum number of our hours required to fulfill the practical experience requirement. Practicum waivers are not permitted.

The Department of Community Health Sciences requires a 400-hour practicum for all MPH students. The practicum team consists of the student, a site preceptor and an assigned field placement supervisor. The supervisor discusses fieldwork interests with each student and works diligently with him or her to identify and select an appropriate practicum site and preceptor. The field placement supervisor reviews prospective preceptors and practicum sites to ensure appropriate supervision, organizational capacity to support students and an acceptable project and deliverable. Although general qualifications include a graduate degree in public health and a minimum of three years of full-time postgraduate work experience, exceptions are made on a case-by-case basis for individuals working in a public health practice setting and possessing sufficient leadership experience. No formal orientation is provided to preceptors, though the field placement supervisor offers one-on-one support as needed. Field placement supervisors also meet with students throughout the progression of the practicum experience. Students submit weekly activity logs, interim and final preceptor and site evaluation forms and final project report(s) to the supervisor, who reviews and grades these deliverables as a means of evaluating student performance. Practicum waivers are not permitted.

MPH students in the environmental health sciences and epidemiology departments are also required to complete a 400-hour internship. The internship team consists of the student, a site preceptor, the student's faculty advisor and the internship coordinator. While the faculty advisor and internship coordinator discuss site options with students, the onus is, for the most part, on the student to select an internship site. The internship coordinator and faculty advisor both review the student's final selection to

ensure appropriate supervision, organizational capacity to support students and an acceptable project and deliverable; the faculty advisor makes the final decision on whether or not to approve a preceptor or internship site. General qualifications include a graduate degree in public health and/or extensive field experience. Although no formal orientation is provided to preceptors, the internship coordinator is available for consultation upon request. Both the faculty advisor and internship coordinator meet with students throughout the progression of the internship. Students submit interim progress reports before submitting a final written report and preceptor evaluation form. Preceptors are also asked to evaluate student performance after the completion of the internship. Faculty advisors review all of the aforementioned deliverables as a means of evaluating student performance.

Although practicum waivers are not permitted in the Department of Epidemiology, environmental health sciences students with at least 12 months of prior relevant work experience may request to waive the internship requirement; such requests must be reviewed and approved by the student's faculty advisor and the department chair to ensure relevance and equivalence. Once approved, however, the student must develop and submit a report summarizing his or her previous work experience. Over the past four years, four EHS students have been granted practicum waivers.

The Department of Health Policy and Management requires a 400-hour internship for all MPH students as well. The internship team consists of the student, a site preceptor and the internship director. The internship director reviews prospective preceptors and internship sites to ensure appropriate supervision, organizational capacity to support students and an acceptable project and deliverable. While the internship director approves all site options before posting related internship descriptions online, the student is responsible for selecting and applying for an internship position. Standard qualifications include either 1) a master's degree and a minimum of five years of postgraduate work experience or 2) a bachelor's degree and 10 years of public health experience. In addition to hosting an annual student preceptor bootcamp to orient new preceptors to their responsibilities, the internship director is readily available to provide ongoing support. The internship director also meets with students throughout the progression of the internship. Students are asked to prepare a written consulting report including a proposal, literature review, policy implications and/or management recommendations. As validated by discussions with faculty, students and preceptors submit internship evaluation forms along with the final written report.

With the exception of the one-year postdoctoral program for which students must have six months of directly related full-time work experience to qualify for an internship waiver, practicum waivers within the HPM department are not permitted.

Students who met with site visitors spoke highly of their practicum experiences and corresponding support provided by their faculty advisors and internship coordinators, including the practicum/internship orientation sessions conducted every year. Community partners reported on the dedication of and quality products produced by FSPH students who work in their agencies.

While students are not required to select a number of competencies on which to base their practicum or internship projects, on-site discussions with faculty revealed their efforts to ensure that the practice experiences are all competency-based. According to the faculty with whom site visitors met, faculty advisors and preceptors are familiar with the school's competencies and the role of the practicum in assuring students' attainment of the competencies.

The first concern relates to the length of the biostatistics practicum. While most students complete the practicum in 150 hours, the Department of Biostatistics has not explicitly established a minimum number of hours required to fulfill the practical experience requirement.

The second concern relates to the supervision provided to biostatistics students. Faculty currently replace and serve as site preceptors, limiting students' exposure to settings and interactions outside of academia.

The third concern relates to the absence of a formal and structured practical experience requirement for all DrPH students. Faculty told site visitors that the biostatistics and epidemiology departments are the only departments that require DrPH students to complete the corresponding field experiences described above, though the information presented in the school bulletin reflects that these field experience requirements apply to the DrPH programs in epidemiology and health policy and management only.

2.5 Culminating Experience.

All graduate professional degree programs, both professional public health and other 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 graduate professional degree students, regardless of concentration, are required to complete a culminating experience toward the end of their degree program.

