



LOMA LINDA UNIVERSITY

School of Public Health

"It's all about mission..."

Self-Study Report

Prepared in accordance
with criteria set forth by the
Council on Education for Public Health
September 2009



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1.1 Mission

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

a. A clear and concise mission statement for the school as a whole.

Mission Statement

To bring hope, health, and healing to communities throughout the world through the discovery and dissemination of knowledge while integrating the Christian values of the Seventh-day Adventist Church.

Vision

Preparing ourselves and others to maximize personal and community wellness through excellence in faith-based public health education and practice.

b. One or more goal statements for each major function by which the school intends to attain its mission, including instruction, research and service.

Goal 1. Constantly improve the quality of instruction in support of exceptional educational value (instruction).

Goal 2. Develop reciprocal and sustainable community-academic partnerships that lead to research, practice, and teaching that are responsive to societal needs (instruction, research and service).

Goal 3A. Enhance the School's visibility in support of efforts to maximize enrollment (instruction).

Goal 3B. Enhance the School's visibility in public health issues (service).

Goal 4. Enhance the School's operating resources through increased external (non-tuition) sources (research, service).

Goal 5. Strengthen infrastructure supporting excellence in grant writing (research, service).

Goal 6. Recruit and retain a student body which reflects the diversity of the population we serve (instruction, service).

c. A set of measurable objectives relating to each major function through which the school intends to achieve its goals of instruction, research and service.

See [Appendix 1.1c \(1\)](#) for more on the goals and objectives.

Table 1 School of Public Health (SPH) Goals and Objectives	
Goal 1	Objective
<i>Constantly improve the quality of instruction in support of exceptional educational value.</i>	1. Increase inter-collaboration among faculty members using face-to-face meetings to explore and share teaching experiences by September 2009 (ongoing).
	2. Provide ongoing opportunities for professional staff to attend continuing professional development courses relevant to public health and teaching (ongoing).
	3. Provide annual training in active teaching and learning strategies (ongoing).
	4. Integrate applied learning experiences in SPH core courses by September, 2009 (completed).
Goal 2	Objective
<i>Develop reciprocal and sustainable community-academic partnerships that lead to research, practice, and teaching that are responsive to societal needs.</i>	1. Develop a functional definition of professional service by June 2009 (completed).
	2. Identify community-based and professional organizations that share the mission and values of our School, August 2009 (completed).
	3. Inventory existing service activities within the SPH by May 2009 (completed).
	4. Implement a web-based system to capture and inventory service activities by January 2010 (TBD).
Goal 3a	Objective
<i>Enhance the School's visibility in support of efforts to maximize enrollment.</i>	1. Identify and join alliances targeting the Military Service, the Consortium for Southern California Colleges and Universities by April 2009 (completed).
	2. Effectively use our preferred status with the Peace Corps to promote the School of Public Health (SPH), December 2008 (completed).
	3. Develop linkage agreements and memoranda of understanding with institutions that share or complement our mission (ongoing).

Table 1 School of Public Health (SPH) Goals and Objectives	
	4. Provide ongoing continuing education that is responsive to the expressed needs of the public health workforce (ongoing).
Goal 3B	Objective
<i>Enhance the School's visibility in public health issues.</i>	1. The dean's office will report activities of significance to the University and public press on a regular basis (ongoing).
	2. Proactively provide leadership and opportunities in community events that pertain to public health (ongoing).
	3. Work with University Public Relations to enhance the School's visibility (ongoing).
	4. Post <i>Designs for Health</i> online (completed).
	5. Engage the Seventh-day Adventist church health leadership to explore opportunities for research and practice for faculty and students (completed).
Goal 4	Objective
<i>Enhance the School's operating resources through increased external (non-tuition) sources.</i>	1. Achieve an SPH budget which is 60% tuition and 40% grant/contract supported by 2015.
	2. Recruit new faculty members with a primary interest in grant-related research and public health practice (ongoing).
	3. Align annual faculty step increases with scholarly production, July 2009 (completed).
	4. Employ a full-time advancement officer (complete).
Goal 5	Objective
<i>Strengthen infrastructure supporting excellence in grant writing.</i>	1. Encourage Principal Investigators (PI's) to factor student involvement in grant submissions (completed).
	2. Enhance expectations for peer-refereed publications from faculty and students (ongoing).
	3. Increase faculty and student peer-refereed publications and presentations (ongoing).
	4. Develop an internal School review system to learn from unfunded grant submissions (completed).

Table 1 School of Public Health (SPH) Goals and Objectives	
Goal 6.	Objective
<i>Recruit and retain a student body which reflects the diversity of the population we serve.</i>	1. Attend and participate in ongoing Southern California pipeline initiatives (ongoing).
	2. Participate in ongoing statewide under-represented minority recruiting programs (ongoing).
	3. Investigate the feasibility of developing a Hispanic or Native American scholarship fund by December 2009 (TBD).
	4. Engage Native American communities in public health practice and other endeavors to encourage enrollment in public health programs (ongoing).

d. A description of the manner in which mission, goals and objectives are developed, monitored and periodically revised and the manner in which they are made available to the public.

The School modified its mission, vision, goals and objectives through an iterative process which benefited from thoughtful contributions of internal and external stakeholders including faculty, staff, students, local hiring agencies and alumni. The primary method of engagement was centered on formal face-to-face meetings from spring 2008 through spring 2009. The final product(s) were released after almost a year of dialogue, reflecting the unique public health perspectives while ensuring alignment with applicable University policies, statements, and strategies. The School reviews its goals and objectives on an ongoing basis under the auspices of the monthly Administrative Committee meeting, bi-weekly department chair meetings with the dean, and weekly dean-associate dean meetings. The mission, goals, objectives, and values are available to the public at <http://www.llu.edu/public-health/>.

e. A statement of values that guide the school, with a description of how the values are determined and operationalized.

The School's values are presented below:

Values

Diversity—to humbly learn from all people, while embracing and celebrating their healthy beliefs and practices.

Wholeness—to support the process of integrating spirituality with physical, social, emotional, intellectual, and character development.

Engagement—to be active contributors and participants in our profession, as educators and learners, respectively.

These values were developed in the same process as outlined for the mission, vision, goals and objectives. The values are operationalized through the professional initiatives of the School, and on a more personal level by individual faculty and staff.

Diversity—Our SPH benefits from a diverse student body and instructional staff originating from around the world. The School has taken intentional steps to maximize our roles as learners and educators in order to learn from various cultures, while contributing to the health of their communities. In illustration, our School has begun teaching a new core course entitled Cultural Competence and Health Disparities (GLBH 524 - a course syllabus will be available in the resource room), which includes issues related to cultural competency and medical pluralism. Several faculty members are active participants in the Loma Linda University Medical School's NIH funded Center for Health Disparities Research. The SPH provided the intellectual capital and was a driving force in the creation of two very successful Community Based Organizations (CBOs)—the Latino Health Collaborative and the African American Health Institute. Both CBOs are major advocates for their respective constituencies in the inland areas of Southern California.

Wholeness—The School and University place strategic emphasis on wholeness resulting in abundant opportunities for individual faculty, staff, students, and guests to grow in all dimensions of their lives. The University's Center for Spiritual Life and Wholeness creates a campus-wide environment in support of personal growth (<http://www.llu.edu/central/wholeness/>). An example of one of their activities is the weekly university one-hour Chapel, which often features multi-denominational speakers focused on issues related to contemporary life (examples will be available in the resource room). Our School sponsors an annual weekend retreat, which is designed and managed in partnership with the student association. The retreat presents themes often related to some aspect of wholeness, and provides a venue where members of the SPH community can share and

grow in a stimulating off-campus environment. Since 2007 the dean's office has sponsored what has become the annual "Dean's Challenge." The Challenge has centered on healthy lifestyles, and in 2009 over 200 students, faculty members and staff participated.

Engagement—The SPH recently became significantly more engaged by advancing public health in our local and professional community. The new faculty performance model emphasizes community-engaged scholarship, and through this mechanism will acknowledge and reward individual contributions in related activities. The Office of Public Health Practice (OPHP) works with mainstream professional and under-served communities throughout the western United States and Pacific Rim on a broad spectrum of capacity building issues. Several academic departments have service-learning activities built into the curriculum, while faculty, staff and students can also participate with Students in International Mission Service - SIMS (<http://www.llu.edu/central/sims/>), Community Academic Partnerships in Service – CAPS (<http://www.llu.edu/central/caps/>), tutoring-mentoring programs, and many other engagement opportunities. Both SIMS and CAPS programs are administered by SPH alumni.

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

The Criterion is met.

Strengths

- The SPH has been successful in articulating a mission statement reflective of Loma Linda University's unique faith-based approach to public health. A system was employed which solicited input from faculty, staff, alumni, and community stakeholders. The School is committed to reflection and continuous quality improvement, and in that spirit continues to revise and refine its goals and objectives as warranted. The mission statement, goals and objectives, in aggregate, represent the School's Strategic Plan.

Weaknesses

- None identified.

Opportunities for Improvement

- Review and revise the School's strategic plan to include goals specifically addressing mission and goal statements.
- Increase formal relationships with local CBO's by developing mutually beneficial MOU's and other agreements.

1.2 Evaluation and Planning

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

a. Description of the evaluation procedures and planning processes used by the school, including an explanation of how constituent groups are involved in these processes.

The School developed a comprehensive assessment process in 2004 to guarantee systematic and regular evaluations and to monitor the achievement of the mission, values, goals and objectives, which has guided assessment activities to this date. Surveys that collected the opinions of students and alumni regarding their courses and School processes and employers' satisfaction with student performance in practice experiences were developed and are being implemented. We are also utilizing instruments that were developed for annual faculty and administration reviews. The results are analyzed and reported in various settings, including committees (Academic Council, Administrative Committee, Assessment Committee), faculty meetings, town hall meetings, leadership retreats and focus groups (the evaluation report and sample surveys will be available in the resource room).

b. Description of how the results of evaluation and planning are regularly used to enhance the quality of programs and activities.

Evaluation results impact decisions made at all levels in the SPH. Student course evaluations are one method faculty members use in considering how to improve

courses, and by department chairs and the dean in annual faculty evaluations. Student entry and exit survey results are taken into account when evaluating student services (admissions, records, and finance, for example). When presented with evidence that 52% of interested students didn't complete the application process in the 2007-2008 cycle, the admissions process as a whole was evaluated. The findings were as follow:

- Only those who completed LLU's secondary application were treated as applicants, even though other schools that participated in the centralized application service (SOPHAS), considered the initial applications sufficient.
- There was a long interval between the prospective students' first inquiry and the first response/contact. During that interval, applicants were being aggressively pursued by other schools and made decisions to attend elsewhere before hearing from us.
- Messages to prospective students were impersonal.

As a result, the admissions process was improved to include early personal contact from department assistants and faculty members and multiple "personalized messages" to applicants.

A special meeting was convened in late August of 2008 between the administration, faculty, staff and students who were involved in the strategic planning process. Enrollment trends for the year showed a marked decline in fall applications, acceptances and enrollment. It was decided to concentrate efforts on those qualified students who had been accepted for fall quarter to encourage them to enroll. Once again, there were multiple personal messages from department faculty, staff and admissions personnel. As a result, 138 students were accepted for the fall quarter, 128 enrolled and seven deferred acceptances to the winter quarter. These figures exceeded our expectations.

Course evaluations indicated that students perceived a weakness in the integration of faith-based principles and values in the classroom even though they acknowledged that their personal relationships with faculty were reflective of these principles. This perception was also expressed in 2007 by new, returning and international students.

We conducted faculty development sessions in September of 2008. The topics were "Nurturing Faith: the Challenge of Christian Education" and, recognizing the need for an increased emphasis on competency attainment during public health education, "Competencies: What, Why and How," a very practical presentation focused on how to document competency attainment through assessment (see [Appendix 1.2b \(1\)](#)).

The WASC site visit team in its site visit in October 2008 highlighted the School's decision making based on assessment outcomes (documentation will be available in the recourse room).

c. Identification of outcome measures that the school uses to monitor its effectiveness in meeting its mission, goals and objectives. Target levels should be defined and data regarding the school's performance must be provided for each of the last three years.

The mission, goals and objectives are identified in Criteria 1.1a, b and c. Outcome measures were defined by the Assessment Committee, which is comprised of the 6 department chairs and the associate dean for academic affairs.

Table 2 identifies the outcome measures, targets and data for each of the past three years, when available. Cells identified as "NA" indicate that the data was not collected that year.

Table 2 Outcome Measures	Target*	2006	2007	2008
Courses enhance students' knowledge and applied skills in the field of public health	3.5	4.4	4.4	4.4
Courses emphasize the integration of physical, mental, social and spiritual dimension of life	3.5	NA	3.8	3.8
Courses foster an environment of compassion towards the suffering of human beings, creatures and nature	3.5	NA	4.0	3.8
Courses foster an environment of awareness and caring on the issue of social and economic equity between races, individuals, ethnicities and cultures	3.5	NA	4.0	3.9
Courses motivate students to be active in local, national and international service	3.5	NA	3.9	3.8
Courses foster an environment where students' personal beliefs/values influence commitment to service	3.5	NA	3.9	3.9
Courses foster an environment where respect and value in the beliefs, ideas and cultural diversity among colleagues and the community is instrumental to service	3.5	NA	4.0	3.9
Faculty are available outside of class hours for student assistance	3.5	4.3	4.3	4.3

Table 2 Outcome Measures	Target*	2006	2007	2008
Number of participants in continuing education programs	500	2049	12028	12485
Number and proportion of faculty with doctoral degree	80%	86%		
Proportion of faculty involved in service activities	20%	38	21	33
Publications (expanded in Table 45)	70	71	84	134
Percentage of academic faculty salaries supported by grants and contracts**	25%	20%	19%	17%

* The target number is determined using a scale of one to four with one equaling poor and four equaling excellent.

**The AHS-2 grant was a large percentage of our School's grants and contracts. When it ended, it had a large impact on the faculty supported by grants.

d. An analytical self-study document that provides a qualitative and quantitative assessment of how the school achieves its mission, goals and objectives and meets all accreditation criteria, including a candid assessment of strengths and weaknesses in terms of the school's performance against the accreditation criteria.

The self-study document presents a qualitative and quantitative assessment of the School's achievement of its mission, goals and objectives. The School's strengths, weaknesses and future plans are analyzed under the scope of the accreditation criteria.

e. An analysis of the school's responses to recommendations in the last accreditation report (if any).

The Site Visit Team defined 8 areas of concerns in 2002. These are addressed as follows:

- 1. The size of the faculty is small for supporting the mission and goals of the school, especially in the environmental health, health education and health administration departments. In addition, there is a very high percentage of junior faculty, some of whom expressed a perceived lack of mentoring from senior faculty.***

The SPH has continued its commitment to hire faculty that support its mission, vision and values as it transitions towards a more grant-supported financial base. The SPH Center for Health Research was empowered to

provide junior faculty with systematic mentoring opportunities. Criteria 1. 5, 4.1 and 4.2 describe current policies and procedures regarding faculty resources, recruitment and development.

2. The school does not have a common vision across departments. Instead, the school appears to be somewhat fragmented, with departments functioning independently rather than taking an overall school approach.

The School organizational structure includes departments that are autonomous in nature, providing department chairs and faculty the opportunity to make curriculum, budget and hiring decisions within the framework of the mission, vision, values and goals. Systematic measures are also in place to ensure that consensus and unity exist and that relevant decisions are made with the entire School's interest in mind. These measures include monthly Administrative Committee and Academic Council meetings of which the department chairs are members. The department chairs also have bi-weekly meetings with the dean and participate in ad hoc committees when the need arises to discuss special situations. The department chairs, the associate dean for academic affairs and the dean also make up the Assessment Committee, where School-wide analyses are considered and decisions are evidence-based.

3. There is a lack of defined outcome measures for which data are collected for the assessment of the school's progress against each of the criteria.

Outcome measures have been defined and are described in Criterion 1.2. An evaluation strategy was developed in 2004 which included reinforcement of assessment activities of established committees, curriculum review and the creation, collection and analysis of student, staff, faculty, and alumni surveys.

4. The continuing education program lacks ongoing, regular planning and implementation processes that are responsive to community needs.

Continuing education activities have increased dramatically since the most recent accreditation visit (2002). Engagement with public health agencies,

NGO's, faith based organizations and grass roots associations have allowed the SPH to keep its finger on the pulse of the needs of the communities served. An expanded description of continuing education programs can be found in Criterion 3.3.

5. Applications and student enrollment are declining and the student recruitment plan needs attention.

SPH's recruitment plan aims to support the School's mission. To that end the School intends to attract:

- Students who support the faith-based mission of the campus
- Graduate and undergraduate students with a background in pre-professional studies, business, global studies, environmental sciences and behavioral health
- Health practitioners who choose to augment their careers with a public health degree
- Graduates from outside the United States who will use their degrees and knowledge to promote health and wellbeing in their nation of origin
- Students who represent a diverse population

The faculty, staff, students, alumni and LLU administrators share the recruitment responsibility. The director for marketing and recruitment is tasked with primary recruitment responsibilities and regularly meets with the LLU Marketing Committee, the SPH Marketing Committee, and the SPH Administrative Committee to develop and review marketing and recruitment efforts. The School reaches out to prospective applicants through the use of off-campus promotion, on-campus events, and printed and web promotions in an effort to build a pipeline for qualified students. The School also became a participant in the first cycle of SOPHAS in Fall of 2006.