Students in the MPH degree programs in biostatistics, community health sciences and epidemiology are required to pass a comprehensive examination. Depending on the department, students are required to complete either a take-home exam in essay format or a standard classroom-based exam with multiple-choice questions and problem sets. Both exams are designed to assess the student's ability to integrate, synthesize and apply the knowledge they acquired in their coursework. As validated by site visitors' reviews of sample documentation, the comprehensive exam is truly integrative; CHS students, for example, are expected to develop a program proposal, tailored to a specific population and community

health need, and discuss the scientific basis (eg, theoretical and conceptual framework, empirical evidence) for their intervention and chosen methodology (eg, variables to be measured, data sources, qualitative and quantitative analysis) and monitoring and evaluation procedures. Exams are graded on a “high pass,” “pass,” “low pass” or “fail” basis. Students may retake take the exam only once, if necessary.

The DrPH culminating experience contains four components: a written comprehensive examination, an exam in the student’s chosen research area, a written research dissertation and a corresponding oral defense. Similar to that of the MPH, the DrPH comprehensive exam is taken after the completion of all coursework and assesses the student’s full scope of knowledge in his or her area of study. The research area exam evaluates the student’s level of expertise in a specific public health content area, as selected by the student. Examinations are graded on a pass or fail basis and may be repeated only once. Both examinations must be completed in a satisfactory manner prior to the preparation of the proposal for the dissertation. The purpose of the oral defense is twofold: to evaluate the research being proposed for the dissertation and to assess the student’s ability to conduct this research. The dissertation demonstrates the student’s mastery of a particular research area and the methods involved. The above requirements, according to the doctoral student handbooks, exam guidelines and sample dissertations reviewed on site, provide an adequate level of rigor to evaluate each student’s knowledge and abilities.

2.6 Required Competencies.

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

This criterion is partially met. The school has adopted a total of 71 core MPH competencies and 54 core DrPH competencies based on 1) the Association of Schools and Programs of Public Health’s recommended core competencies, 2) extensive feedback from the Evaluation Committee, the Educational Policy and Curriculum Committee, department chairs and faculty and 3) minimal input from students, alumni and community partners. The number of concentration-specific competencies, developed through the same measures, ranges from eight to ten for each professional degree (MPH and DrPH) concentration and from 15 to 27 for each academic degree (MS and PhD) concentration.

The Evaluation Committee and the Educational Policy and Curriculum Committee have oversight of the competencies and any changes that are made as a result of the committees’ reviews. The most recent reviews were made in 2012.

Though lacking documentation in the vast majority of course syllabi reviewed on site, the online SPHweb portal clearly displays all of the learning objectives addressed in each course.

The first concern relates to the school's use of the complete and unaltered lists of ASPPH core competencies as 1) the school's core competencies—those shared by all MPH students and those shared by all DrPH students, regardless of concentration—and 2) the school's concentration-specific competencies for each MPH and DrPH concentration. The problem with this usage is twofold: 1) the FSPH neglected to adapt and/or modify the published competencies to reflect the unique contributions of the school's instructional programs and reduce the number of core competencies to a more effective and manageable system, as appropriate and necessary; and 2) ASPPH core competencies were written to characterize knowledge and skills attainable by all MPH students and all DrPH students and are not appropriate for defining concentration-specific knowledge. Site visitors could not verify that the school conducted a thorough and systematic review of the ASPPH competencies before making the decision to adopt all 173 competencies, word for word; thus it does not appear that the competencies accurately capture the knowledge and skills unique to this school's core and concentration-specific curricula.

The second concern relates to the amount of overlap between the MS and PhD core and concentration-specific competencies. Documentation provided to site visitors revealed 1) a lack of a clear distinction between the MS and PhD core competencies and the corresponding concentration-specific competencies and 2) a significant amount of overlap between the MS core and concentration-specific competencies and that of the PhD degree. For example, the majority (56%) of PhD competencies in community health sciences are identical to that of the MS degree.

The third concern relates to the severe disconnect between programmatic competencies and required coursework. The school has insufficient required coursework to address the extensive list of competencies. The matrix with which the school monitors the attainment of competencies is based on all FSPH courses combined, without regard to the curricula. Many of the core MPH and DrPH competencies, for example, are linked to elective courses, leaving the potential for student attainment of all programmatic competencies dependent on each student's chosen plan of study.

The fourth concern relates to the manner in which the competencies are communicated and made available to students. Most course syllabi lack any documentation of the competencies or learning objectives, and only a small fraction of core and concentration-specific competencies are listed in SPHweb. Site visitors also discovered that the school's competencies are inconsistently and only partially presented in various student handbooks. As a result of poor communication mechanisms, students were clearly uncomfortable discussing the competencies in detail with site visitors; the competencies are clearly not integrated into the fabric of the school or its curricula.

2.7 Assessment Procedures.

There shall be procedures for assessing and documenting the extent to which each professional public health, other professional and academic degree student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

This criterion is partially met. The FSPH monitors and evaluates student progress in achieving the expected competencies through course grades, overall GPA, the practicum and culminating experiences and self-assessment surveys completed by students at the end of each quarter.

At the end of each quarter and completed course, FSPH students are required to complete a self-assessment survey, reflecting their perceived competence and familiarity with each of the course learning objectives. Based on the average student scores for each learning objective and the direct link to programmatic competencies, the SPHweb portal calculates a measure of the contribution of each course toward student attainment of the competencies. Survey responses and SPHweb reports are reviewed and analyzed by the course instructor and his or her department chair each quarter. Aggregate data are collected and examined by the Educational Policy and Curriculum Committee to identify and address any gaps in the curricula.

In addition to evaluating student assignments and exams in each course, faculty are required to address the learning objectives and associated competencies in their lectures and class discussions and clarify the criteria for performance evaluation.

The FSPH expects all students to maintain at least a 3.0 overall grade point average. Assessment procedures involve placing students on academic probation if their GPA falls below 3.0, monitoring students' completion of coursework and progression through the curriculum and verifying that students have satisfied the requirements of their degree program prior to graduation.

Although no formal assessment is utilized, the practicum involves frequent interaction between preceptors, students and their faculty supervisors, which facilitates the reinforcement of the core and concentration-specific competencies. Student performance is evaluated based on the quality and completion of the deliverable(s). After preceptors submit their evaluation of students' practical application of knowledge and skills, faculty supervisors review and grade each student's overall performance.

The FSPH also assesses student achievement in each degree program by tracking graduation rates and job placement rates. Based on the master's degree programs' five-year maximum allowable time to graduate, MPH and MS students entering in 2006-2007 achieved a graduation rate of 94% and 87%, respectively; and students entering in 2007-2008 achieved a rate of 95% and 86%, respectively. Based

on the doctoral degree programs' eight-year maximum allowable time to graduate, DrPH and PhD students entering in 2006-2007 achieved a graduation rate of 60% and 62%, respectively.

The school disseminates an alumni survey to collect job placement data on an annual basis. The self-study provides job placement data for the last three cohorts of graduates. Of the students who graduated in 2009-2010, 36% responded to the surveys and 88% reported being either employed or continuing education. Of the students who graduated in 2010-2011, 44% responded, with 94% reporting employment or continuing education. Of the students who graduated in 2011-2012, 54% responded and 95% reported employment or continuing education. The proportion of master's degree graduates who are either employed or continuing education ranges from 86% to 100% across the three cohorts, and doctoral degree graduates report rates ranging from 80% to 100%.

The first concern relates to the school's reliance on course grades in core and concentration-specific courses for assessing the extent to which students have demonstrated their attainment of the competencies. Given the lack of appropriate competency mapping, there is no assurance that performance in required coursework serves as an accurate assessment of the competencies. Additionally, even when coursework is thoroughly mapped to the competencies, course grades serve as only one indicator of success—they do not provide a full assessment on their own.

The second concern relates to the school's failure to emphasize the competencies during the practical experience. Practicum learning contracts do not include concentration-specific and cross-cutting competencies that students expect to address. On-site discussions thus reflected students' lack of awareness of the purpose and presence of competencies throughout the curriculum.

The third concern relates to poor integration of the competencies into the evaluation of the culminating experience. While the self-study confirms that faculty are responsible for assessing the integration of the full core and concentration-specific competencies in their review of comprehensive exams, theses and dissertations, the grading rubric for the essay submissions contains no mention of the core or concentration-specific competencies; in fact, the four grading designations listed in Criterion 2.5 focus more on the quality and format of the student's writing than on the integration, synthesis and application of knowledge.

The fourth concern relates to the lack of data from alumni on their abilities to perform competencies in a practice setting. On-site discussions with alumni indicate a high satisfaction with the competence and skills they developed as an FSPH student. At the time of the site visit, however, the school did not routinely assess graduates' abilities to perform competencies in an employment setting. Although one series of alumni surveys was conducted during the preliminary stages of competency development to

capture the personal perceptions of FSPH graduates, responses regarding the adequacy of the school's workforce preparation and skill development were variable. Follow-up surveys since the establishment of the current competencies have yet to be conducted.

The fifth concern relates to the lack of employer data on graduates' abilities to perform competencies in the workplace. On-site discussions with preceptors and community representatives indicate a high satisfaction with the competence and skills of FSPH graduates. As of the time of the site visit, however, employers had not been contacted regarding their perspective. Discussions with faculty confirmed that the school is, however, in the process of preparing online surveys and planning focus group interviews with employers to assess the skills, strengths and weaknesses of its graduates; online self-assessment surveys will also be developed for students and alumni.

2.8 Other Graduate Professional Degrees.

If the school offers curricula for graduate professional degrees other than the MPH or equivalent public health degrees, students pursuing them must be grounded in basic public health knowledge.

This criterion is not applicable.

2.9 Bachelor's Degrees in Public Health.

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

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

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses. Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

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

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

This criterion is not applicable.

2.10 Other Bachelor's Degrees.

If the school offers baccalaureate degrees in fields other than public health, students pursuing them must be grounded in basic public health knowledge.

This criterion is not applicable.

2.11 Academic Degrees.

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

This criterion is partially met. The school offers academic MS and PhD degrees in biostatistics, community health sciences, environmental health sciences and epidemiology, as well as an MS degree in health services research and PhD degrees in molecular toxicology and health policy and management. With the exception of the biostatistics, molecular toxicology and health policy and management students, all students in the academic degree programs are required to take at least one introductory course in epidemiology to ensure familiarity with the basic principles and applications of epidemiology. With the exception of the PhD programs in environmental health sciences and epidemiology, all students are also required to take an introductory biostatistics course. Students have the opportunity to take courses in other areas of public health outside of their specialty, although required courses across departments are limited.