As a result of the implementation of this recruitment strategy, student applications and enrollment have increased in a sustainable manner. The numbers per program can be found in Table 55, Criterion 4.4.

6. While there are departmental learner outcomes and learning objectives for individual courses, there are not clearly defined programmatic learning objectives for each academic program.

Learning outcomes have been developed for each program. They are published in the University Catalog and can be found in Criterion 2.6.

7. There is a lack of defined and systematic methods for the evaluation of students and curricula across the school.

All MPH students are required to take 28 units of core public health courses which provide the opportunity for School-wide systematic evaluation.

8. The school has not cultivated an alumni association to facilitate communication and enhance financial development. There is not adequate communication with alumni, and alumni report feeling disconnected from one another.

Key strategies were identified and are currently being implemented to address the stated deficiency in alumni relations. The first strategy relates to presenting a significant web presence on the SPH web portal. When mature, this will augment our current capacity to accomplish the following objectives: “Information Central,” “Professional Development,” and “Collaboration Hub” for research, mentorship, and practice opportunities for themselves and current students.

The second strategy is to leverage internet based assets such as online social networking sites (i.e., Facebook) to build a connected network of alumni. Maintained by the SPH, it provides links to resources and real time opportunity to network and find public health information from the School. The site has 250 members and is growing. The usefulness was obvious during the recent swine flu epidemic as Facebook members accessed the website for real time updates and public health information. To see the site go to: <http://www.facebook.com/schoolofpublichealth/>. Thirdly, we are managing alumni information and financial development

with the assistance of a database system called The Raiser's Edge enterprise system. This system is a comprehensive fundraising and alumni relations management solution that forms a platform to collect, mine and update information from the alumni.

Information sharing forms the fourth leg of the strategy. This involves *Sphere*, a magazine for alumni, partners, and supporters of the School, offering news and in-depth features about the faculty, students, and initiatives. A printed edition of the magazine is published each winter, supplemented by online issues at <http://sphere.llu.edu>. Concerted efforts are being made to have regular contact with the alumni at the personal level. We have two distinct goals: 1) maximizing the personal contact with alumni at key events such as APHA and the American Health Care Congress, and 2) being able to meet with geographically concentrated alumni through meetings hosted by regional or recognized alumni leaders.

In the past two years, seven alumni events have drawn a total of 390 alumni to interact with the administration and faculty.

- Fall 2008 Washington DC APHA reception – 50
- Winter 2009 Red Deer, Alberta Canada - reception - 10
- Spring 2009 Loma Linda, CA alumni dinner -50
- Spring 2009 Loma Linda, CA alumni dinner - 50
- Summer 2009 Geneva Switzerland alumni reception - 20
- Fall 2009 San Diego, CA APHA reception - 150
- Fall 2009 Portland, OR alumni gathering - 60

As faculty travel for business or pleasure, we are optimizing their travel by hosting mini alumni events where they plan to spend time. Such events have taken place in Africa and Europe.

f. A description of the manner in which the self-study document was developed, including effective opportunities for input by important school constituents, including institutional officers, administrative staff, teaching faculty, students, alumni and representatives of the public health community.

The self-study process began in 2002, by undertaking a careful review of evaluation and assessment processes. When the amended criteria were received in 2005, the

curriculum was analyzed and modified to more closely reflect ASPH competencies and the School's philosophy. Surveys for specific constituent populations (students, staff, faculty, alumni, employers) were developed, data collected and analyzed and evidence based decisions made. A faculty member was assigned to provide leadership for the strategic planning process, to revisit the mission, vision, values, goals and objectives. This process included meetings with administrators, department chairs, faculty members, students and alumni. Public health practicing professionals including local employers were also asked to provide feedback regarding the School's philosophical statements. All contributions were taken into account for the final versions of our declaratory statements.

Focus groups have also been part of the strategy used in the development of this self study document. In the early part of 2007, new, returning, and international students were selected for three focus groups where recruitment and admissions, student experience at the SPH, advisement, internship, career opportunities, diversity and the curriculum were openly discussed.

In 2009, the mission, vision and values, research and service opportunities, advisement and career counseling were discussed in town hall meetings hosted by the administration. These events were attended by students, staff, and faculty.

An Advisory Council was convened in April 2009. Site preceptors and employers were given the opportunity to provide feedback on student attainment of competencies and job readiness.

Faculty members, staff and students were invited to participate in the analysis of data and writing this self study document. Twenty-three faculty members, department chairs, and administrators participated in this process. The resulting document and web page (<http://www.llu.edu/public-health/ceph/subcommittees.page>) provides access to the CEPH criteria, self-study, reports, and other documents.

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

This criterion is met.

Strengths

- A comprehensive assessment process began in 2004, with the development and implementation of surveys for constituents.

- A culture of evidence-based decision-making permeates the entire organizational structure, utilizing assessment results while conducting everyday business and charting the future course of the School.
- Outcome measures have been identified and are being measured consistently.
- The self-study document was a collaborative effort that included the contributions of students, staff, faculty, administration, alumni, employers and representatives of the public health community.

Weaknesses

- Alumni survey response rates are low, and job placement rates have been difficult to track.
- Course evaluations are the most consistent assessment tool, measuring satisfaction and perception more than actual performance.

Opportunities for Improvement

- Continue to refine assessment tools, develop better information systems and utilize the information gathered for evidence-based decisions.

1.3 Institutional Environment

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.

a. A brief description of the institution in which the school is located, along with the names of accrediting bodies (other than CEPH) to which the institution responds.

Loma Linda University is a Seventh-day Adventist Health Sciences University located in Loma Linda, California, approximately 60 miles east of Los Angeles. Founded under the name College of Medical Evangelists by the Seventh-day Adventist Church in 1905, it became Loma Linda University in 1961. In 1997 the University became part of a five-member corporation known as Loma Linda University Adventist Health Sciences Center (LLUAHSC), empowered to harmonize and coordinate the academic and health care components of the institution. As part of this new structure, the LLUAHSC Institutes provide opportunities for synergy among diverse educational, clinical, and research endeavors.

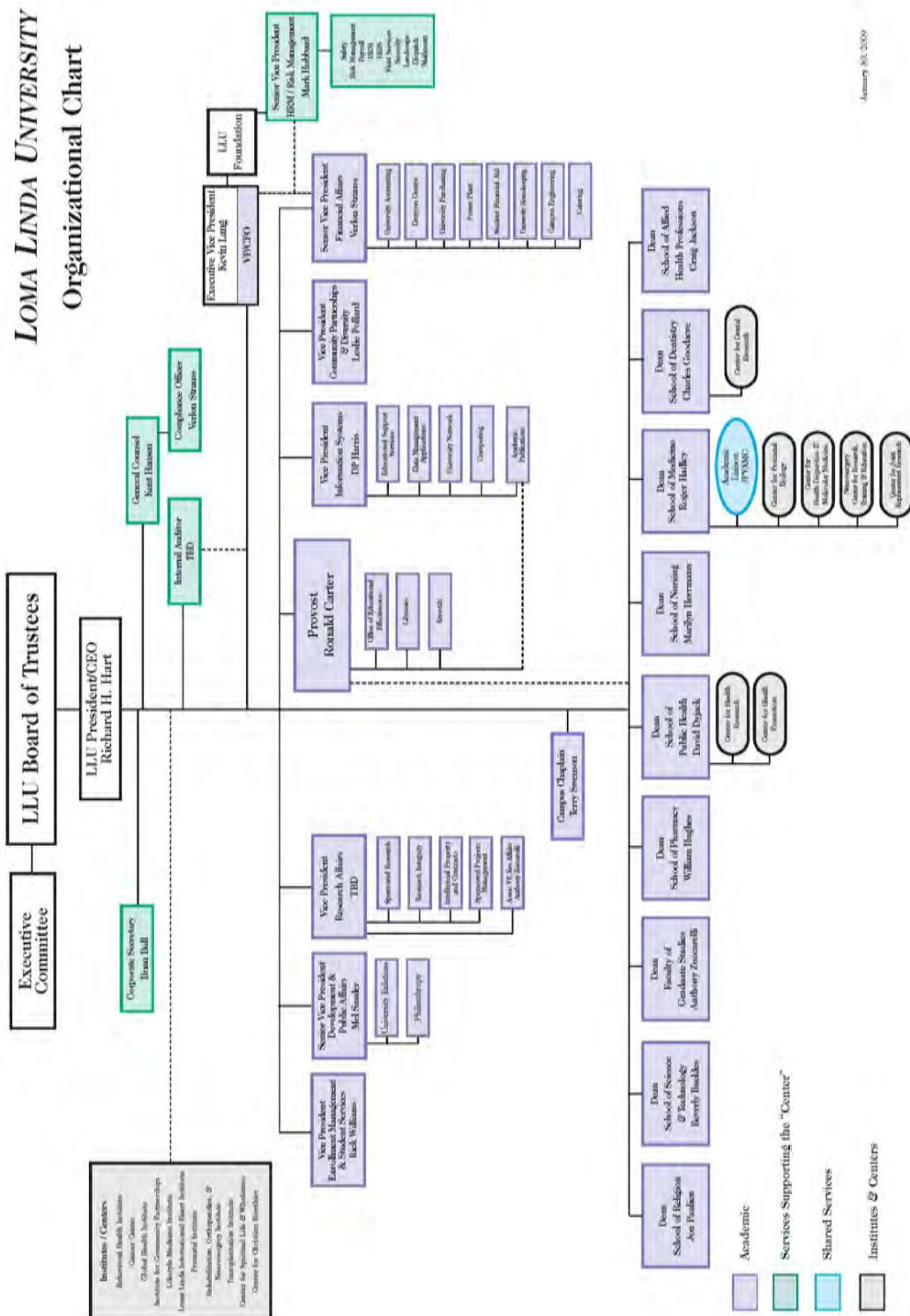
The Seventh-day Adventist Church owns and operates the largest Protestant health care and educational delivery system in the world, and LLU is often referenced as the flagship of this system. LLU is known for its health care leadership in many disciplines and is considered one of the major academic health science centers on the west coast. A recent presentation to the LLU Board of Trustees by noted economist John Husing, highlighted LLU's positive impact on the regional economy at two billion dollars annually.

The SPH is one of nine Schools which comprise LLU. The SPH was originally established to provide population-based health training to mission-oriented physicians, pastors, and other health care professionals. The SPH has enjoyed accreditation by CEPH or its predecessor for over 40 years. Loma Linda University is accredited by the Western Association of Schools and Colleges (documentation will be available in the resource room).

b. One or more organizational charts of the university indicating the school's relationship to the other components of the institution, including reporting lines.

Figure 1 presents the LLU organizational chart. The dean reports directly to the University President, Richard H. Hart, M.D., DrPH. Dr. Hart was the SPH's dean between 1991 and 2001 before becoming chancellor in 2001, and more recently ascending to the University's presidency in 2007.

Figure 1 LLU Organizational Chart



c. A brief description of the university practices regarding:

- *lines of accountability, including access to higher-level university officials*
- *prerogatives extended to academic units regarding names, titles and internal organization*
- *budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees, and support for fund-raising.*
- *personnel recruitment, selection and advancement, including faculty and staff*
- *academic standards and policies, including establishment and oversight of curricula.*

The SPH dean reports to LLU President Richard Hart. The dean and president have quarterly meetings to discuss issues of strategic importance, and generally are in communication by phone and/or electronic mail several times a week. Access to the University provost, the University vice presidents and other senior University administrators routinely occur at the monthly President's Committee meeting, weekly Dean's Council, and a host of academic forums. In the event of an emergency, face-to-face or telephone conversations can be arranged at short notice (i.e., same day) with any University administrator.

The SPH is afforded autonomy relative to the organizational makeup, structure and functions of the School. Some minor exceptions exist. For example, LLU has published policies related to the naming of "Centers" and "Institutes", otherwise the SPH enjoys the discretion to organize and manage itself in a manner consistent with its unique activities, in harmony with the overall University mission and values.

LLU employs a decentralized budget and resource allocation model. That is, each LLU school independently develops its own annual budget, and is responsible for making resource allocations decisions reflecting school-wide priorities. In this manner, the SPH develops its annual budget independent of the other eight schools on campus. Each spring the proposed budget for the upcoming academic year (July 1 through June 30), is presented to the Office of the Senior Vice President for Financial Affairs. The budget must be balanced, and is based on projected revenues, off-set by projected expenses.

The SPH retains complete control over its revenue streams with two exceptions—10.5% of its tuition revenue and 4.9% of its grant and contract revenue are allocated to the University in support of central services such as University records, University sponsored projects managements, students services, etc. Grant and contract indirect costs (i.e., facilities & administration) are retained within the budget, less the 4.9% noted earlier. When faculty members participate in grants and contracts managed by other LLU schools, negotiations are conducted by the respective deans to apportion indirects.

Personnel recruitment, selection, and promotion are managed by the SPH, mediated by usual and customary human resource procedures. The Rank, Promotion and Tenure (RPT) Committee tender recommendations to the dean in the determination of rank for new faculty, and assessment of qualifications for promotion of existing faculty. Upon approval by the dean of RPT's recommendations, or any other change in employment status, formal notification is submitted to the University President's Committee and the LLU Board of Trustees for final approval. There is one additional step for tenure applications; a University Tenure Committee conducts one additional review (after review and approval at the school level) before sending the name onto the President's Council and the Board (see Criteria 4.2).

The SPH maintains autonomy over its academic affairs through its Academic Council, which is responsible for ensuring the integrity of the academic processes, as well as developing applicable policies and procedures. The Academic Council, chaired by Associate Dean for Academic Affairs, Tricia Penniecook, MD, MPH is made up of faculty representatives from the academic departments, and department chairs. Dr. Penniecook is also the representative to the University Academic Affairs Committee. New programs and termination of existing programs must be approved by the Academic Council, then forwarded to the University Academic Affairs Committee, the University President's Committee, and ultimately the LLU Board of Trustees for review and final disposition.

d. Identification of any of the above processes that are different for the school of public health than for other professional schools, with an explanation.

None exist.

e. If a collaborative school, descriptions of all participating institutions and delineation of their relationships to the school.

E does not apply – the SPH is not a collaborative school.

f. If a collaborative school, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the school's operation.

F does not apply – the SPH is not a collaborative school.

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

The criterion is met.

Strengths

- The SPH is part of Loma Linda University, a Western Association of Schools and Colleges (WASC) accredited academic institution. The SPH is one of nine schools on the Loma Linda campus, and enjoys the rights, privileges, and responsibilities consistent with the other eight. In line with existing University Policies and Procedures, the SPH is afforded self-determination over academic, personnel, budget, advancement, and related issues.

Weaknesses

- None noted.

Opportunities for Improvement

- None noted.

Based on my education and prior work experience in a government agency, before entering academia as a faculty member, my main goal was to conduct meaningful research that could be used for better decision-making. A second goal was to be an influence to help students become better workers and leaders. I believe that as a productive researcher and teacher in an Adventist university, I can do both, while at the same time making a positive statement about my religious faith.