Each academic degree program requires a culminating experience. For the MS degrees, the experience may be in the form of a master's thesis, a comprehensive examination and/or a capstone report. Doctoral programs require a written comprehensive examination that is taken after the completion of all coursework. All PhD students are also required to develop a written research dissertation and corresponding oral defense. These requirements provide an adequate level of rigor to evaluate each student's knowledge and abilities.

The first concern relates to the lack of required epidemiology courses in the MS and PhD degree programs in biostatistics and the PhD programs in molecular toxicology and health policy and management. Although biostatistics, molecular toxicology and health policy and management PhD students may choose an elective that includes content in epidemiology, the list of approved electives for the biostatistics MS degree program contains no epidemiology courses.

The second concern relates to the lack of a schoolwide framework to ensure exposure to a broad introduction to public health outside of the student's academic discipline. While some departments require coursework outside of the student's primary area of interest, there is no assurance that this coursework will be broad in scope or even outside of the student's home department. No department has established required course credit hours to orient students to general public health principles, and no explanation was

offered about how these students gain an understanding of how their specializations contribute to public health goals beyond their discipline. While on-site discussions confirmed that the FSPH encourages students to participate in various doctoral and departmental seminars and interact with public health practitioners, these activities are not required. Many students attend national meetings with a public health focus, but this is optional and there is no method of documenting that students who attend these meetings are exposed to public health principles beyond their academic field of study.

2.12 Doctoral Degrees.

The school shall offer at least three doctoral degree programs that are relevant to three of the five areas of basic public health knowledge.

This criterion is met with commentary. The FSPH currently offers 11 doctoral degree programs: PhD and DrPH degrees in biostatistics, community health sciences, environmental health sciences, epidemiology and health policy and management, and an additional PhD in molecular toxicology, offered by the Department of Environmental Health Sciences.

The DrPH is a professional degree with a focus on leadership and application of current knowledge and approaches to public health problems. The PhD is an academic degree primarily designed for students wishing to pursue careers in academic teaching and research. Not all DrPH students (as previously noted in Criterion 2.4) are required to complete a practicum or field experience. Epidemiology and health policy and management students complete a significant public health practicum experience in which they develop and demonstrate their leadership, management and advocacy skills. PhD students, on the other hand, are focused on developing strong content area knowledge and research skills and pursuing the acquisition of new knowledge through research.

The school is successful in overall doctoral student recruitment, retention and graduation. Between 2011 and 2013, the school received a total of 641 applications for doctoral work, including 107 DrPH program applications, 518 PhD applications and 16 applications for a DEnv degree in environmental science and engineering that was discontinued in 2012. While 13 DrPH students and 193 PhD students were accepted, only seven DrPH students and 81 PhD students enrolled in the school. As stated in Criterion 2.7, DrPH and PhD students entering in 2006-2007 achieved a graduation rate of 60% and 62%, respectively, based on the doctoral degree programs' eight-year maximum allowable time to graduate. At the time of the site visit, 227 doctoral students were enrolled: 36 in biostatistics, 52 in community health sciences, 31 in environmental health sciences (including 14 in molecular toxicology), 60 in epidemiology and 48 in health policy and management.

The significant differences between PhD and DrPH student enrollment rates can be, in part, attributed to the professional student fees (mentioned in Criterion 1.6) charged to DrPH students. Several students

who met with site visitors noted that the professional student fees—along with the more robust research funding available to PhD students (further described in Criterion 3.1)—discouraged them from enrolling in the DrPH programs.

Site visitors reviewed the curricula for the PhD and DrPH programs and verified that, with the exception of the DrPH practicum requirement, each demonstrated an appropriate level of in-depth doctoral-level coursework. Discussions with doctoral students confirmed that they perceive their and their peers' progress through doctoral programs as satisfactory.

The commentary relates to the amount of overlap between many PhD and DrPH curricula within the same concentration. Faculty who met with site visitors acknowledged the lack of a clear distinction between many PhD- and DrPH-specific courses. For example, much of the required coursework for the PhD in environmental health sciences is identical to that of the DrPH in environmental health sciences.

Consideration is being given to restructure the DrPH programs to more clearly distinguish the DrPH curricula from that of the PhD. In fact, the DrPH programs are in a period of transition from several departmental programs to one schoolwide program, though faculty did not appear to have reached a consensus on moving forward with this arrangement at the time of the site visit. Disagreements center on concerns that such a move may disrupt the current dynamic of camaraderie and synergy that occurs between and among faculty, staff and students that share the same home department.