*Jim E. Banta, PhD, MPH
Assistant Professor
Health Policy and Management*

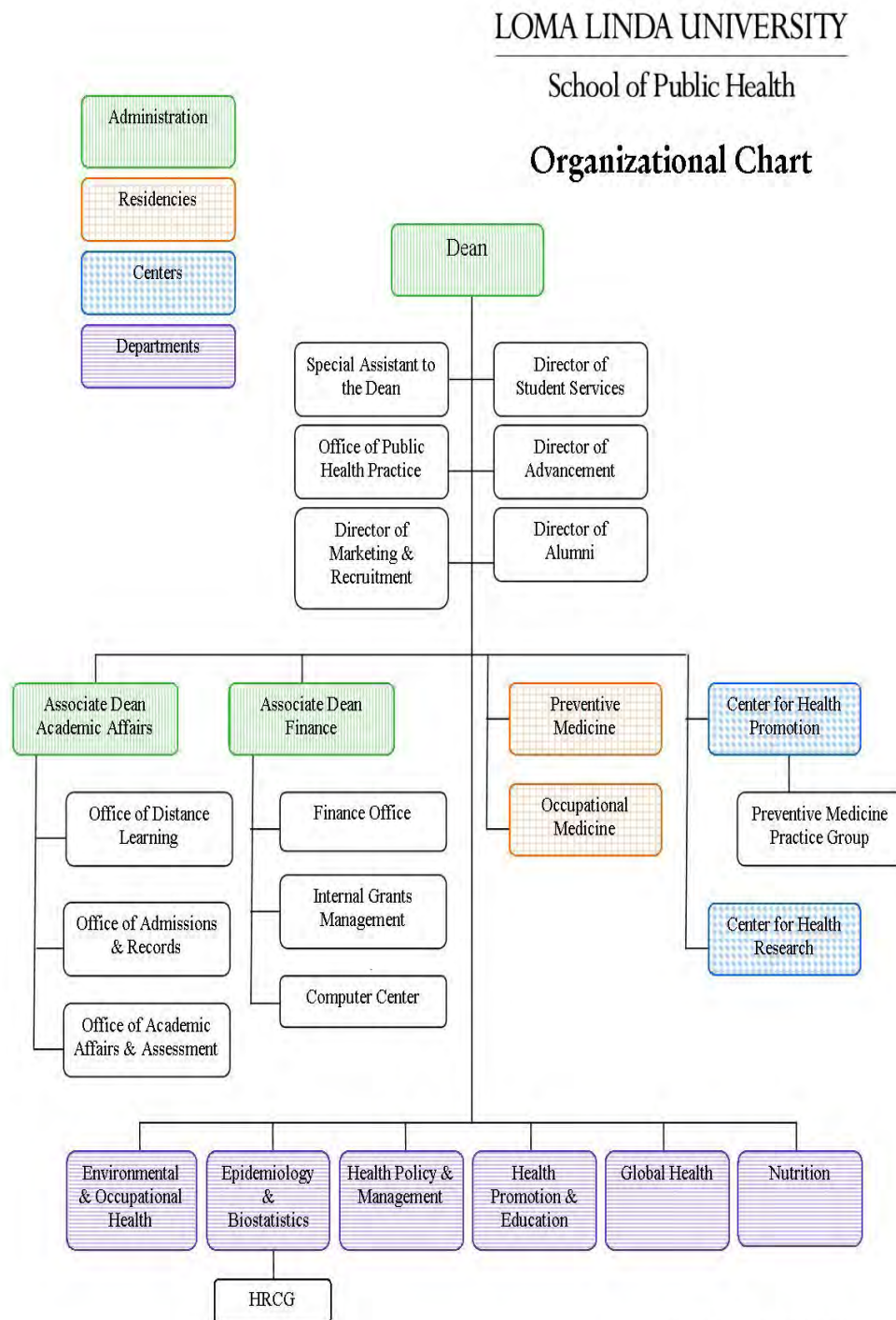
1.4 Organization and Administration

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

Organization of the School should enhance the potential for fulfillment of its stated mission and goals. The administrative structure and resources should allow the School to carry out the majority of its teaching, research and service functions devoted to public health disciplines. The environment must be characterized by commitment to the integrity of the institution, including high ethical standards in the management of affairs, fairness in its dealings with constituents, support for the pursuit and dissemination of knowledge and accountability to its constituencies.

a. One or more organizational charts showing the administrative organization of the school, indicating relationships among its component offices, departments, divisions, or other administrative units.

The instructional, research and service programs are organized and administered by six departments, two centers, the preventive and occupational medicine residencies and the Preventive Medicine Faculty Practice Group.

Figure 2 School of Public Health Organizational Chart

Revised on 9/10/2009

b. Description of the roles and responsibilities of major units in the organizational chart.

The Dean, David Dyjack, DrPH, CIH, is the chief administrative officer and responsible for oversight of School activities and operations. Dean Dyjack retains executive responsibility and authority and represents the School in its interactions with other entities, both internal and external to the University. He is ultimately responsible for guiding the development and implementation of policies and plans; budgeting and allocation of resources; supporting research efforts; and establishing outreach initiatives to both local and global communities.

The dean is assisted by an Administrative Committee that is comprised of the dean, associate deans, department chairs, center directors, selected program directors and two elected Interschool Faculty Advisory Council (IFAC) representatives. This committee, which convenes monthly, provides guidance and direction on fiscal, administrative and planning matters. The dean convenes bi-weekly meetings with department chairs to address various issues of mutual interest and concern. These meetings provide beneficial exchange on a variety of topics.

The Associate Dean for Academic Affairs, Tricia Penniecook, MD, MPH has broad responsibilities for instructional matters. She provides oversight for all degree programs, curricular issues and supervises the office of admissions and academic records. She is assisted by the director of admissions and academic records, Academic Council, Admissions Committee, the Extended Programs Committee and the DrPH Committee.

The Associate Dean for Financial Affairs, Gordon Hewes, MBA, reports to the dean. In consultation with the dean, department chairs, and center directors, he develops the budget and is responsible for monitoring fiscal activities. The finance office also assists with internal grants management within the School.

The dean is also supported by the Director of Recruitment and Enrollment, Tricia Murdoch, MPH, the Director of Student Affairs, Dwight Barrett, MA, Ed.S, and the director of advancement (TBN).

The department chairs, in conjunction with the departmental faculty members, are responsible for establishing departmental objectives and for planning, implementing, and evaluating the academic programs offered by their respective departments. Together, and in keeping with policy, department chairs and their respective faculty members set programmatic admission and graduation requirements. The chairs are responsible for promoting research and practice activities among their faculty members and for an appropriate distribution of faculty effort among the various departmental, School, and University activities. The department chairs also administer departmental budgets and are responsible for an annual evaluation of their departmental faculty members and activities.

The six departments and current chairs are as follow:

Environmental and Occupational Health	Samuel Soret, PhD, MPH
Epidemiology and Biostatistics	Synnove Knutsen, MD, PhD, MPH
Health Policy and Management	S. Eric Anderson, Ph.D., MBA
Health Promotion and Education	Naomi Modeste, DrPH
Global Health	Jayakaran Job, MD, DrPH, MBBS
Nutrition	Joan Sabate, MD, DrPH

Faculty appointments are made through the academic departments. In addition to their primary departmental appointment, faculty members may hold secondary appointments in other academic departments. A description of each department is found in the LLU Catalog (<http://www.llu.edu/central/academics/catalog.page>).

The two University designated centers (the Center for Health Promotion [CHP] and the Center for Health Research [CHR]), and the Office of Public Health Practice (OPHP) were designed to serve as foci for clinical, research, and public health practice activities. The CHP, CHR and OPHP maintain expertise, assure currency and relevance of academic curricula, and enhance student, faculty and School growth, while providing service to the broader community. The centers and OPHP also promote a variety of formal and informal interactions with other schools and programs in the University through their activities.

c. Description of the manner which interdisciplinary coordination, cooperation and collaboration are supported.

The University and LLU Medical Center reorganized themselves in 1997 with the aim to harmonize, coordinate, and cross-pollinate the various professional activities on campus, or at a minimum, to reduce real or perceived barriers to collaboration. This reflected a fundamental shift in approach, with the aim of encouraging multiple disciplines to work together in a meaningful way. At the same time, the SPH intentionally advances interdisciplinary activities by actively seeking out opportunities to create and nurture project teams from within SPH, within LLU, and by partnering with like-minded external agencies. This intentionality is expressed by creating and maintaining relationships, soliciting needs, and keeping lines of communication open.

The SPH has established two centers and the OPHP to act as fulcrums for interdisciplinary activities. While recognizing faculty appointments are made through the academic departments, individual faculty members may devote significant or even the major portion of their time to center/OPHP activities. The intent of the centers and OPHP is to provide opportunities for faculty members and students from multiple disciplines within SPH, within LLU, and outside of our campus to collaborate on projects of mutual interest. In illustration, the OPHP has recently developed mental health training modules in partnership with the LLU Medical Center's Psychiatry residents. This is one of a multitude of examples reflecting interdisciplinary collaboration.

The SPH dean actively sought out and met with each dean of the other eight schools on campus in 2009. The purpose of these formal discussions was to identify opportunities for the schools to complement one another and advance interdisciplinary activities. A major theme identified during the various discussions was related to the research momentum enjoyed by SPH, and how the other schools might benefit from submitting joint research proposals with us.

Having open lines of communication in the School is a strength which serves to create an environment conducive to collaboration. The dean has informal bi-weekly meetings with the department chairs to discuss issues germane to the school, a number of faculty members hold joint appointments in two departments, further facilitating communication and cooperation among disciplines. There are also many courses shared among departments in the School.

The SPH offers degree programs which are administered jointly by two different de-

partments. These are Environmental Epidemiology, Geospatial Epidemiology, Global Epidemiology, Health Services Research and Nutritional Epidemiology. The development and administration of these programs requires successful communication, coordination and cooperation. Students in these programs have advisors from both disciplines. In addition, the Maternal and Child Health Program (MCH) is administered through the interaction of three separate departments, Health Promotion and Education (HPRO), Global Health (GLBH), and Nutrition (NUTR).

There are many examples of collaborative research within the SPH. The Epidemiology/Biostatistics (EPDM/STAT) department collaborates on several research projects, such as the Adventist Health Study with the NUTR and HPRO departments as well as the Department of Cardiology, Radiology and Neurology at Loma Linda University Medical Center, in addition to the School of Religion. The AHSMOG Study is conducted in collaboration with Environmental Health (ENVH). The EPDM/STAT department also collaborates with GLBH on tobacco issues both nationally and in international settings.

External research collaboration by SPH faculty members is strongly encouraged. Research teams from several schools within the University have been formed to address multi-disciplinary research questions. The Cancer Epidemiologist at the Desert-Sierra Cancer Surveillance Program is an SPH faculty member and collaboration with the LLU Cancer Institute is ongoing. Faculty members in the School are involved with collaborative projects with the Jerry L. Pettis Veteran's Administration Hospital, the LLU Community and Children's Hospitals, Kaiser Permanente, and the San Bernardino and Riverside County Health Departments. We partner with outside universities such as the Johns Hopkins University, University of North Carolina, the University of Washington, University of California (Riverside and Los Angeles), and University of Southern California, among others. Finally, DrPH dissertation committees must include at least one faculty member from outside the major department, and frequently outside the School, which also serves to enhance interdisciplinary communication and cooperation.

SPH faculty members regularly provide instruction in other schools in the University, serve on doctoral committees in the other schools, provide research consultation and interact in service activities with faculty members from elsewhere in the University. All of these activities, along with membership on various University-wide committees, serve to provide SPH faculty members with multiple and varied opportunities for in-

terdisciplinary communication and cooperation and potentiate the likelihood of future collaborative efforts.

d. Identification of written policies that are illustrative of the school's commitment to fair and ethical dealings.

Policies illustrative of commitment to fair and ethical dealings are found in the School specific Faculty Handbook (<http://www.llu.edu/central/handbook/facultyhandbook/School-SPH.pdf>), the University Faculty Handbook (<http://www.llu.edu/pages/handbook/facultyhandbook/index.php>) and the University Student Handbook (<http://www.llu.edu/pages/handbook/documents/2006-07student-handbook.pdf>).

The policies presented cover all areas of academic life, including but not limited to recruitment, hiring and advancement of faculty members, admission and retention of students, performance reviews, grievance procedures, graduation requirements and protection of human subjects in research projects.

Table 3 University Policies		
Loma Linda University Faculty Handbook	Non-discriminatory and Affirmative Action	Section I-1
	Conflict of Interest	Section I-3
	Violence in the Workplace	Section I-7
	Content of Faculty Files	Section I-8
	Drug-free Worksite	Section I-12
	Non-discrimination and Anti-Harassment	Section I-15
	Staff Evaluation	Section I-18
	Faculty Grievances	Section I-53
	Staff Grievance	Section I-54
	Student Disabilities	Section Y-1
Loma Linda University Student Handbook	Discipline and Appeals	Page 75
	Freedom of Expression	Page 76
	Grievance Procedure	Page 77
	Non-Discrimination & Affirmative Action	Page 77
	Sex Discrimination	Page 77
	Sexual Harassment	Page 82
	Standards of Academic Conduct	Page 88
	Student Mistreatment	Page 90
SPH Academic Policies Handbook	Student Grievance	Page 75 & 76

e. Description of the manner in which student grievances and complaints are addressed, including the number of grievances and complaints filed for each of the last three years.

Grievance procedures are followed as outlined in the student grievance policy. Student complaints on academic matters are the responsibility of the department and the school involved. Normally, such complaints can be resolved quickly through discussion with the involved faculty. In rare situations where such resolution does not occur, the student contacts the chair of the appropriate department to file a formal grievance (outlined in the SPH Academic Policy Handbook section IX.1.0). The student's grievance is submitted in writing and accompanied by any documentation at the earliest possible time. Only complaints that are not resolved at the department level are recorded. As grievance policies have been publicized more among students, they have availed themselves of this privilege when not satisfied with their department's response.

Table 4 Student Grievances				
Department	2006	2007	2008	Total
Environmental & Occupational Health	0	1	1	2
Epidemiology & Biostatistics	0	0	1	1
Global Health	1	0	1	2
Health Administration	0	0	0	0
Health Policy & Management	0	0	0	0
Health Promotion & Education	0	2	0	2
Nutrition	0	0	2	2
Total	1	3	5	9

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

The Criterion 1.4 is met.

Strengths

- The organization and various entities and policies support not just interdisciplinary communication but coordination, cooperation and collaboration.
- Structures and policies are in place to encourage and support cooperation,

coordination and interdisciplinary collaboration across entities within and outside the SPH.

- The SPH provides a highly participatory organizational setting to support its academic and research programs.

Weaknesses

- None noted

Opportunities for Improvement

- Formalize service learning within the next two years.

Eighteen years ago I accepted employment at the SPH for what I thought would be a three to five year commitment. During those formative years I adopted the University's values of compassion, acceptance, respect, equity, integrity, faith, and wisdom as my own. What had started as a vocational opportunity, had transformed into a personal and professional calling. Today it is my privilege to try and provide honest, strong, and principled leadership to our School, at a time in history when faith-based public health enjoys unparalleled opportunities. I am reminded daily of text found in Colossians 4:5 (New Testament) where it says "Be wise in the way you act toward outsiders; make the most of every opportunity". My mission is to provide growth opportunities to the people I work with and for, while doing my part to bring hope, health and healing to the world around me.

*David T. Dyjack, DrPH, CIH
Dean*

1.5 Governance

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.

a. Description of the school's governance and committee structure and processes, particularly as they affect:

- *general school policy development*
- *planning*
- *budget and resource allocation*
- *student recruitment, admission and award of degrees*
- *faculty recruitment, retention, promotion and tenure*
- *academic standards and policies*

Research and service expectations and policies

School Policy Development

SPH governance and policy and procedure development are the prerogatives of the faculty and administration operating within general University policies. School-specific policies and University policies are available in the following handbooks: LLU Faculty Handbook, SPH Academic Policy Handbook, LLU Administrative Handbook and the LLU Student Handbook. These handbooks will be available in the resource room.

Faculty members participate in governance primarily through committee membership and departmental activities. The SPH maintains permanent committees (see Table 5 in [Appendix 1.5c\(1\)](#)) which are charged with developing consensus on governance among related matters. Committees are generally comprised of representatives from

the academic departments, centers, and the OPHP. New policies or modifications to existing policies are drafted at committee level and subsequently forwarded to the Administrative Committee. The Administrative Committee is empowered to make final decisions on governance issues, while the Academic Council is the final authority on issues related to academic policy. The various standing committees meet routinely.

Planning

Planning is the primary responsibility of the dean, associate deans, department chairs and other administrators. However, broad faculty input is received as each administrative entity solicits faculty input for its respective goals. Key features of these plans are embedded into budgeting and forecasts, and are used as the foundation for the next year's initiatives. These initiatives feed into the larger University Strategic Plan.

Budget and Resource Allocation

Department chairs, center directors, and other administrators with budgets (e.g., marketing, student services, Office of Distance Learning, etc.) confer with the associate dean for finance and the dean in the development, implementation, and monitoring of annual budgets. The Administrative Committee is the forum in which the budget and resource decisions are finalized. Faculty input is provided through their representative department chairs, center directors, etc. Faculty concerns at large can be conveyed to the Administrative Committee through the Interschool Faculty Advisory Council (IFAC) representative.

Faculty Recruitment

Faculty recruitment is guided by the University Policy of Non-Discrimination and Affirmative Action. The LLU Faculty Handbook provides other relevant policies. The dean's office, in partnership with LLU Human Resources, assures compliance with these standards. The dean's office is the fulcrum for recruiting initiatives, with faculty members providing leads and recommendations.

LLU convenes search committees for senior administrative positions such as the dean. The School employs a formal search process for the associate deans and department chairs. Administrative positions, once filled, are sent to the President's Committee and on to the Board of Trustees for final approval. LLU faculty members participate on search committees for LLU administrators as outlined in the Faculty Handbook.

Faculty Retention

The SPH provides a work environment that offers many opportunities for faculty members to enjoy rewarding and growth oriented professional lives, which is reflected in extremely low turn-over. Each faculty member receives eight units of free annual tuition at an accredited school of their choice and annual financial incentive to support their individual professional activities, journal subscriptions, conference attendance, etc. The School sponsors select faculty members to other universities to earn additional education above and beyond the eight units noted previously. Since 2003 the SPH has provided salary support while attending classes, student loan repayment support or direct tuition support valued at \$379,151. The Center for Health Research provides seed money to nurture and encourage creativity in research that might otherwise not be funded through external sources. Recently LLU has extended loans to select new faculty members in support of home purchases in the historically expensive southern California real estate market. LLU also provides numerous continuing professional education opportunities, which are either free, or low-cost for faculty members.

Promotion & Tenure

The Rank, Promotion, and Tenure (RPT) Committee is composed of representative faculty members from most of the academic departments and select non-SPH members from the LLU academic community. The Committee is guided in its discussions and actions by RPT policy. This committee acts in an advisory capacity to the dean, who makes an informed decision which then requires approval by the President's Committee and the University Board of Trustees. Policies and procedures are located within the LLU Faculty Handbook.

Academic Standards and Policies

Academic standards and policies are developed, monitored, and revised as appropriate by the Academic Council chaired by the associate dean for academic affairs, and composed of representatives from the academic departments, and the director of admissions. Major policy revisions are taken by the members to their respective departments for discussion and input prior to final decision making. The policies are documented at the annual Fall Faculty Meeting. School policies are documented and published in the Academic Policy Handbook, which is distributed at the annual meeting. School specific policies can be found in the LLU Faculty Handbook and the LLU Student Handbook. Policies specific to doctoral students are developed and monitored by the School's DrPH Committee with referral to, and input from, the Academic Council as necessary. Doctoral student policies are published in the DrPH Handbook (available in the resource room).

Research and Service Expectations and Policies

Research and service expectations are outlined in the LLU Faculty Handbook. The School has articulated a short-term aim to have faculty at least 25% externally funded on grants and contracts, with a long term goal of achieving 40% averaged across the SPH. The School provides mentoring and support through its Center for Health Research (CHR) to assist faculty to become progressively more engaged in scholarly and grant-writing activities.

Each department chair is responsible for promoting and coordinating service activities, which are required to achieve promotion. The OPHP maintains a busy schedule of professional activities with active participation by faculty members and students. Finally, several of the academic departments have developed service-learning modalities as part of their course curricula. In many cases, these service learning activities have resulted in peer-refereed presentations and publications.

b. A copy of the constitution, bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the school.

The 2007 Loma Linda University Faculty Handbook, Chapter 1 Organization of the University will be available in the resource room. There is a separate section for the SPH that also addresses governance issues.

c. A list of school standing and important ad hoc committees, with a statement of charge, composition, and current membership for each.

See [Appendix 1.5c\(1\)](#) for Table 5 SPH Committee Charges.

d. Identification of school faculty who hold membership on university committees, through which faculty contribute to the activities of the university.

SPH faculty members who sit on University standing committees can be found in [Appendix 1.5d\(1\)](#).

e. Description of student roles in governance, including any formal student organizations, and student roles in evaluation of school and program functioning.

Student Involvement in Governance

As appropriate students are systematic participants in operations and governance (see Table 5 in [Appendix 1.5c\(1\)](#)). Since 2004, we have employed a director of student services, who provides students a direct and continuous voice into administration.

Students participate in governance as voting members in academic department meetings and School-wide committees. In some cases such as the School's Peace Corps program, students play an instrumental role in the administration of and interface with governmental agencies. The School has recently engaged teaching assistants for face-to-face and on-line classes.

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

The criterion is met.

Strengths

- Policies and procedures exist to ensure faculty and students are fully integrated into governance structures. The School provides abundant opportunities for its various stakeholders to contribute to, and benefit from activities.
- The School has taken deliberate steps, including hiring a director of student services, to ensure that students are fully engaged in operations.

Weaknesses

- Retention: while the SPH invests in faculty through student loan repayments, direct tuition support and wages while at school, a formal written policy for access to such sponsorship is absent.

Opportunities for Improvement

- Develop a formal educational support policy.

*To exemplify and inspire benevolence within my sphere
of influence for the good of today's children and future
generations.*

*Dorena Ouattara
MPH Student
Health Policy and Leadership*

1.6 Resources

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

a. A description of the budgetary and allocation processes, sufficient to understand all sources of funds that support the teaching, research and service activities of the school. This should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact on the resources available to the school.

The SPH receives annual revenue from four sources. They are:

1. Tuition and fees. All tuition is collected through the University Student Finance Department and passed through to each school. The University assesses a tax of 10.5% (2008-2009) to support student services, such as University records, libraries, and administration.
2. Grant, contract and consulting income stay within the School. The University, however, assesses a tax of 4.9% (2008-2009) on total income.
3. Gifts for projects or endowments are processed by the University and transferred to the SPH in their entirety.
4. Patient and student health revenues from the Center for Health Promotion.

b. A clearly formulated school budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer.

As seen in Table 6 below, the Grants/Contract-Direct revenue went down dramatically when the Adventist Health Study Grant finished and was not refunded, as it was our largest grant at the time. Gifts also declined significantly due to a change in the

advancement director. The most recent director was terminated in August 2009 and has not been replaced. Crosshatch was categorized in expenses, but was always positive for SPH. We had more students from other schools in the University taking our classes than our students taking classes in other schools. The amount credited to the school teaching the class is 45% of the tuition from the student's home school. In the new banner system, the professional fees were classified in the wage category, thus the major change in operations and salaries and benefits.

Table 6 Sources of Funds and Expenditures by Major Category <i>Fiscal Years 2003 to 2008</i>					
	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008
Revenue					
Tuition & Fees	\$4,240,291	\$4,464,665	\$5,030,058	\$6,377,244	\$6,760,104
Grants/ Contracts - Direct	\$4,847,471	\$4,008,777	\$4,269,977	\$2,592,392	\$2,541,090
Indirect Cost Support	\$1,839,276	\$1,769,946	\$1,335,077	\$288,636	\$225,087
Endowment	\$216,496	\$180,285	\$-1,009	\$22,927	\$4,149
Gifts	\$336,078	\$590,794	\$459,608	\$540,608	\$178,656
CHP Patient Revenue & Misc.	\$1,773,673	\$2,288,414	\$2,144,485	\$2,016,692	\$2,190,067
Revenue Subtotal	\$13,253,285	\$13,302,881	\$13,238,196	\$11,838,561	\$11,899,153
Expenditures					
Faculty Salaries and Benefits	\$3,068,757	\$3,432,306	\$3,807,160	\$3,667,004	\$4,715,005
Staff Salaries and Benefits	\$1,674,953	\$1,924,645	\$1,960,938	\$2,127,118	\$2,421,691
Operations	\$1,710,629	\$1,730,580	\$1,597,221	\$1,714,442	\$1,045,827
Travel	\$140,523	\$94,896	\$125,561	\$201,590	\$137,756
Student Support	\$144,905	\$139,330	\$269,724	\$285,404	\$171,682
Contracts/ Grants	\$4,847,471	\$4,008,777	\$4,269,977	\$2,592,392	\$2,541,090
University Tax	\$511,186	\$503,197	\$682,797	\$686,628	\$574,609
Crosshatch – Tuition Revenue	\$-79,623	\$-38,006	\$-148,569	\$-203,581	\$0.00
Expenditures Subtotal	\$12,018,801	\$11,795,725	\$12,564,809	\$11,070,997	\$11,607,660

c. If the school is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall school budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by school of public health faculty who may have their primary appointment elsewhere.

The SPH is not a collaborative school.

d. A concise statement or chart concerning the number (headcount) of faculty in each of the five concentration areas (and any other concentration areas identified in Criterion 2.1) employed by the school as of fall for each of the last three years. If the school is a collaborative one, sponsored by two or more institutions, the statement or chart must include the number of faculty from each of the participating institutions.

Table 7 below shows resources over the past three years, including full-time, part-time, secondary and adjunct faculty.

Table 7

FACULTY HEADCOUNT BY DEPARTMENT/PROGRAM
ACADEMIC YEARS 2005-2006, 2006-2007, 2007-2008

School of Public Health	2005-2006		2005-2006 Total	2006-2007		2006-2007 Total	2007-2008		2007-2008 Total
	Primary	Secondary		Primary	Secondary		Primary	Secondary	
Biostatistics	3	0	3	3	0	3	3	0	3
Environmental and Occupational Health	5	22	27	5	22	27	6	22	28
Epidemiology	10	10	20	10	10	20	11	10	21
Global Health	4	10	14	4	10	14	4	10	14
Health Policy and Management	6	26	32	7	26	33	8	26	34
Health Promotion and Education	7	16	23	7	16	23	10	16	26
Nutrition	8	26	34	7	26	33	9	26	35
SPH Total	43	110	153	43	110	153	51	110	161

e. A table showing faculty, students, and student/faculty ratios, organized by department or specialty area, or other organizational unit as appropriate to the school for each of the last three years.

Faculty, Student and Student/Faculty ratios by area over the past three years are shown in Table 8.

Table 8										
Faculty, Students and Student/Faculty Ratios by Department or Specialty Area										
2005-2006										
	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students	FTE Students	SFR by Core FTEF	SFR by Total FTEF
Biostatistics	3	3	0	0	3	3	12	8.625	2.875	2.875
Environmental /Occupational Health	6	6	5	4.5	11	10.5	11	10.1	1.8	0.9
Epidemiology	8	8	6	4	14	12	72	53.625	6.703	4.469
Global Health	3	3	5	4	8	7	63	60.0	20.0	8.5
Health Administration	10	10	9	7.5	19	17.5	62	51.8	5.1	2.9
Health Policy and Management	Named changed from Health Administration to Health Policy and Management in 2009.									
Health Promotion and Education	11	11	7	6	18	17	117	93.5	8.5	5.5
Nutrition	6	6	6	5	12	11	44	42.7	7.1	3.8

Key: HC=Head Count Core=full time faculty who support the teaching programs FTE=Full Time Equivalent ETEF=Full time equivalent faculty
 Other=adjunct, part-time and secondary faculty Total=Core+Other SFR=Student/Faculty Ratio

*Faculty FTE Formula: 2 part-time=1 full-time faculty

*Student FTE formula: Undergrad full-time=12 units; Graduate full-time=8units

Table 8—Continued										
Table 1.6.e. Faculty, Students and Student/Faculty Ratios by Department or Specialty Area										
2006-2007										
	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students	FTE Students	SFR by Core FTEF	SFR by Total FTEF
Biostatistics	3	3	0	0	3	3	7	5.5	1.833	1.833
Environmental /Occupational Health	6	6	5	4.5	11	10.5	8	7.8	1.31	0.7
Epidemiology	10	10	6	4	16	14	92	69.375	6.938	4.955
Global Health	3	3	5	4	8	7	69	64.3	21.4	9.1
Health Administration	11	11	10	8.5	21	19.5	75	60.5	5.5	3.1
Health Policy and Management	Named changed from Health Administration to Health Policy and Management in 2009.									
Health Promotion and Education	11	11	7	6	18	17	103	80.7	7.3	4.7
Nutrition	6	6	6	5	12	11	54	51.1	8.5	4.6

Key: HC=Head Count Core=full time faculty who support the teaching programs FTE=Full Time Equivalent ETEF=Full time equivalent faculty
 Other=adjunct, part-time and secondary faculty Total=Core+Other SFR=Student/Faculty Ratio
 *Faculty FTE Formula: 2 part-time=1 full-time faculty
 *Student FTE formula: Undergrad full-time=12 units; Graduate full-time=8units

Table 8—Continued

Table 1.6.e. Faculty, Students and Student/Faculty Ratios by Department or Specialty Area

2007-2008										
	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students	FTE Students	SFR by Core FTEF	SFR by Total FTEF
Biostatistics	3	3	0	0	3	3	7	5.625	1.875	1.875
Environmental /Occupational Health	6	6	5	4.5	11	10.5	14	13.0	21.	1.2
Epidemiology	10	10	7	5	17	15	93	71	7.100	4.733
Global Health	4	4	5	4	9	8	66	57.8	14.4	7.2
Health Administration	Named changed from Health Administration to Health Policy and Management in 2009.									
Health Policy and Management	15	15	10	8.5	25	23.5	119	84.2	5.6	3.5
Health Promotion and Education	12	12	7	6	19	18	110	82.8	6.9	4.6
Nutrition	7	7	6	5	13	12	64	60.6	9.1	5.3

Key: HC=Head Count Core=full time faculty who support the teaching programs FTE=Full Time Equivalent ETEF=Full time equivalent faculty
 Other=adjunct, part-time and secondary faculty Total=Core+Other SFR=Student/Faculty Ratio
 *Faculty FTE Formula: 2 part-time=1 full-time faculty
 *Student FTE formula: Undergrad full-time=12 units; Graduate full-time=8units

f. A concise statement or chart concerning the availability of other personnel (administration and staff)

As of June 30, 2008, non-faculty personnel within the School included 45 full-time and 43 part-time staff members supported by SPH and extramural funds. Academic departments have at least one administrative assistant. Staffing for other departments and centers are based on need and resources. Additional non-faculty personnel are supported by funds from sources other than from the School.

g. A concise statement or chart concerning amount of space available to the school by purpose (offices, classrooms, common space for student use, etc.), by program and location.

The SPH is currently housed in seven University-owned buildings. The University's long term plan is to house the SPH and School of Pharmacy in Prince Hall, when the Dental School moves to another location north of campus. This will allow the entire school to be located in one building. At present, Nichol Hall, Parkland Building, Evans Hall, Buena Vista Cottage, Jorgensen Center and the new Centennial Complex are equipped with eight lecture classrooms, five computer laboratories, and share part of a state-of-the-art nutrition kitchen, three nutritional laboratories, and an environmental health wet lab and research lab (see Table 9). There are two teaching laboratory's in the new Centennial Complex, each equipped with 20 workstations which are equipped with geospatial software and tools. These areas include 50,240 square feet and can accommodate up to 480 students.

Table 9 SPH Available Space			
Building	Total Space	Purpose	Program
Nichol Hall	5,076.90	Classrooms	ADMIN
	288.00	Conference Room	EPDM/STAT
	305.70	Conference Room	GLBH
	232.20	Conference Room	NUTR
	173.70	Computer lab	NUTR
	1,574.50	Computer lab	ADMIN
	710.50	Student Lounge	ADMIN
	156.50	Lounge	ADMIN
	267.70	Lounge	EPDM/STAT
	4,038.35	Office	ADMIN
	2,831.00	Office	EPDM/STAT
	1,855.80	Office	ENVH
	1,199.20	Office	HPM
	1,089.80	Office	GLBH
	283.15	Office	PREV MED
	2,635.70	Office	HPRO
	1,805.28	Office	NUTR
	539.00	Lab	ENVH
	437.00	Lab	EPDM/STAT
	1,317.30	Lab	NUTR
Parkland	206.30	Conference Room	ENVH
	1,461.80	Office	ENVH
Evans Hall	8,906.25	Office	EPDM/STAT
	249.40	Computer Lab	EPDM/STAT
	136.60	Lounge	EPDM/STAT
	3,115.70	Clinic	STD HEALTH CLINIC
	2,483.30	Office	STD HEALTH CLINIC
	585.80	Exercise Lab	HPRO
Buena Vista	819.00	Computer Lab	EPDM/STAT
	1,090.10	Office	EPDM/STAT
Jorgensen	1,696.50	Computer Lab	ENVH
	552.10	Office	ENVH
Centennial Complex	1,800.00	Computer Lab	
	320.00	Office	ENVH
Total	50,240.13		

h. A concise statement or floor plan concerning laboratory space, including kind, quantity and special features or special equipment.

The SPH has adequate laboratory space at this time for the Departments of Nutrition and Environmental and Occupational Health. The Department of Nutrition labs are designed to support nutritional assessment and intervention studies that are conducted by faculty and students. The facilities accommodate activities such as interviewing and counseling participants, anthropometric, biochemical, dietary and clinical assessments, storage of biological samples, and nutrient-related determinations and assays. All rooms listed in Table 10 are located in Nichol Hall with the exception of the GIS lab in the new Centennial Complex.