2.13 Joint Degrees.

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

This criterion is met. The FSPH offers ten joint degrees, all combinations of the MPH degree and the following other degrees: the Juris Doctor, the Doctor of Medicine, the Master of Arts in Latin American Studies, the Master of Arts in Islamic Studies, the Master of Urban and Regional Planning, the Master of Social Work, the Master of Arts in African Studies, the Master of Arts in Asian American Studies, the Master of Public Policy and the Master of Business Administration. While joint degrees with law, medicine, Latin American studies and Islamic studies are offered by multiple departments, joint degrees with urban and regional planning, social welfare, African studies, Asian American studies, public policy and business are offered by either the environmental health sciences, community health sciences or health policy and management department (as illustrated in Criterion 2.1).

Joint degree students complete largely the same curriculum as standalone MPH students, including the practicum and culminating experiences. With the exception of the MPH/MD degree and the MPH/MA in Latin American Studies, in which no substitution of MPH credits is involved, efficiency is achieved with

approved elective courses that count towards both degrees. Joint degree students are still expected to take all of the required courses within each MPH program. Each FSPH department involved thoroughly reviews each elective, compares the syllabi and verifies that the appropriate content and competencies are addressed before deeming it acceptable to count for MPH credit. Site visitors reviewed the programs of study for each joint degree, including the substitute courses that count for MPH credit, and confirmed that equivalent MPH content is addressed. A maximum of eight to 18 units of coursework may be applied toward both degree programs, depending on the particular joint degree.

Each joint degree program is designed for completion in three to five years, depending on the particular joint degree. The development of the combined degree program shows evidence of significant work on the part of each school to design the potential schedules to meet the three- or five-year commitment and encourage enrollment. A total of 44 students were enrolled in the joint degree programs at the time of the site visit. Although no students have pursued the MPH/MA in Islamic Studies over the past four years, the MPH/MD and MPH/MSW degrees have proved to be the most popular, with annual enrollment numbers as high as 13. Based on the school's five-year maximum allowable time to graduate, joint degree students entering in 2006-2007 achieved a graduation rate of 100%.

2.14 Distance Education or Executive Degree Programs.

If the school offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these programs must a) be consistent with the mission of the school and within the school'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 school and 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 school offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The school must have an ongoing program to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. The school must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course and degree and receives academic credit.

This criterion is met. The school has two executive degree programs: 1) the master of public health for health professionals (MPH-HP) in community health sciences and 2) the executive master of public health (EMPH) in health policy and management. These executive MPH programs are designed primarily for health care professionals who are seeking public health training while continuing their current employment. Thus MPH-HP and EMPH courses are offered on weekends and during the summer months to accommodate full-time working professionals.

Both executive degree programs require three or more years of professional experience, or the full-time equivalent, in a public health or health-related field as a prerequisite.

Nearly all of the courses taken by MPH-HP and EMPH students are the same as those offered by the traditional MPH program, although with less flexibility in the selection of electives; the format, rather than the content, is the primary difference. These programs require all five core courses, 20 or more concentration credits and a field and culminating experience. Two curricular differences exist between the traditional and executive MPH programs: 1) instead of a field study, students complete a Master's Project conducted at the student's place of employment, and 2) the project is more intensely guided by the student's faculty advisor and, if the student wishes, his or her site supervisor. The Master's Report represents an in-depth written analysis of the project that is expected to demonstrate the student's ability to effectively diagnose and resolve a problem within his or her organization. Site visitors verified that EMPH students are expected to complete an equivalent field and capstone experience as that required of MPH students.

The school offers these programs in response to growing national attention on the formal training of public health practitioners, as a pressing public health need and an ethical responsibility of public health schools. Students clearly value these programs as convenient opportunities for advancing their public health knowledge and careers.

The administrative and advising support provided to EMPH and MPH-HP students is similar to the services provided to MPH students. While each student is assigned a faculty advisor with flexible office hours, advising frequently takes place in person, on the telephone and via e-mail. Students may also seek advice from the program director or student affairs officer.

The methods of evaluating student performance are nearly always the same regardless of whether the course is taken by traditional MPH or executive degree students. Course offerings, academic rigor and teaching are constantly monitored by the program director and chair of the respective departments. All quarterly course evaluations and review processes utilize the FSPH's course evaluation system to ensure educational outcomes and academic quality. Executive degree students have the same opportunity to evaluate course content and format, as well as their instructors. Course evaluations provide faculty with insights about the strengths and weaknesses of their course delivery methods and instructional approaches.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. The FSPH asserts its commitment to excellence in research for the benefit of the public's health in its mission statement. The school has recruited and developed a faculty of productive researchers and promotes policies that support a vibrant research environment.

The school maintains a sufficient portfolio of extramural funding for research. While the total funds awarded have decreased from \$51 million in 2010-2011 to \$40 million in 2012-2013, the number of applications and the proportion of proposals subsequently awarded have increased over the past three years. Despite the FSPH's difficulty in attaining funding from the National Institutes of Health, the school has received several large multi-year awards, including grants to build the High Speed, High Volume Laboratory for Infectious Disease and to implement the California Health Interview Survey. As a result, the school continues to exhibit one of the highest award dollars per tenure-track faculty FTE on the UCLA campus (\$842,046 per FTE in FY 2010-2011 and \$689,921 per FTE in FY 2012-2013).