Table 10 SPH Laboratory Facilities	
Room 1109	Stock room for chemicals and glassware
Room 1111	<ul style="list-style-type: none"> • Biochemical lab equipped with the following: • Amino acid analyzer (Beckman System 7300) • High Pressure liquid chromatography (HPLC) System which includes Pump (Shimadzu LC-10AT-VP) UV-Vis Detector (Shimadzu LC-10A-VP) Fluorescence Detector (Shimadzu RF 353) Automatic injector, column warmer, etc. • Spectrophotometer (Beckman DU 640) • Microplate Fluorescence Reader (Bio Tek FLX 800) • VU-VIS Fluorescence Reader (Bio Tek Synergy HT) • Evaporator and pump (Labconco) • Computer
Room 1112	<ul style="list-style-type: none"> • Biochemical lab equipped with the following: • Chemical hood and acid cabinet (Labconco) • Balances • Allegra 6R Refrigerated Centrifuge (Beckman) • High speed microfuge (Beckman-Coulter) • Millipore water filtration system • Flask washer • Computers • Miscellaneous small equipment such as pH meter, vortex mixers, heating module, automatic pipettes, etc.
Room 112A	2 upright 8-ft – 80 degree freezers for storage of biological samples
Room A100	<ul style="list-style-type: none"> • Community nutrition lab-The room is set up for anthropometric assessment • The Department of Environmental Health has two labs in Nichol Hall

Table 10—Continued

Room B122	<p>Environmental and Occupational Health Lab Space</p> <p>Environmental and Occupational Health laboratory facilities housed in the Nichol Hall 1200 wing is comprised of two laboratories and one storage area. The first Laboratory is dedicated to environmental sampling and analysis lab work. It includes equipment such as autoclaves, PH meters, incubators, refrigerators, table-top refrigerated centrifuge, spectrophotometer, water baths, microwave, microscopes, computers, Gas-chromatography equipment and a chemical hood. It also includes minor equipment such as water testing kits, microbiological supplies for growing bacterial cultures and analyzing food, air and water samples. The second lab is dedicated to processing and storing blood samples belonging to the Adventist Health Study. The Protein Profiling study includes a physical repository that houses a 4 x 8 feet -80°C freezer dedicated to the storage of all biological samples from the proteomic study and the Adventist Health Study.</p>
Centennial Complex	<p>There are two teaching laboratory's, each equipped with 20 workstations which are loaded with a myriad of geospatial software tools and data. The labs are used to teach geographic information systems (GIS), global positioning systems (GPS), and remote sensing (RS) technologies to LLU students (grad & undergrad). The labs will also be used to teach geospatial technology workshops for the public health workforce. As scheduling permits, the space may also be available as general teaching/classroom space for SPH classes. There is also a support workroom (320sqf) located between the two labs that will serve as a faculty office/student work area/printing and storage facility. This room will house 2 – 4 high-end geospatial workstations, several color printers and a 42" poster plotter.</p>

Other labs used for research projects, such as lycopene and breast cancer study and the proteomic study, include a breast cancer lab in the Chan Shun Pavilion. It has the resources necessary to conduct western blot analysis and cell culture. Shared equipment from other labs, such as the Molecular Biology Center and the Microbiology department, include fluorescent microscopes, CO² incubators and dry ice machines.

i. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

Common Resources

LLU provides internet service via a 100 mbps Ethernet connection through ISP Time Warner and a Cisco based network infrastructure for local network and intranet services.

Student Resources

The Computer Center provides two main computer labs which together contain 32 Intel Pentium IV Core Duo processor based networked PCs. In addition, Nichol Hall supports wireless internet access.

Faculty, Administration and Staff Resources

Each faculty member, administration and staff member is, at minimum, provided with a Pentium 4 class PC and printing to a networked departmental laser printer.

Additional detail concerning the amount, location and types of computer facilities and resources can be found in the resource room.

j. a concise statement of library/information resources available for school use, including description of library capabilities in provided digital (electronic) content, access mechanisms and guidance in using them, and document delivery services.

The Libraries' specific contributions to the instructional programs of the University are facilitated through the Library Liaison program. The School of Public Health liaison is Shirley Rais, MLS. She presents an introduction to the library to public health students and offers individualized bibliographic instruction programs for each department. She is available to work with students and faculty to provide instructional support for library resources and services, to provide subject-specific seminars, assistance in research and literature searching, and assistance in selecting library resources that support the curriculum and program.

Databases include: PubMed@LLU (includes 14 million citations for biomedical articles dating back to the 1950s). By using the PubMed@LLU link on the Library home page to access PubMed, the researcher can link from the "abstract" display of every citation to determine if LLU has access to the full text of the article.

The EBSCOhost Databases

Academic Search Premier: A multidisciplinary database for social sciences, humanities, education, general science and multi-cultural journals. Provides full text for nearly 4,700 publications, including full text for more than 3,600 peer-reviewed journals.

Other Useful databases

Web of Science: Search Science Citation Index & Social Science Citation Index from 1980-Present. Cited Reference Searching: find articles that cite a previously published work.

HAPI: Health and Psychosocial Instruments: Provides records for finding questionnaires, checklists, interview forms, scenarios/vignettes, index measures, projective techniques, rating scales, and tests.

Consortia participation is available through a patron-initiated book borrowing service called Link+. Link+ participating libraries in California include public and academic libraries. The library participates in the IEALC, a consortium of academic libraries within the Inland Empire. Loma Linda students may apply at the circulation desk for a reciprocal borrowing card good at participating libraries. The Loma Linda University Library is a Resource Library of the National Library of Medicine.

k. A concise statement describing community resources available for instruction, research and service, indicating those where formal agreements exist.

Students benefit from the various relationships that we have with local, state, federal and other agencies. The SPH works with the Native American community, collaborating with the Native American Environmental Protection Coalitions, the Tribal Environmental Health Collaborative, Indian Health Service, and other tribal entities. We also work with member tribes such as the Chemmehuevi Indian and Pala Band of Mission Indians.

We also work with government entities such as:

- CDC (*formal agreement)
- California Department of Public Health (*formal agreement)
- San Bernardino County Department of Public Health, with alumni representation in management (*formal agreement)
- Riverside County Department of Public Health, where we also have alumni representation in management (*formal agreement)
- Ministry of Health, Palau
- Department of Health, Hawaii
- Kern County (*formal agreement)

Resources also exist with the various schools and universities whom we work with such as:

- San Bernardino County Superintendent of Schools (all 33 districts affiliated therewith)
- Southeastern California Conference of Seventh-day Adventist parochial schools
- University of California Los Angeles (*formal agreement)
- University of Hawaii at Manoa's Office of Public Health Studies
- University of California Berkeley
- San Diego State University
- University of California San Diego
- University of California Irvine
- California State University San Bernardino

Numerous community based organizations:

- American Red Cross Inland Empire Chapter
- Arrowhead United Way
- Mary's Mercy Center Inc.
- Goodwill Southern California
- Latino Health Collaborative
- African American Health Institute
- Program for Quality Medical Donations
- Children's Network

Faith based organizations:

- The Catholic Diocese of San Bernardino
- The Southeastern California Conference of Seventh-day Adventists
- The Church of Jesus Christ of Latter Day Saints
- The Riverside Sikh Gurdwara which serve the Sikh population of Riverside and San Bernardino
- Adventist Development and Relief Agency*
- Adventist Health International
- World Vision
- Samaritan's Purse

*Formal agreements will be available in the resource room.

Loma Linda University is part of the Seventh-day Adventist world-wide education and health care systems (107 universities and more than 600 hospitals and clinics around the world - http://www.adventist.org/world_church/facts_and_figures/index.html en). The SPH has contributed to the academic preparation of health care leaders in these institutions and currently has formal working relationships with the University of

East Africa, Kenya, as well as Adventist universities in the Philippines, Peru, Chile and Mexico.

The SPH has recently been involved in live TV broadcasting to the local Inland Empire area, as well as subsequent global satellite broadcasting of the Dean's Seminar, *Designs for Health* by the Loma Linda Broadcasting Network. This project is funded by Pfizer and allows the SPH to bring in guest lecturers and support associated media services which include production, taping and air time. These taped seminars are frequently rebroadcast on the LLBN TV network throughout the year.

l. A concise statement of the amount and source of "in-kind" academic contributions available for instruction, research and service, indicating where formal agreements exist.

In-kind contributions include space provided at a much reduced rate by the Ontario Convention Center for the American Healthcare Congress. The Congress is sponsored by the Health Policy and Management Department and includes nationally known speakers. Students and those from local hospitals and healthcare institutions in the Inland Empire are updated on the latest health planning by state and federal agencies. We recently received reduced rates from LLBN TV, as mentioned in 1.6k. This discount makes the Dean's Seminar available to our students and faculty, and both regional and global distribution. Dell has requested evaluation data on a new server. The unit was donated to the School and will become the SPH's at the end of the assessment period. Some grants provide sample foods for use in studies such as the almond, walnut, pecan, and fig studies.

m. Identification of outcome measures by which the school may judge the adequacy of its resources, along with data regarding the school's performance against those measures for expenditures per full-time-equivalent faculty, and extramural funding (service or training) as a percent of the total budget.

Outcome measures include expenditures per student FTE and research expenditures per FTE faculty as seen in Table 11 below.

Table 11 Resource Outcome Measures				
Outcome Measure	Target	2006	2007	2008
School of Public Health Expenditures	Increase/Decrease Expenditures as Appropriate with Funds Available	8,443,401	8,682,196	9,066,571
FTE Students		321	340	375
Expenditures per FTE Student		26,303	25,536	24,178
Outcome Measure	Target	2006	2007	2008
Research Expenditures	Increase Research/ Consulting Efforts to 40% of Faculty Workload	4,269,977	2,592,392	2,541,090
FTE Faculty		85	89	97
Research Expenditures per FTE Faculty		50,235	29,128	26,197

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

The Criterion is met.

Strengths

- We possess an adequate budget to operate the instruction of the School. The SPH has adequate endowments and other resources to fulfill its mission.
- The School employs a well qualified and diverse faculty and staff, which support its mission.

Weaknesses

- The School is presently housed in seven buildings. This leads to duplication of faculty offices and inefficient staffing.

Opportunities for Improvement

- Preliminary plans to relocate into a larger facility exist. This will allow the SPH consolidation into one building contributing to better efficiency.

My mission is to provide the technological tools (hardware, software, training) necessary for students, faculty, and staff to perform their tasks as quickly and efficiently as possible. Our computer labs are equipped with the latest hardware and software available and are kept clean and quiet for the comfort of the students. By “sharing the knowledge” I can help the users stay aware of the latest dangers to their computer, be it virus, spyware or malware. Keeping the SPH data secure is one of my top priorities so as to instill the confidence that they may complete their studies/work without fear of losing that which they work so hard to produce.

*Sandra Barrett, MCSE, A+
Computer Support Specialist*

2.1 Master of Public Health Degree

2.1 Master of Public Health Degree. The school shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional masters 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.

a. An instructional matrix presenting all of the school's degree programs and areas of specialization, including undergraduate degrees, if any. If multiple areas of specialization are available within departments or academic units shown on the matrix, these should be included. The matrix should distinguish between professional and academic degrees and identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix.

A matrix of the programs that the SPH offers is presented in Table 12. The SPH offers seven programs (BSPH, MBA, MPH, MS, MSPH, DrPH and PhD) in eight concentrations (Biostatistics, Environmental Health, Epidemiology, Global Health, Health Administration, Health Education, Nutrition and Public Health Practice). In order to provide students with more choices and job opportunities, some departments offer several specializations.

Table 12 Instructional Matrix - Specialization/Degree Conferred		
Programs and Concentrations	Academic	Professional
<i>Bachelor of Science in Public Health</i>	X	
Health Care Administration (closed summer 09)		
Health Geographics and Biomedical Data Management		
<i>Master in Business Administration</i>		X
Health Care Administration		
<i>Master in Public Health</i>		X
Biostatistics		
Epidemiology		
Environmental Health		
Global Health		
Health Policy and Leadership		
Health Education		
Nutrition		
Preventive Care		
Public Health Practice		
<i>Master of Science</i>	X	
Nutrition		
<i>Master in Science in Public Health</i>	X	
Biostatistics		
<i>Doctor in Public Health</i>		X
Epidemiology		
Global Health		
Health Policy and Management		
Health Education		
Nutrition		
Preventive Care		
<i>Doctor of Philosophy</i>	X	
Epidemiology		
<i>Joint Degrees</i>		
Health Education/Marriage and Family Counseling		MPH/MS
Health Education/Nursing		MPH/MS
Health Education/Clinical Psychology		MPH/PSYd
Preventive Care/Clinical Psychology		DrPH/PSYd

b. The school bulletin or other official publication, which describes all curricula offered by the school for all degree programs. If the school does not publish a bulletin or other official publication, it must provide for each degree program and area of concentration identified in the instructional matrix a printed description of the curriculum, including a list of required courses and their course descriptions.

The SPH course catalog is in electronic form at the following link:

<http://llu.edu/central/academics/catalog.page>.

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

This criterion is met.

Strengths

- The academic programs offered and the format in which they are offered are in keeping with the mission and goals.
- The SPH offers a number of MPH degrees in five core public health areas as well as additional MPH degrees in related areas that are of importance to achieving the mission and goals.
- In addition to academic rigor, degree programs emphasize application in a real life setting.
- The SPH offers several programs that address the need for public health education at off-campus international sites that would not otherwise be available.
- The SPH offers the MPH as an online degree, expanding the reach of the SPH to segments of the broader world population.
- Joint degree programs are offered with other schools in the University.
- The SPH utilizes an extensive network of Seventh-day Adventist hospitals, other health organizations, and other educational institutions throughout the world to provide public health research, learning, and teaching opportunities for students.
- The SPH houses the Preventive Medicine Residency program which shares and enriches academic, research, and practical resources with public health.
- A doctoral degree in the Department of Health Policy and Management in the area of Leadership, will begin in September 2010.

Weaknesses

- Some programs have very few students enrolled.
- The SPH is challenged by an operating budget that is largely based on tuition revenue.

- The SPH is challenged by limited financial resources to attract more academically competitive students by offsetting tuition costs and providing paid student research opportunities.

Opportunities for Improvement

- The SPH is in the final stages of establishing a PhD degree in Epidemiology that will strengthen collaborations between the public health and biomedical research entities within the University.
- The SPH is actively establishing research relationships with the tissue bank under development in the Loma Linda University Cancer Center that will serve as a future research resource.

2.2 Program Length

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

a. Definition of a credit with regard to classroom/contact hours.

According to LLU Administrative Handbook Policy C-9, credit is granted in terms of a quarter unit which represents 10-12 contact hours per unit of didactic course credit--- together with requisite study, preparation and practice; a minimum of 20 contact hours for one unit of seminar credit; and a minimum of 30 contact hours for one unit of laboratory credit. Three semesters are equal to four quarters (multiplying one semester unit by one and one third will equal a quarter unit). For the field practicum/internship requirement, a minimum of 100 hours of supervised field work earns one credit.

b. Information about the minimum degree requirements for all professional degree curricula shown in the instructional matrix. If the school or university uses a unit of academic credit or an academic term different than the standard semester or quarter, this should be explained and an equivalency presented in a table or narrative.

The minimum number of credits for professional degree curricula shown in the instructional matrix as described in Table 13 is 56 quarter units.

Table 13 Instructional Matrix with Quarter Units Required	
Programs and Concentrations	Quarter Units
<i>Bachelor of Science in Public Health</i>	192
Health Geoinformatics and Biomedical Data Management	
<i>Master in Business Administration</i>	67
Health Care Administration	
<i>Master in Public Health</i>	57-88
Biostatistics	
Epidemiology	
Environmental Health	
Global Health	
Health Policy and Leadership	
Health Education	
Nutrition	
Preventive Care	
Public Health Practice	
<i>Master of Science</i>	57
Nutrition	
<i>Master in Science in Public Health</i>	78
Biostatistics	
<i>Doctor in Public Health</i>	
Epidemiology	118
Global Health	96-100
Health Policy and Leadership	88
Health Education	101
Nutrition	99
Preventive Care	111
<i>Doctor of Philosophy</i>	78
Epidemiology	
<i>Joint Degrees</i>	
Health Education/Mariage and Family Counseling	58
Health Education/Nursing	59
Health Education/Clinical Psychology	58
Preventive Care/Clinical Psychology	56

c. Information about the number of MPH degrees awarded for less than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

The SPH's curriculum was modified in order to be compliant with the amended criteria in September of 2006, and was implemented in the 2007-2008 catalog. Only students accepted before the 2007-2008 academic year were awarded degrees for less than 56 quarter units. Table 14 shows the distribution of MPH degrees awarded for less than 56 quarter units in the past three years.

Table 14					
Number of Degrees Awarded for Less Than 56 Units					
Concentration	2005	2006	2007	2008	Total
Biostatistics	0	0	1	0	1
Environment and Occupational Health	1	0	4	1	6
Epidemiology	2	1	2	1	6
Health Administration	3	7	9	1	20
Health Care Administration	1	19	21	23	64
Health Education	0	4	1	0	5
Maternal and Child Health	2	1	0	0	3
Public Health Nutrition	0	3	3	6	12
Total	9	35	41	32	117

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

This criterion is met.

Strengths

- All MPH programs have been reviewed and are at least 56 quarter units in length.

Weaknesses

- None noted.

Opportunities for Improvement

- None noted.

My mission in life is to be prepared to go where God sends me and do what he wants me to do. While I'm waiting for further instruction, my goal is to ease human suffering by facilitating and creating health programs in low income settings. Through health education and training, I want to help communities feel empowered and take control of their health and future and not merely settle for how things are.