The school reports that at least 60% of funded grants support the hiring of graduate student researchers. In addition 35% to 40% of research grants are community-based. Several faculty members have joint appointments with the Los Angeles County Health Department, facilitating collaborations and access to agency and community resources. The impact of the school's research is, in part, reflected by the publication of roughly 290 to 340 peer-reviewed research articles (370 to 430 publications) each year, highlighting an array of public health issues.

In discussing the research agenda of the school, faculty displayed a genuine passion for both improving population health, not only in the greater Los Angeles area, but also around the nation and across international borders. Many faculty partner with the Los Angeles County Health Department and the Los Angeles Unified School District in their research activities. In addition to receiving substantial extramural funding, the Center for Health Policy Research serves as a primary tool to support the "democratization of data," making scientific data easily accessible and useable by state and local health departments, policymakers, community health leaders, advocacy groups and the general public.

Faculty spoke of the culture of collaboration within the school and across campus and praised the school and university infrastructure for facilitating the processing of grant submissions. The school is home to a variety of research centers (described in Criterion 1.4) with a range of sizes and scopes of work. Some centers are grant-funded, based on specific core funding. Others are operated by small groups of

researchers with shared interests. The largest centers provide their own administrative support, independent of the academic departments. While most centers are administered at the department level, several are administered at the school level, due to the school-wide focus of the center. A faculty member can choose to submit a grant through one of the five academic departments where he or she has a primary appointment or through one of the grant-submitting centers, if he or she is a member of the center. The departments and centers work closely with the FSPH Office of the Associate Dean for Research and the appropriate units of the UCLA Office of Research Administration, which submit all contracts and grant applications to the funding agencies on behalf of the University. Approximately 45% to 56% of the FSPH's extramural funding is processed through either the Center for Health Policy Research or the Department of Epidemiology.

The school's investment in research is evident through its policies and practices. While new faculty hires enjoy a reduced teaching load during their first two years, senior faculty members have a maximum teaching load of three courses per year, in order to encourage the pursuit of scholarly activity.

On-site discussions with faculty and students alike confirmed that the FSPH supports research-related travel to promote interdisciplinary research collaborations and/or research dissemination. Whether partnering with a primary faculty member with an existing research grant or collaborating with a community-based organization on a research project, students enjoy opportunities to become involved in a variety of research activities. All students are encouraged and supported to present their research findings at relevant scientific and/or public health conferences.

3.2 Service.

The school 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. The FSPH is committed to professional service activities, as reflected in its mission statement. Service is a component of the school that is encouraged among faculty and students alike. Faculty members are expected to make service contributions and community service is included in their tenure and promotion reviews, though service to the university is also accepted by the school in fulfillment of this requirement.

On-site discussions with faculty confirmed their active engagement in community-based service. Faculty participate in an impressive array of local, regional, state, national and international service activities. In fact, many of the research grants and activities presented in the self-study and discussed on site include and even require a distinct service component, due to the nature of the work. Service projects include helping school districts and small non-profits enhance their monitoring and evaluation capacity and serving on panels to advocate for local, state and/or federal health policies.

Students are also encouraged to engage in service activities, outside of those associated with the required practicum and internship experiences. A major driving force behind such activities is the PHSA, which organizes and engages students in year-round volunteer activities, including various community-based health and wellness fairs and health-related workshops and presentations.

3.3 Workforce Development.

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

This criterion is met. The school is actively engaged in workforce development through a variety of continuing education programs. The FSPH utilizes several data collection methods to determine the needs of the communities it serves: requesting information from professional advisory groups; attending and obtaining information from professional conferences and meetings on workforce development; regularly meeting with advisory committees to determine and discuss workforce training needs; and surveying participants in the school's continuing education and certificate programs.

The school also receives input on the capacity-building needs of the existing workforce through the needs assessments sponsored and conducted by its Southwest Regional Public Health Training Center. These assessments, including key informant interviews and online surveys evaluating perceived workforce competence, are administered to the public health workforce in various local health departments.

Results from the assessments described above have translated into effective training programs. Developed as result of the data collected from the school's assessments, the Emerging Leadership Workshop represents just one of the many continuing education programs offered and/or sponsored by the school to train workforce members in areas such as public health systems and change, community outreach, strategic partnerships, strategic planning and coordination, grant writing and effective program management. The self-study describes ten additional continuing education programs affiliated with or sponsored by the FSPH to facilitate workforce development. Over the last three years, such programs have provided seminars, symposia, trainings and workshops for hundreds of practitioners.

The school offers three certificate programs that respond to the educational needs of the school's constituents: the Global Health Certificate, the Population and Reproductive Health Certificate and the Certificate in Health Care Management and Leadership. While the global health and population and reproductive health certificates are only open to current UCLA students, the Certificate in Health Care Management and Leadership specifically targets health care professionals. Twenty-five, 22 and four students enrolled in the Global Health Certificate, the Certificate in Health Care Management and Leadership and the Population and Reproductive Health Certificate, respectively, during the 2012-2013 academic year. Approximately 200 certificates have been awarded over the last four years.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The school's faculty complement is robust in both quantity (as discussed in Criterion 1.7) and public health expertise. Faculty members are individually well-qualified and collectively offer both breadth and depth in relevant sub-disciplines of public health to support the academic programs in all five FSPH departments.

All faculty have terminal degrees appropriate to the field of public health or relevant core disciplines; most hold a PhD degree. While few possess a DrPH degree, faculty demonstrate significant practice experience in community-based participatory research. The majority of faculty have received graduate degrees from CEPH-accredited schools and programs.

In addition to substantial experience in community-based research, faculty exhibit significant research interests and expertise in biostatistics, social and behavioral health, health disparities, health equity, environmental health, health education and communication, nutrition, chronic disease, maternal and child health, health policy and global health. The faculty demonstrate breadth in research through publications and presentations, participation in national scholarly organizations, attainment of sponsored research and community engagement through service. A number of faculty hold clinical appointments and practice as board-certified physicians.

Students, alumni and community partners commented extensively on faculty's depth of expertise and ability to train students in the requisite knowledge and skills to practice public health. Students believe that they are gaining the knowledge and skills needed to succeed in the public health workforce after graduation.

4.2 Faculty Policies and Procedures.

The school 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. The school follows the University of California's system-wide policies for recruitment, appointment, promotion and tenure. Faculty are governed by institutional faculty rights and responsibilities, as stated in UC's Academic Personnel Manual. The document, which describes the university's policies related to recruitment, appointment, promotion, leave of absence and retirement, is provided to all new faculty and posted on the university website.

Academic rank and promotion are faculty-driven and based on promotion standards that emphasize teaching, research and service. Faculty competence is evaluated from three directions: self-assessment, peer review and student evaluation of courses and instructors. The Educational Policy and Curriculum Committee oversees a rigorous course evaluation system to collect and monitor students' course evaluations at the end of each quarter. Survey responses are reviewed and analyzed by the course instructor and his or her department chair each quarter.

The majority of faculty members are 12-month employees in tenure-track positions. Faculty with whom the site visit team met were well familiar with the university's policies and procedures related to faculty, and reported satisfaction with the fairness and implementation of these processes. Discussions confirmed that the school's policies and procedures ensure the fair and equitable treatment of faculty and are consistently applied.

Each department in the FSPH facilitates a formal mentoring program for junior faculty, though participation is voluntary. Each junior faculty member is paired with a senior faculty member upon hire to provide an orientation to the school and its overall policies and procedures as they relate to faculty. The associate dean for academic programs and the associate dean for research also meet with new faculty hires to guide them in the promotion and tenure process and in establishing an independent research agenda. The UCLA Office of Faculty Diversity and Development supplements the school's support of junior faculty by connecting them to a variety of career development services, workshops and mentoring opportunities across campus. The university's Office of Instructional Development also offers similar teaching support services. New faculty hires enjoy reduced teaching loads, summer stipends and seed money to jumpstart their research activities. Faculty who met with site visitors reported a high level of satisfaction with the FSPH mentoring program and the supplemental support systems.

4.3 Student Recruitment and Admissions.

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

This criterion is met. The school has student recruitment and admissions policies and procedures designed to locate and select qualified individuals. The school relies on recruitment fairs (both on campus and out-of-state), local and national public health conferences and media campaigns (eg, flyers, posters, pamphlets and online bulletin boards) to recruit prospective students from the university, the local community, across the nation and around the world. While outreach activities target UCLA undergraduates and local high schools, alumni who met with site visitors expressed their concern that

most UCLA students outside the FSPH were unfamiliar with the school and the general field of public health.

Although the self-study claims that financial aid offers have served as recruitment tools and subsequently leveraged enrollment rates, on-site review of updated fall 2013 data confirmed that the school's recruitment efforts have inconsistently increased the overall pool of qualified applicants over the last three years. As stated in the preceding sections of this report, on-site discussions with faculty and students revealed that university-wide professional student fees have also discouraged students from enrolling in the professional DrPH degree programs, in particular.

While the self-study describes the school's targeted outreach efforts to include historically black colleges and universities, as well as Hispanic-serving institutions and other academic institutions with significant minority populations, several students and alumni who met with site visitors communicated their dissatisfaction with the school's efforts to recruit minority students.

Prospective students must meet the university's minimum admissions requirements. Applicants to the MPH program must, for example, hold an acceptable bachelor's degree with a minimum 3.0 GPA in upper-division coursework and/or prior graduate study. Applicants must also perform satisfactorily on a recent Graduate Record Examination (GRE). The Medical College Admission Test (MCAT), the Dental Admission Test (DAT) or the Graduate Management Admission Test (GMAT) may be accepted in lieu of the GRE under certain circumstances. For acceptance into the doctoral programs, applicants typically hold an acceptable master's degree with a grade point average of 3.5 or above, though this is not required. Applicants must also perform satisfactorily on a recent GRE.

The school utilizes a holistic approach to the review of applications when making admissions decisions. GPA and GRE scores are the most quantifiable measurements in the application, and these two areas are weighted differently by different departments. Other areas in the application weigh more heavily in the evaluation of applicants for admission. Although not required for admission, applicants interested in either the MPH or DrPH in community health sciences, for example, are assessed for prior work experience in community health or health education.