*Tina Pruna
MPH Student
Global Health/Maternal and Child Health*

2.3 Public Health Core Knowledge

2.3 Public Health Core Knowledge. All professional degree students must demonstrate an understanding of the public health core knowledge.

a. Identification of the means by which the school assures that all professional degree students have a broad understanding of the areas of knowledge basic to public health. If this means is common across the school, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

MPH core course requirements

The core courses required of MPH students, representing 21 units of the 56 minimum graduation requirement, are designed to introduce students to the five following core public health domains:

- a) Biostatistics
 - STAT 509 (General Statistics) or
 - STAT 521 (Biostatistics I)
- b) Epidemiology
 - EPDM 509 (Principles of Epidemiology I)
- c) Environmental Health Sciences
 - ENVH 509 (Principles of Environmental Health)
- d) Health Services Administration
 - HADM 509 (Principles of Administration in Public Health) or
 - ENVH 586 (Environmental Health Administration)
- e) Social and behavioral sciences
 - HPRO 509 (Health behavior change)

Each of the “509” courses listed above is offered at least three times a year on campus as well as one time online. Students in epidemiology and biostatistics are required to take the more advanced Biostatistics I course (STAT 521) instead of STAT 509 and students in environmental and occupational health are required to take Environmental Health Administration (ENVH 586) instead of HADM 509. ENVH 586 is taught to environmental health students as requested by the State of California Registered Environmental Health Specialist Program, and has been revised to include more public health administration and management principles. It is taught jointly by faculty from environmental and occupational health as well as health administration to insure the coverage of public health management principles as applied to environmental health programs. In addition, the material that is covered in ENVH 586 is required for students who wish to sit for the Registered Environmental Health Specialist (REHS) exam which requests the content of ENVH 586 instead of that which is presented in HADM 509.

In addition to the core courses listed above, students are required to take the following core courses (all core courses are considered corequisites for DrPH degrees):

GLBH 524 (Cultural Competence and Health Disparities) – 2 units

HPRO 536 (Program Planning and Evaluation) – 2 units

NUTR 509 (Public Health Nutrition & Biology) – 3 units

PHCJ 605 (Overview of Public Health) – 1 unit

PHCJ 675 (Integrated Public Health Capstone) – 2 units

RELE 534 (Ethical Issues in Public Health) – 3 units

Core course descriptions can be found in the resource room.

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

This criterion is met.

Strengths

- All MPH students are required to take public health core classes and courses that were developed to attain cross-cutting competencies.
- The Dean’s Seminar with other academic forums provide another opportunity for solidifying students’ public health core knowledge.

Weaknesses

- Consistent academic outcomes are difficult to achieve in some classes like Public Health Biology and Nutrition since entering skill levels vary at matriculation.

Opportunities for Improvement

- Continue to assess core courses on a periodic basis to ascertain the appropriate depth and breadth of knowledge needed for mastery of content.

Health disparities continue to exist in minority communities, especially in the African American, Latino and American Indian communities. My mission is to impart information, knowledge, support and skills to those underserved communities with a spirit of love, urgency, objectivity, sensitivity and purpose that will enable them to live healthier, longer lives and empower them with tools to prevent heart disease, diabetes and Type-2 diabetes which is prevalent amongst these groups.

*Paula Guillory
MPH Student
Health Education*

2.4 Practical Skills

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

a. Description of the school's policies and procedures regarding practice experiences, including selection of sites, methods for approving preceptors, approaches for faculty supervision of students, means of evaluating practice placement sites and preceptor qualifications, and criteria for waiving the experience.

In accordance with LLU's mission "to make man whole", the SPH provides students with a rich experience as well as training opportunities that include all dimensions of health: physical, mental, spiritual, intellectual and environmental. Part of this occurs during the practice experience. It can be performed in one or multiple quarters, and generally consists of 400 hours. The practice experience is an opportunity for students to apply the knowledge learned in the classroom, enhance understanding of public health, and contribute to the health of the community.

Prior to the self-study process, each department had specific policies and procedures for the practice experience. A task force convened to develop School-wide policies to guarantee practice experiences provide opportunities for students to apply broad-based knowledge of public health. A field practicum committee that consists of the coordinators from each department, the associate dean for academic affairs, and an administration staff member who assists the associate dean in assessment matters will ensure that these policies and procedures are followed. The new School-wide policies and procedures are described below.

Selection of Sites

1. Aligned with the mission, vision, goals and values
2. Related to students' career goals and needs in public health and area of expertise
3. Provides opportunities for variety of experience in public health
4. Provides opportunity for students to apply public health core knowledge in a variety of public health settings
5. Site maintains consistent professional environment for attainment of competencies

Approval of Preceptors

1. Minimum of MPH or equivalent and/or appropriate public health experience
2. Willing to provide mentorship for students in a matter consistent with field practicum policies

Faculty Supervision of Students

1. School-wide and program specific evaluation
2. Faculty will receive monthly progress reports from students and preceptors
3. Final approval of field practicum is dependent on the preceptor and faculty's submittal of final evaluation form
4. Annual assessment of field practicum at department and School level

Evaluating Practice Placement

1. Students and faculty evaluate the sites using the appropriate forms
2. Recognition of effective preceptors and sites

Evaluating Preceptor Qualifications

1. For preceptors within a 20 mile radius, a personal encounter with field practicum committee/faculty
2. Student satisfaction per site evaluation
3. Annual review of preceptors/sites who regularly provide field practicum opportunities for students

Criteria for Waiving Field Practicum

1. No waivers

b. Identification of agencies and preceptors used for practice experiences for students, by program area, for the last two academic years.

A complete list of the agencies and preceptors used for practice experience, will be available in the resource room.

c. Data on the number of students receiving a waiver of the practice experience for each of the last three years.

Table 15				
Academic Variance Waivers by Year				
Department	2006-2007	2007-2008	2008-2009	Total
Epidemiology & Biostatistics	0	0	0	0
Environmental & Occupational Health	0	0	0	0
Global Health	0	0	0	0
Health Administration	1	0	0	1
Nutrition	0	1	0	1
Health Promotion and Education	9	8	12	29
Total	10	9	12	31

During the past waivers were considered after reviewing the student's curriculum vitae and other evidence. Employed health professionals and those having done extensive public health practice activities were granted waivers, for example, returning Peace Corps students historically had practice hours waived. Health Promotion and Education granted partial waivers to students with considerable experience. Their remaining field practicum hours were in public health activities.

d. Data on the number of preventive medicine, occupational medicine, aerospace medicine, and public health and general preventive medicine residents completing the academic program for each of the last three years, along with information on their practicum rotations.

Over the past three years there were a total of 11 preventive and occupational medicine residents who completed the academic programs, with six in 2006, three in 2007, and two in 2008. The three residencies include Preventive Medicine, Occupational Medicine and the combined Family Medicine and Preventive Medicine programs. For

all programs, the MPH and practicum years are combined, with students completing the MPH coursework simultaneously with the practicum rotations.

Required Practice Experience

Practicum rotations include clinical experience at a local county health department, hospitals, and clinics, as well as administrative experiences with local organizations.

In addition, residents are required to conduct and complete senior research projects which are approved by one of the Residency Advisory Committees. If the resident designs the project to meet the requirements of both the MPH department's culminating activity and the residency's research project, it would need to be approved by the department and the residency program. As one of the final requirements for the completion of an MPH and the residency, the resident submits a written report in publishable form to the project advisor. A list of senior projects for the past three years can be found in [Appendix 2.4d\(1\)](#).

A total of 17 preventive medicine residents have obtained an MPH in the past three years: Seven in 2006, five in 2007 and five in 2008. Two occupational medicine residents have received their MPH degrees in 2006 and two in 2008.

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

This criterion is met with commentary. While it may be beneficial to have a central resource for practice experiences, significant departmental involvement is an efficient means of ensuring these experiences are relevant to each student's area of specialization.

Strengths

- There is a wide array of opportunities for students to be involved with prior established connections within the University and local public health programs.

Weaknesses

- Faculty rarely pursue practicum opportunities outside already established connections.
- A systemic assessment of practicum sites in regard to competency attainment needs to be developed.

Opportunities for improvement

- Continue to develop and implement a School-wide systematic assessment process for field practicum experiences.

2.5 Culminating Experience

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

a. Identification of the culminating experience required for each degree program. If this is common across the school's professional degree programs, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

The culminating activity is a means by which faculty judge if students have mastered the body of knowledge and can demonstrate proficiency in required competencies. Every program requires at least one culminating experience activity, which is sometimes linked to the field practicum. These are described below. Samples of student work will be available in the resource room.

BSPH

The senior project allows the student to conduct independent research into health geographics and biomedical data management. Projects are designed to combine a practical viewpoint with a more reflective approach to a problem situation in public health, by recognizing the contribution that using geospatial technologies and biomedical data management principles and theories can have on the analysis, evaluation and strategic options presented by the student in the final report. It is the responsibility of the student under the guidance of an academic advisor to select, design and execute the project.

MBA

Described in criterion 2.8a.

MPH

Students complete one or more of the following culminating experience activities in order to obtain an MPH degree:

Final Oral Presentation

A formal, oral presentation on the field practicum project and outcome followed by questions and discussion with faculty, field supervisor, and students attending a special-purpose departmental forum.

Final Written Report

Students must submit a full-written report on the field practicum in a scientific paper format. These reports are evaluated on professionalism, scientific merit, and thoroughness.

Comprehensive Exam

The comprehensive examination is typically scheduled during a student's last quarter of coursework and prior to the field practicum experience. The comprehensive examination is designed to evaluate a student's readiness to function effectively in public health practice. Students are evaluated on their ability to integrate knowledge, apply theory to practice, and for their ability to think logically and communicate effectively.

Portfolio

A vehicle that provides in a visual manner, a student's goals, skills, creativity, educational achievement, experience and future career interests. The portfolio is usually presented in a three-ring binder, with plastic dividers and tabs for professional presentation in the exit interview with the department chair following the completion of the field experience.

Exit Interview

All students complete an online School-wide exit questionnaire. In addition, they complete a department specific questionnaire as well as have a face-to-face exit interview with the chair or academic advisor. The purpose of the exit questionnaires and interviews is to both assess the success of the program in educating public health professionals and to get feedback on aspects of the educational process needing attention.

DrPH

The culminating activity includes a comprehensive examination, a qualifying examination and advancement to candidacy, successful defense of a dissertation and submission of publishable papers, professional portfolio and an exit interview. The comprehensive examination has two written sections and takes two days to complete. The first section covers quantitative or research material, and the second focuses on the student's major emphasis. The qualifying examination is the presentation and defense of the dissertation proposal to peers, faculty, and the dissertation committee. Upon successful defense of the proposal, the student is recommended for advancement to candidacy for the degree and continues the dissertation process of collecting and analyzing data and writing the two publishable papers to be submitted to refereed journals in their field. The defense of the dissertation is an oral presentation to the dissertation committee, department committee, peers and guests including faculty from other departments and schools. After successfully defending the dissertation, the student is required to submit a professional portfolio to the department chair and schedule the exit interview.

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

This criterion is met.

Strengths

- All departments require a culminating experience where students can demonstrate an integrative approach to solving public health problems.

Weaknesses

- Students have few opportunities to learn what their peers in other departments are doing.

Opportunities for Improvement

- As in Criterion 2.4, a School-wide system for assessment of the culminating experience needs to be developed.

My mission is to serve God by serving others. My life is not my own. Life is an incredible struggle and journey. I have made a decision to live my life according to His perfect will for me. I hope to serve whomever He wants me to serve. I hope to do whatever He wants me to do. I want to hear Him say, "Well done, good and faithful servant..." Matthew 25:21.

*Shareeta Carter Garrett
MPH Student
Research Epidemiology*

2.6 Required Competencies

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

a. Identification of school wide core public health competencies that all MPH or equivalent professional degree students are expected to achieve through their courses of study.

The School initially adopted the 119 school-wide competencies developed by the Association of Schools of Public Health for the five core areas of public health (biostatistics, environmental health sciences, epidemiology, health policy and management, and social and behavioral sciences) and the seven cross-cutting areas (communication, diversity and culture, leadership, professionalism and ethics, program planning and assessment, public health biology, and systems thinking). These School-wide core public health competencies were adopted in the fall of 2006 for implementation in the 2007-2008 academic year. As the self-study process progressed, the assessment committee recognized the wisdom of paring down the original list from 119 to 26. Those 26 competencies (identified in Table 16) are directly linked to the mission, vision and goals.

b. A matrix that identifies the learning experiences by which the core public health competencies are met. If this is common across the school, a single matrix will suffice. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

The matrix of the School-wide core public health competencies and the learning experiences by which public health competencies are met is provided in Table 16. The required competencies are for those pursuing the MPH degree, which is designed to provide broad preparation in the fundamentals of public health, while at the same time offering opportunity for specialization in areas of interest. The degree is offered with major concentrations in the areas of biostatistics, environmental and occupational health, epidemiology, health policy and management, health education, global health, maternal and child health, and nutrition. Combined degrees are available for a variety of programs and majors in conjunction with other LLU schools, but all students accepted into the MPH degree program must complete core requirements.

In addition to the MPH degree, graduate students in the SPH are expected to develop an understanding of the areas of knowledge basic to public health. This is accomplished by including the required courses for the five core areas of public health or their equivalents in each degree program. Required public health competencies are listed in Table 16 by area with the required learning experiences through which they are achieved.

Competency Codes

These are found in Table 16. Please use the following key for degree to which each competency is addressed:

1 = Not Attained

2 = Awareness

3 = Working Knowledge

4 = Proficiency

*** = The competency is reinforced with an experiential component**

Table 16. Required Competencies by Core and Cross Cutting Areas															
	ENVH 509	ENVH 586	EPDM 509	GLBH 524	HADM 509	HPRO 509	HPRO 536	NUTR 509	PHCJ 605	PHCJ 675	RELE 534	STAT 509	STAT 521	FLD PRAC	CULM EXP
Discipline Specific Competencies															
Biostatistics															
Apply basic informatics techniques with vital statistics and public health records in the description of public health characteristics and in public health research and evaluation	2		3									3	3	3	3
Interpret results of statistical analyses found in public health studies	2		2	2						3		3	3	3	3
Environmental Health Sciences															
Describe the direct and indirect human, ecological and safety effects of major environmental and occupational agents.	4		3	2				2	2	2				4	4
Describe genetic, physiologic and psychosocial factors that affect susceptibility to adverse health outcomes following exposures to environmental hazards.	4		3	2				2						4	4

Table 16. Required Competencies by Core and Cross Cutting Areas															
	ENVH 509	ENVH 586	EPDM 509	GLBH 524	HADM 509	HPRO 509	HPRO 536	NUTR 509	PHCJ 605	PHCJ 675	RELE 534	STAT 509	STAT 521	FLD PRAC	CULM EXP
Epidemiology															
Identify key sources of data for epidemiologic purposes.	2	2	3				2		2	3		2	2		
Communicate epidemiologic information to lay and professional audiences.	3*		3				2			3					
Draw appropriate inferences from epidemiologic data.	3*	2	3	2					2	3					
Health Policy and Management															
Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the U.S.	2	3			4	4			2	3				3	
Describe the legal and ethical bases for public health programs and health services.	2	3			2	2			2						
Apply principles of strategic planning and marketing to public health.	2	3			3	3				2				3	

Table 16. Required Competencies by Core and Cross Cutting Areas						
	CULM EXP					3
	FLD PRAC					4
	STAT 521					3
	STAT 509					3
	RELE 534					
	PHCJ 675		4			4
	PHCJ 605		2			3
	NUTR 509					2
	HPRO 536		2	4		3
	HPRO 509		2	3		2
	HADM 509		2	2		3
	GLBH 524		2			2
	EPDM 509		2	2		3
	ENVH 586		2			3
	ENVH 509	3		2		3*
<i>Social and Behavioral Sciences</i>						
Identify critical stakeholders for the planning, implementation and evaluation of public health programs,						
Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.						
<i>Interdisciplinary/Cross-Cutting Competencies</i>						
<i>Communication and informatics</i>						
Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities.						

Table 16. Required Competencies by Core and Cross Cutting Areas															
	ENVH 509	ENVH 586	EPDM 509	GLBH 524	HADM 509	HPRO 509	HPRO 536	NUTR 509	PHCJ 605	PHCJ 675	RELE 534	STAT 509	STAT 521	FLD PRAC	CULM EXP
Use information technology to access, evaluate, and interpret public health data.	3*	3	3				3	2	4			3	3	4	3
Diversity and Culture															
Use the basic concepts and skills involved in culturally appropriate community engagement and empowerment with diverse communities.	2		2	3		3	3	4	4					2	
Leadership															
Describe the attributes of leadership in public health.	2	3			2	2	2	3	4					3	
Articulate an achievable mission, set of core values and vision.	2	3			4	3	3	3	4					3	
Apply social justice and human rights principles when addressing community needs	3	2	2	2	2		2	4	4					2	

Table 16. Required Competencies by Core and Cross Cutting Areas															
	ENVH 509	ENVH 586	EPDM 509	GLBH 524	HADM 509	HPRO 509	HPRO 536	NUTR 509	PHCJ 605	PHCJ 675	RELE 534	STAT 509	STAT 521	FLD PRAC	CULM EXP
Public Health Biology															
Integrate general biological concepts into public health.	4		3					3							3
Professionalism															
Promote high standards of personal and organizational integrity, compassion, honesty and respect for all people.	2	4	3		3	3	4		4	4		2	2	2	
Embrace a definition of public health that captures the unique characteristics of the field (e.g. population-focused, community-oriented, prevention-motivated and rooted in social justice) and how these contribute to professional practice.	2	2	3	2	2		3		4	4		2	2	3	3

Table 16. Required Competencies by Core and Cross Cutting Areas															
	ENVH 509	ENVH 586	EPDM 509	GLBH 524	HADM 509	HPRO 509	HPRO 536	NUTR 509	PHCJ 605	PHCJ 675	RELE 534	STAT 509	STAT 521	FLD PRAC	CULM EXP
Value commitment to lifelong learning and professional service including active participation in professional organizations.	2	2	3			2	2					3	3		
Program Planning															
Differentiate among goals, measurable objectives, related activities, and expected outcomes and evaluations for a public health program.	3*		3		2	4	4							3	3
Systems Thinking															
Analyze inter-relationships among systems that influence the quality of life of people in their communities.	3*		2	2	3				2	3				2	2
Analyze the effects of political, social and economic policies on public health systems at the local, state, national and international levels.	2*		2	2	3	3			2	3				2	3

c. Identification of a set of competencies for each program of study, major or specialization, depending on the terminology used by the school, identified in the instructional matrix, including professional and academic degree curricula.

In addition to these required core competencies, each degree program (MPH, other master's and doctoral programs) has stated objectives which serve the goals of the individual program. These are found in Tables 17 through 35 in [Appendix 2.6c\(1\)](#)

d. A description of the manner in which competencies are developed, used and made available to students.

In 2006, a Core Competency Subcommittee was formed to analyze the extent to which the current curriculum requirements of MPH degree programs met the ASPH competencies. The Core Competency Subcommittee included faculty members from all departments, representing all of the master's degree programs. The subcommittee proposed a core curriculum that included existing coursework for the five core areas of public health (i.e., the '509' designated courses offered by each department), adaptation of existing coursework to address the newly adopted ASPH competencies, the development and inclusion of new coursework to address core area and cross-cutting competencies, and a required capstone course designed to evaluate the extent to which students are able to integrate and apply the required competencies addressed in their MPH programs.

While the School felt affinity for the 119 ASPH competencies, they were deemed entirely too unwieldy to meaningfully inculcate, measure and assess. The list was pared down to 26 which accurately reflected the mission, goals and values. In particular, because a key value of the institution and of the School is an emphasis on wholeness, a religion course has been a requirement for all degree programs. The specific content and focus of the religion course had not been limited to any one area. The revised core curriculum requirements now include RELE 534 (Ethical Issues in Public Health). This course provides learning experiences directed at the ASPH cross-cutting competencies of professionalism and ethics that are most relevant to public health professionals. In addition, because of the importance of planning and evaluation skills to the field of public health, a required course in program planning (or its equivalent) was included. Although many applicants to the MPH programs have backgrounds in biology, some did not have adequate exposure to the competencies related to public health biology, so a required course was added to address those competencies. Because of the increasing

importance of diversity and culture, and the historical importance of global outreach at the University and the School, a required course on cultural competency and health disparities was added. This course examines how key social, cultural, and behavioral determinants of health influence health outcomes and disparities among communities.

One of the most important additions to the MPH degree was the requirement of an Integrated Public Health Capstone course (PHCJ 675). This course was added to determine whether or not students were able to integrate the core and cross-cutting competencies, along with their specific area of study, to facilitate the transition from the academic setting into the professional world of public health. This course was planned from the outset to be taught on line, and offered every quarter, so that students would be able to take it after fulfilling required coursework, and near the completion of their programs.

Instructors for each of the existing required core courses met as part of the Core Competency Subcommittee and discussed how best to revise existing courses to address competencies for their areas. The instructors were advised that their courses must include specific mention of the core competencies in their documentation (course outlines and course syllabi) and how specific learning experiences demonstrated those competencies. Instructors were informed that they needed to include one or two of each of the cross-cutting competencies into their courses, and include those competencies in course documentation. The intent was to increase exposure to the required competencies across the required coursework in the five core areas of public health.

A requirement for degree programs has been PHCJ 605 (formerly Philosophy of Public Health, now renamed Overview of Public Health). Traditionally, this course has been taught by the dean or the academic dean, with an emphasis on current issues in public health. While this course still addresses recent developments in public health, it now also includes introducing core functions, core competencies and the 10 essential public health services. This course is offered several times a year, often in an intensive format, and students are encouraged to take this course near the beginning of their programs so that it will serve as an appropriate introduction to the entire field of public health. Thus, subsequent coursework and required activities can build on the framework explained at the beginning of academic programs.

The proposed core curriculum was presented at the annual faculty meeting in September of 2006, and adopted as part of the 2007-2008 Catalog requirements for all MPH degrees offered. After adoption and implementation, some adjustments were made to better address how the required competencies for the cross-cutting area of public health biology are met. As a result these competencies are now incorporated into an existing public health nutrition course (and thus is now a requirement for MPH students).

The School-wide core public health competencies are made available to students in the *University Catalog* which is available in hard copy and electronically. The curriculum for each MPH program lists the requirements, and the core competencies met by those requirements. The competencies are presented at the orientation session, and listed and emphasized by instructors of the required courses that address those competencies.

The required competencies for DrPH programs have not yet been fully analyzed based on core competencies, although all rely on the core competencies being met as for the MPH programs, either through co-requisite requirements or waiver (for applicants or students who hold a MPH). It is expected that the DrPH programs will be evaluated in a similar fashion as were the master's programs. The ASPH DrPH Competency Development Project will make recommendations for competencies for future DrPH graduates. The projected date of completion for the DrPH Competency Development Project is the Fall of 2009. The School will begin the process of analyzing the current doctoral programs in 2010, for inclusion in the 2011-2012 Catalog.

e. A description of the manner in which the school periodically assesses the changing needs of public health practice and uses this information to establish the competencies for its educational programs.

The core curriculum is reviewed by Academic Council annually to determine if adjustments need to be made to existing requirements. The School implements an annual review of graduate level programs by the Academic Council to assure that the curriculum and learning experiences address required competencies, current priority areas and professional expectations in public health.

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

This criterion is met with commentary.

Strengths

- Both core and cross-cutting competencies have been identified for MPH programs and linked to course learning objectives and programmatic experiences.
- Recognition of the importance of the cross-cutting competencies for MPH programs is clearly presented in writing.

Weaknesses

- Not all graduate degree programs have evaluated required competencies against a standard of teaching/learning.
- Standardized competency assessment tools are under development.

Opportunities for Improvement

- Identify and develop appropriate required competencies for all professional and academic degree programs; especially non-MPH degree programs.
- Review professional and academic degree programs every two years to assure that the curriculum and learning experiences address current priority areas and professional expectations in public health.

2.7 Assessment Procedures

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

a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies.

The SPH monitors student progress via various methods. Students with borderline GPA's are accepted on a provisional basis, and their academic performance is evaluated by their advisor and department faculty at the end of their first quarter. If performance is marginal, measures such as restricting the number of units they can enroll in or academic probation are considered. Faculty detail course requirements in the course syllabi where individual course evaluation methods are described for students.

Table 36 describes assessment methods for the School-wide core and cross cutting competencies. Department faculty developed learning outcomes for programs, as well as assessment measurement tools and criteria for success. Samples of these will be available in the resource room.

Beginning in the fall of 2009, the School will begin to utilize LiveText as a web-based assessment tool, initially for School-wide competencies. This will be extended to assess program-specific competencies once we have the appropriate experience.

Table 36	
Core and Cross-Cutting Competency Assessment	
Public Health Core Competencies	Assessment
Biostatistics	
Apply basic informatics techniques with vital statistics and public health records in the description of public health characteristics and in public health research and evaluation	Integration in culminating activity and/or field practicum
Interpret results of statistical analyses found in public health studies	Integration in culminating activity and/or field practicum
Environmental Health Sciences	
Describe the direct and indirect human, ecological and safety effects of major environmental and occupational agents.	Design an environmental health assessment project Multimedia project
Describe genetic, physiologic and psychosocial factors that affect susceptibility to adverse health outcomes following exposures to environmental hazards.	Design an environmental health assessment project In field demonstration
Epidemiology	
Identify key sources of data for epidemiologic purposes.	Integration in culminating activity and/or field practicum
Communicate epidemiologic information to lay and professional audiences.	Integration in culminating activity and/or field practicum
Draw appropriate inferences from epidemiologic data.	Integration in culminating activity and/or field practicum
Health Policy and Management	
Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the U.S.	Final policy paper and presentation
Describe the legal and ethical bases for public health programs and health services.	Human Subjects Certification

Table 36 continued	
Core and Cross-Cutting Competency Assessment	
Public Health Core Competencies	Assessment
Apply principles of strategic planning and marketing to public health.	Integration in culminating activity and/or field practicum
Social and Behavioral Sciences	
Identify critical stakeholders for the planning, implementation and evaluation of public health programs.	Develop a self-directed behavior change project Develop an external program plan
Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.	Develop a self-directed behavior change project Develop an external program plan
Interdisciplinary/Cross-Cutting Competencies	
Communication and informatics	
Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities.	Integration in culminating activity and/or field practicum Professional portfolio
Use information technology to access, evaluate, and interpret public health data.	Multimedia project
Diversity and Culture	
Use the basic concepts and skills involved in culturally appropriate community engagement and empowerment with diverse communities.	Integration in culminating activity and/or field practicum Develop an external program plan Professional portfolio
Leadership	
Describe the attributes of leadership in public health.	Group discussion
Articulate an achievable mission, set of core values and vision.	Integration in culminating activity and/or field practicum Develop an external program plan

Table 36 continued	
Core and Cross-Cutting Competency Assessment	
Public Health Core Competencies	Assessment
Apply social justice and human rights principles when addressing community needs.	Integration in culminating activity and/or field practicum
Public Health Biology	
Integrate general biological concepts into public health.	Final project
Professionalism	
Promote high standards of personal and organizational integrity, compassion, honesty and respect for all people.	Integration in culminating activity and/or field practicum Professional portfolio Exit interview
Embrace a definition of public health that captures the unique characteristics of the field (e.g. population-focused, community-oriented, prevention-motivated and rooted in social justice) and how these contribute to professional practice.	Capstone
Value commitment to lifelong learning and professional service including active participation in professional organizations.	Professional portfolio
Program Planning	
Differentiate among goals, measurable objectives, related activities, and expected outcomes and evaluations for a public health program.	Develop an external program plan
Systems Thinking	
Analyze inter-relationships among systems that influence the quality of life of people in their communities.	Design an environmental health assessment project In field demonstration
Analyze the effects of political, social and economic policies on public health systems at the local, state, national and international levels.	Case studies Debate

b. Identification of outcomes that serve as measures by which the school will evaluate student achievement in each program, and presentation of data assessing the school's performance against those measures for each of the last three years.

Table 37 defines the outcome measures used to evaluate School-wide student achievement. Not every outcome has been measured for each of the three years, but a general assessment has occurred every year. The greatest challenge has been collecting data from alumni.

Table 37 Outcome Measures						
			Target	2006	2007	2008
Graduation Rates						
MPH			80%	81	79	84
DrPH			80%	20	57	43
Job Placement Rates						
	2006		2007		2008	
	< 12 months	> 12 months	< 12 months	> 12 months	< 12 months	> 12 months
MPH	95.2	4.8	90	10	90	10
DrPH	100	0	100	0	100	0

c. If the outcome measures selected by the school do not include degree completion rates and job placement experience, then data for these two additional indicators must be provided, including experiential data for each of the last three years. If degree completion rates, in the normal time period for degree completion, are less than 80%, an explanation must be provided. If job placement, within 12 months following award of the degree, is less than 80% of the graduates, an explanation must be provided.

MPH graduation rates are above 80% with the exception of 2007. As Table 37 indicates, the graduation rate for that cohort was eventually 80.4%, students graduated after the time limit. DrPH graduation rates are low, although they improve if the time restriction is not taken into account.

d. A table showing the destination of graduates by specialty area for each of the last three years.

Table 38 Destination of Graduates			
Specialty/Destination	2006 (%)	2007 (%)	2008 (%)
<i>Healthcare Administration MBA</i>			
Non-Profit	0	25	0
Health Care	50	50	0
Private Practice	0	25	0
University/Research	0	0	100
Non-Health Related	25	0	0
Not Employed	25	0	0
<i>Biostatistics MPH</i>			
Non-Profit	0	100	0
Health Care	100	0	0
<i>Environmental Health MPH</i>			
Government	0	100	0
Not Employed	0	0	100
<i>Epidemiology MPH</i>			
Government	40	0	33
Non-Profit	0	0	33
Private Practice	40	0	0
University Research	20	0	0
Not Employed	0	0	33
<i>Global Health MPH</i>			
Government	57	14	40
Non-Profit	0	29	40
Health Care	29	14	20
University/Research	0	43	0
Non-Health Related	14	0	0
<i>Health Education MPH</i>			
Government	0	0	67
Non-Profit	100	50	33

Table 38 Destination of Graduates			
Specialty/Destination	2006 (%)	2007 (%)	2008 (%)
University/Research	0	50	0
<i>Health Policy and Management MPH</i>			
Non-Profit	0	50	0
Health Care	0	50	0
Not Employed	0	0	100
<i>Nutrition MPH</i>			
Government	0	50	0
Non-Profit	0	0	25
Health Care	100	0	0
Private Practice	0	0	50
University/Research	0	50	0
Not Employed	0	0	25
<i>Public Health Practice MPH</i>			
Government	0	50	0
Non-Profit	0	50	0
Health Care	50	0	0
Private Practice	50	0	0
<i>Epidemiology DrPH</i>			
University/Research	100	100	0
<i>Health Education DrPH</i>			
Government	100	0	0
Non-Profit	0	0	25
Health Care	0	0	25
University/Research	0	100	50

e. In public health fields where there is certification of professional competence, data on the performance of the school's graduates on these national examinations for each of the last three years.

Health education alumni with an MPH are eligible to sit for the Certified Health Education Specialist (CHES) examination. Performance data can be found in [Appendix 2.7e \(1\)](#). Alumni have consistently placed in the top 10 positions nationwide.

Nutrition alumni who sit for the Registration Examination for Dietitians have performed below the national average for the past five years (see [Appendix 2.7e \(2\)](#)). Two years ago the department implemented curriculum changes and more stringent admission standards. Curriculum changes increased the number of units in medical nutrition therapy courses and extended the clinical and food service rotations. Examination results for 2008, after the implementation of the curriculum changes are as follow:

- 29 students took the examination (first time)
- 25 students passed

The percentage is 86% which is above the national average (75%) for the same time period. Therefore, the changes implemented appear effective.

Many of our recent alumni sat for the new Certified in Public Health (CPH) examination. Performance data are not available. Many environmental health students sit for the Registered Environmental Health Specialist (REHS) examination administered by the state of California, and again, performance data are not aggregated and made available to schools. Anecdotal evidence suggests that our alumni fared well on the CPH exam, and perform extremely well on the REHS examination. Finally, select environmental health alumni have elected to sit for the Certified Industrial Hygienist (CIH) examination, administered by the American Board of Industrial Hygiene (ABIH). Three alumni have taken and passed the exam.

f. Data describing results from periodic assessments of alumni and employers of graduates regarding the ability of the school's graduates to effectively perform the competencies in a practice setting.

Table 39 Outcome Measures—Alumni				
	Target	2006	2007	2008
Percent of alumni who currently work in public health	75	87	100	83
Percent of alumni who agree that the academic preparation was good to excellent.	80	83	80	91

Alumni surveys were conducted in spring 2009 through electronic mail. We achieved a 25% response rate (n=200). The questionnaire addressed a number of salient issues, starting with education satisfaction and employment, and ending with advancement. Several key themes arose from the assessment:

- Alumni generally perceived their education prepared them to perform in professional settings.
- Ninety-three percent are either employed or have decided to continue their education in a formal setting.
- Alumni did not identify specific competencies they perceived were inadequately covered in their respective programs.
- More than 80% of alumni consider their academic preparation to be between good or excellent. Many positive comments were made regarding practical experience and research opportunities during their academic phase, although some would have benefited from practicum opportunities more in line with today's job market.
- Thirty-eight percent of those surveyed consider career counseling to be good or excellent. A majority of respondents did not report receiving formal career counseling. The experiences of those who did varied, depending on the faculty members who provided career counseling on an individual basis.
- More than 70% consider faculty academic advising to be good or excellent. Again, experiences varied according to the faculty members who provided the advising.

Select Employers of SPH alumni are part of the Dean's Advisory Council, and frequently serve as guest speakers for the Dean's Seminar series. They have manifested appreciation for our graduates' academic preparation, more than 90% rate them from good to excellent. Fifty-four percent consider their job readiness to be good to excellent. Scholarship and personal skills are their greatest strengths; writing and job training skills are areas where our alumni need to improve, according to their current employers. Job training skills would include team work, an understanding of hierarchy in the work place and communication skills.

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

This criterion is met with commentary.

Although assessment tools have been developed and are implemented, response rates and quality of data vary according to the population.

Strengths

- Competencies have been set and assessment tools developed for core knowledge public health and specific programs.
- Most alumni consider that they have been well prepared academically to enter the work force, and that their advisement while in school was appropriate.