Forty-five percent of applicants in fall 2013 qualified for admissions; of those who were accepted, 48% enrolled in fall 2013. The school's total head count as of fall 2013 is 625 students.

4.4 Advising and Career Counseling.

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

This criterion is met. The school has an accessible academic advising and career counseling system. While assigned faculty members serve as the official advisors for each student from matriculation to graduation, MPH students who met with site visitors confirmed that they are offered the opportunity to change advisors as needed.

The school provides a variety of orientation sessions to all incoming students at the beginning of each academic year. One of the students who met with the site visit team also communicated her satisfaction with the “buddy-system” that the HPM department, in particular, has implemented to provide support for incoming students—especially international students—and make their transition as seamless as possible. All incoming students are paired, typically, with a second-year student.

On site, students discussed their frequent use of and satisfaction with the Student Affairs Office for the majority of their academic advising and career counseling needs. Additional resources such as the Career Services Office offer students opportunities to attend resume workshops and career fairs.

The school tracks satisfaction with advisement through its exit survey. The majority of students who responded over the past two years have indicated that they are satisfied with the advising support they receive from faculty and student affairs officers. The survey reflected less satisfaction with career counseling, and several CHS students, in particular, communicated to site visitors that they would appreciate having more faculty advisors devoted to career counseling. The school acknowledges this deficit in the self-study and, in an attempt to rectify the situation, is currently assembling a new committee of faculty and staff to discuss ideas and develop a strategic plan to improve career counseling services.

The school follows the university’s policies for complaints and appeals. Site visitors reviewed these procedures and found them to be detailed and clear. Procedures may involve the course instructor, the department chair, the assistant dean for student affairs, the associate dean for academic programs, the associate dean for administration, the UCLA Dean of Students Office and/or the UCLA Graduate Division Student Affairs Office, depending on the nature of the complaint and level of inquiry or appeal. Procedures and remedies at the departmental level, however, should be exhausted before appealing a case. The school also accommodates informal complaints through individual faculty members, the department chair and the Public Health Student Association. No students have filed formal complaints in the last three years.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

University of California, Los Angeles
Fielding School of Public Health

November 13-15, 2013

Wednesday, November 13, 2013

- 8:45 am Request for Additional Documents
Armenian Haroutune
Kathleen Kiser
- 9:00 am Meeting with Core Leadership Team
Jody Heymann
Haroutune Armenian
Kathleen Kiser
Zuo-Feng Zhang
Ron Brookmeyer
Jack Needleman
- 9:45 am Break
- 10:00 am Meeting with Leadership of University
Eugene Washington
- 10:30 am Break
- 10:45 am Meeting with Self-Study Committee
Ron Brookmeyer
Gerald Kominski
Robert Kim-Farley
Chandra Ford
Steven Teutsch
Tony Kuo
Haroutune Armenian
Dave Clark
Jack Needleman
Kathleen Kiser
Cathy Lang
Zuo-Feng Zhang
Jody Heymann
- 11:45 am Break
- 12:00 pm Lunch with Students
Lauren Harrell
Willetta Waisath
Amelia DeFosset
Patience Afulani
Olivia Ellis
Bryan Moy
Ryan Babidi
Stephanie Leonard
Maral Dersarkissian
Dimiter Milev
Michele LaPointe
Jeremiah Garza
Sarah Lin
Chikarlo Leak
- 1:15 pm Break

1:45 pm Meeting with Instructional Programs: Group 1
William Cumberland
Curt Eckhert
Beate Ritz
Steven Wallace
Frederick Zimmerman
Ron Brookmeyer
Diana Hilberman
Laura Erskine
Michael Prelip
Hilary Godwin
Haroutune Armenian
Dave Clark

3:00 pm Break

3:15 pm Executive Session

5:00 pm Adjourn

Thursday, November 14, 2013

9:00 am Meeting with Faculty Related to Research, Service, Workforce Development
Roshan Bastani
Gerald Kominski
Hilary Godwin
Jody Heymann
Alex Ortega
Michael Prelip
May Wang
Cathy Lang
Zuo-Feng Zhang
Jonathan Fielding

10:15 am Break

10:30 am Meeting with Instructional Programs: Group 2
William Cumberland
Curt Eckhert
Beate Ritz
Carol Aneshenel
Frederick Zimmerman
Jack Needleman
Shane Que Hee
Catherine Sugar
Onyebuchi Arah
Dawn Upchurch
Haroutune Armenian
Dave Clark

11:45 am Break

12:00 pm Lunch

2:00 pm Meeting with Faculty Across Career Stages and Departments Related to Faculty Issues, Student Recruitment, Advising
Yifang Zhu
May Wang
Gilbert Gee
Abdelmonem Afifi
Ninez Ponce
Niklas Krause
Onyebuchi Arah
Tom Rice

3:15 pm Break

3:30 pm Meeting with Alumni and Community Stakeholders
Dean Hansell
Justin Welch
Steve Rabin
Denise Woods
Lori Pelliccioni
Robert, Kim-Farley

4:30 pm Adjourn

Friday, November 15, 2013

8:30 am Executive Session and Report Preparation

11:00 am Working Lunch

12:00 pm Exit Interview