Weaknesses

- Although a director of alumni was designated in 2008, we have not been able to establish a systematic and productive way of interacting with alumni. This results in gaps in the data.
- Career counseling is a weakness that has been identified by alumni as well as current students.
- DrPH graduation rates are low, although they improve it the time restriction is not taken into account.
- Although employers appreciate SPH alumni's technical skills and knowledge in their specific disciplines, practical areas such as writing skills and teamwork need to be improved.

Opportunities for Improvement

- Establish a systematic method of engaging our alumni.
- Continue to revisit the competencies, both School-wide and program specific, in order to encourage consistencies with professional outcome expectations and our mission, vision and goals.
- The DrPH Advisory Committee will investigate the reasons for low DrPH graduation rates to implement necessary changes.
- Build on current efforts to systematically provide career counseling.

2.8 Other Professional Degrees

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

a. Identification of professional degree curricula offered by the school, other than those preparing primarily for public health careers, and a description of the requirements for each.

The SPH offers a Master of Business Administration (MBA) degree in healthcare administration. It is a 67 unit program that offers students a broad understanding of healthcare management, preparing graduates for management positions in health-service organizations. A 400 clock-hour field practicum requirement provides students the opportunity to successfully demonstrate an understanding of and ability to apply all primary components of the program. Other requirements for graduation are the following:

- *Professional membership.* During their first quarter, students are required to secure and maintain membership in an approved professional society, such as the American College of Healthcare Executives (ACHE).
- *Healthcare administration colloquia (10).* Participation is required in a minimum of ten non-credit colloquia designed to acquaint students with various aspects of the healthcare industry. Attendance at these colloquia will be in addition to attendance at the ten required public health seminars (see below).

- *Public health seminars (10).* The seminar requirement must be met during the student's enrollment in the SPH, is separate from course registration, and is tuition free. Seminar activities that qualify to meet this requirement are those that have been approved by the associate dean of academic affairs. Many seminar presentations in the SPH or in other parts of the University, the Medical Center, the Jerry L. Pettis Memorial Veterans Medical Center, or the surrounding community qualify to meet this requirement.
- *Culminating activity.* The culminating activity includes a research paper or professional project, field experience (upon completion of essential major course work), professional portfolio (upon completion of the field experience), and an exit interview with the MBA program director (at the conclusion of the program).

The MBA program in Healthcare Administration and the MPH in Health Policy and Leadership are at a pre-candidacy stage for Commission on Accreditation of Healthcare Management Education (CAHME) accreditation. The candidacy process will allow the CAHME academic committee to evaluate the application of the programs and make formative recommendations. In order to meet key expectations of the accrediting agency, the faculty in the Department of Health Policy and Management have reviewed the curriculum and enhanced deficient areas to reflect industry standards. This move to a competency-based curriculum articulates a set of competencies and maps outcomes which articulate the “experience” of the MBA/MPH program in health policy and management. Following official release of the new LLU Catalog, the SPH will submit its candidacy application to CAHME. The program will then enter its “prior year,” followed by the “self study” year and will host the CAHME site visit team in 2011-2012.

b. Identification of the manner in which these curricula assure grounding in public health core knowledge. If this means is common across these other professional degree programs, it need be described only once. If it varies by program, sufficient information must be provided to assess compliance by each program.

The public health core competencies are woven into programatic core competencies and cross cutting competencies for the MBA in Healthcare Administration. The MBA program has a set of core and cross cutting competencies that are specific to the field of health services administration and matched to the public health domains as articulated

by the Associations of the Schools of Public Health (ASPH).

The MBA competency ‘Healthcare Knowledge and Policy’ encompasses three distinct areas of health policy, biostatistics and epidemiology. These are covered in four required courses: STAT 505 Statistics in Health Management, EPDM 509 Principles of Epidemiology I, HADM 555 Healthcare Delivery Systems and HADM 534 Healthcare Law. The public health domain of “Social and Behavioral Sciences” are covered with a health services administration focus in: HADM 528 Organizational Behavior in Health Care, HADM 559 Healthcare Marketing, HADM 574 Managing Human Resources in Health Care Org, HADM 529 Healthcare Negotiation and Conflict Resolution and HADM 514 Healthcare Economic Policy. In recognizing the unique challenge in providing the environmental health competencies to health care administrators, the program faculty have developed a strategy that will include addressing selective topics in a set of required MBA courses. This strategy is presented in Table 40. The learning experiences for the public health core and cross-cutting competencies are described in Table 40 ([Appendix 2.8b \(1\)](#)).

Students are also required to participate in 10 public health seminars. The *Designs for Health Series* is one option students can avail themselves of. It covers a wide variety of core public health topics, presented by public health practitioners and researchers from county and state health departments, and other public health institutions.

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

This criterion is met.

Strengths

- Students who graduate from the MBA program have a broad base in core public health knowledge, and have attained core and cross cutting public health competencies.

Weaknesses

- Inculcation of Environmental Health competencies.

Opportunities for Improvement

- Acquire CAHME accreditation.

My mission statement is to include and not exclude; to express the importance of health and wholeness. Education is important as it shapes our thoughts, perceptions, and integrity to identify the differences between what's right and wrong. Since my passion is communications I would like to educate individuals on the importance of eating healthy and maintaining a healthy lifestyle; and to create awareness of the field of public health, its diversity and how it affects everyone. I want to serve the public and all socioeconomic groups.

*Marina Anwuri
MPH Student
Health Policy and Leadership*

2.9 Academic Degrees

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

a. Identification of all academic degree programs, by degree and area of specialization. The instructional matrix may be referenced for this purpose.

The academic degrees are listed in Table 12 (see section 2.1a) and include the MS offered by the Department of Nutrition and the PhD offered by the Department of Epidemiology and Biostatistics.

b. Identification of the means by which the school assures that students in research curricula acquire a public health orientation. If this means is common across the school, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

The SPH is committed to delivering a broad public health orientation to all students in multiple ways. Faculty members in the School's six departments have extensive domestic and international experience in public health service, practice and/or research. Community service, practice, and research activities within the departments provide the student with an environment conducive to identifying the public health concerns at local, state, national and international levels.

Additionally, the SPH advises and encourages all students, regardless of degree

program, to participate in public health courses, seminars, conferences, visiting lecturers, grand rounds, and webcasts with public health relevance. All students must attend a minimum of 10 Dean's Seminars, which feature leading experts from a variety of public health settings. A grant from Pfizer support these bi-weekly seminars, called *Designs for Health* (see criteria 3.3a).

Lastly, the academic degree's curricular requirements provide students with an essential public health orientation as they include core public health courses as part of their degree programs (see Table 41).

- MS in Nutrition – A minimum of 48 credit hours are required for this program in addition to attendance at 10 Dean's Seminars. Specific nutritional biochemistry, clinical nutrition, biostatistics and research courses are required in addition to the core public health courses "Overview of Public Health" and "Principles of Epidemiology I." Ten credit hours from an approved list of masters level nutrition courses are required in addition to "Advanced Public Health Nutrition," "Ethical Issues in Public Health" and the successful completion of a research thesis and written comprehensive exam.
- PhD in Epidemiology (starting in summer 2009) – A minimum of 78 credit hours are required for this degree program, in addition to attendance at the Dean's Seminars and a minimum of 10 forums per year in the school's Department of Epidemiology and Biostatistics and/or Center for Health Research. Specific biostatistics, research and epidemiology courses are required in addition to the core public health courses "Overview of Public Health" and "Ethics of Public Health." Three masters and doctoral level courses in any public health discipline are recommended as cognates in addition to the successful completion of a dissertation and written comprehensive exam. Students are required to publish one paper in a peer-reviewed journal prior to graduation and to submit two additional papers to which they must respond to reviewer's comments.

Table 41	
Required Public Health Courses for Academic Degree Programs	
Program	Required Courses
MS in Nutrition	Overview of Public Health (PHCJ 605) Principles of Epidemiology I (EPDM 509) Advanced Public Health Nutrition (NUTR 510) Ethical Issues in Public Health (RELE 534)
PhD in Epidemiology	Prerequisites: Principles of Epidemiology I (EPDM 509) Biostatistics I (STAT 521) Analytic applications of SAS (STAT 548) Required during study: Overview of Public Health (PHCJ 605) Ethical Issues in Public Health (RELE 534) <i>Three courses as cognates, these are recommended to be within a Public Health discipline other than EPDM (STAT, NUTR, HADM, GLBH, HPRO, ENVH or GIS)</i>

c. Identification of the culminating experience required for each degree program. If this is common across the school's academic degree programs, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

The SPH meets all requirements set forth by the University faculty of graduate studies. The culminating experience for the MS in nutrition is the design and successful completion of a masters-level research thesis. The culminating experience for the PhD in epidemiology is the design and successful completion of a doctoral dissertation and a comprehensive exam.

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

This criterion is met.

Strengths

- The offering of the “Overview of Public Health” and “Public Health Biology” courses and other public health core courses for students in academic programs will ensure that every student has exposure to the

relevant core domains and the field of public health.

- The minimum of 10 required public health seminars will provide students with exposure to a wide range of public health concepts and concerns.
- Students with a desire to pursue careers in research and academics will have solid publishing experiences when they complete the PhD program.

Weaknesses

- None noted.

Opportunities for Improvement

- The SPH will monitor and assess the new Epidemiology PhD program.

2.10 Doctoral Degrees

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

The SPH offers DrPH degrees in five areas: epidemiology, global health (currently closed to new admissions), health education, nutrition and preventive care. A new PhD in epidemiology began in the summer of 2009 (the approved program proposal will be available in the resource room).

The DrPH degree in Leadership proposal process started in March 2008. The proposal went through the customary academic approval process in both the SPH (department and School-wide Academic Council) and the University (University Academic Affairs Committee and President's Committee). The program proposal was approved at the May 2009 Board of Trustees meeting. Students will begin with a 12 credit sequence of Orientation for Leadership courses in the summer of 2009, and those selected will officially begin their doctoral degree in the summer of 2010.

a. Identification of all doctoral programs offered by the school, by degree and area of specialization. The instructional matrix may be referenced for this purpose. If the school is a new applicant and has graduates from only one doctoral program, a description of plans and a timetable for graduating students from the other two doctoral programs must be presented, with university documentation supporting the school's projections.

See criterion 2.1a, Table 12 for a list of the SPH's doctoral degrees.

b. Data on the number of active students in each doctoral degree program as well as applications, acceptances, enrollments and graduates for the last three years.

As described in Table 42, there have been active students in all five doctoral programs. Our 40 year history of research in vegetarian nutrition is an important footprint that this School has made in the public health profession. Samples of student dissertations for all doctoral degrees will be available in the resource room.

Table 42 DrPH Program Student Data

	2006				2007				2008				2009
Concentration	Applied	Accepted	Enrolled	Graduated	Applied	Accepted	Enrolled	Graduated	Applied	Accepted	Enrolled	Graduated	Active
Epidemiology	9	3	3	0	11	2	2	0	17	5	4	0	18
Global Health	0	0	0	0	0	0	0	0	1	1	1	0	2
Health Education	13	6	5	2	19	8	8	1	12	7	6	0	36
Nutrition	3	2	5	0	5	4	3	0	5	3	2	0	10
Preventive Care	14	5	5	0	15	9	9	1	8	5	5	0	40
Total	39	16	18	2	50	23	22	2	43	21	18	0	106

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

This criterion is met with commentary.

Strengths

- The School offers doctoral degrees in five departments, including three in core public health areas.

Weaknesses

- The School recently started a third doctoral degree in a core public health area - the DrPH in Leadership.
- The continuing growth in doctoral programs poses challenges for appropriate mentoring and advisement of students.

Opportunities for Improvement

- Although five doctoral programs have been offered for some time, only two were in core public health areas. The DrPH in Health Policy and Leadership proposal was approved by the University Board (May 2009), and students will be able to apply for the 2010-2011 academic year. This will allow the SPH to offer doctoral degrees in three core areas: epidemiology, health administration and health education.

Community Engaged Scholarship: To me community engaged scholarship is scholarship that is relevant to society, an excellent tool to bring hope, equity, and justice to marginalized communities. This form of scholarship is a calling and a vocation that injects passion into teaching and research; it makes academics “real.”

*Juan Carlos Belliard, PhD, MPH
Associate Professor
Global Health*

2.11 Joint Degrees

2.11 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.

a. Identification of joint degree programs offered by the school and a description of the requirements for each.

Public health program requirements for joint degrees are identical to traditional program requirements. Students are expected to complete the core curriculum. The field practicum and culminating experience requirements are also the same.

Table 43 describes the joint degrees offered.

Table 43		
Degree	Shared units MPH	Required Coursework
MPH/PhD or PsyD Health Education and Psychology	12: ENVH 509 EPDM 509 HADM 509 NUTR 509	26 units, PH core 25 units, Health Education core 9 units, Electives
MPH/MS Health Education and Marital and Family Therapy	14 units between the two degrees	58 units MPH 66 unit MS in MFAM 124 total units
MPH/MS Health Education/Nursing		59 units, MPH 44 units, MS
MPH /MSW Health Education/Social Work	24 units shared between both programs	58 units, MPH 78 units,

Table 43		
Degree	Shared units MPH	Required Coursework
DrPH/PhD Preventive Care, Psychology	35 units shared between both programs in Advanced Research	55 units, Prev Care 70 units, Psychology

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

This criterion is met.

Strengths

- The SPH joint degrees offer students the full range of public health core curriculum.
- Joint degree programs do not require program-specific courses and are, therefore, cost effective even if under subscribed.

Weaknesses

- Enrollment has been traditionally low in joint degree programs.

Opportunities for Improvement

- Continued assessment of enrollment numbers will be necessary.

2.12 Distance Education or Executive Degree Programs

2.12 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 teaching and learning methodologies and to systematically use this information to stimulate program improvements.

a. Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both. The instructional matrix may be referenced for this purpose.

The SPH offers seven programs in two distance education formats, off-campus and online, through a cooperative effort between its academic departments and the SPH Office of Distance Learning (ODL).

b. Description of the distance education or executive degree programs, including an explanation of the model or methods used, the school's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the school, and the manner in which it evaluates the educational outcomes, as well as the format and methodologies.

Academic Integrity of Off-Campus Programs

In line with the mission, off-campus (face-to-face) educational formats were pioneered over 20 years ago. Approximately one-fourth of aggregated graduates have earned degrees through off-campus programs historically offered at numerous sites in the U.S., and at our sister campuses abroad (i.e., other SDA universities). Off-campus programs are considered when a needs-based request is submitted by an SDA-affiliated university or hospital. Programs are provided once adequate funding is secured, and human resources have been arranged. Such programs are developed, approved, delivered, and supported in conformance with established SPH and LLU policies.

The program design (courses, units, etc.) of the off-campus programs is virtually identical to programs provided on-campus. Courses are generally taught by the same instructors who teach the California on-campus courses, substituting intensive in-class formats coupled with pre-and post coursework for the traditional 10 week academic quarter. In cases where local intellectual talent (i.e., SPH adjunct faculty) employed at a sister SDA university teach a course in lieu of California-based instructor, the SPH provides the local talent, the course syllabus, and requires the local instructor to achieve the learning objectives. In many cases local talent have received their public health education from LLU. In all cases, courses are customized to address the needs of the local environment.

Academic Integrity of On-line Programs

In line with the SPH mission, and in the spirit of workforce capacity building, the SPH started offering an on-line MPH in 2004. Currently two programs are offered: Public Health Practice and Health Education. Courses are delivered via online asynchronous format using Blackboard as the Learning Management System, and are taught by full-time SPH faculty or periodically, by contract teachers when subject area expertise is needed.

Support - Administrative

The SPH ODL is the fulcrum for on-line and off-campus students to interface with on-campus systems. Each off-site program has a local coordinator who works intensively with ODL, while ODL works directly with students individually for the on-line program.

ODL maintains a policy and procedures manual which provides guidance to the operational aspects of off-campus programs, inclusive of issues such as course scheduling, registration, finances, travel, etc.

The Director of ODL is a member of the Administrative Committee, ensuring that Distance Learning students (off-campus and on-line) are represented in governance decisions.

Support - Student Services

Distance learning students have user names and ID's to provide them access to the LLU library's online systems, and an email account, enabling full access to university services. Students receive support services such as registration, academic advising, and library services directly from LLU, mediated by ODL as required.

Current Off-Site Programs***Peru MPH***

The off-campus MPH program in Peru began in the summer of 2003 through an agreement with Universidad Peruana Union (UPEU) campus in Lima, Peru. This program is offered in two major areas: public health practice (61 units) and maternal and child health (62 units). Students attend courses on-campus (UPEU) for four weeks in January/February and June/July each year to complete the program in four sessions over two years. This program is now in its teach out stage.

Chile MPH

The off-campus MPH program in Chile started in January 2001 through an agreement with Universidad Adventista de Chile (UNACH) whose campus is in Chillan, Chile. This program offers one major, health education (61 units). Students come to the campus (UNACH) for five to six weeks in January/February each year to complete the program in four sessions over two years. This program is now in its teach out stage, with estimated conclusion in December 2009.

Russia MPH

The off-campus MPH program in Russia started in the summer of 2005 through an agreement with Zaoksky Adventist University (ZAU) in Zaoksky, Tula Region, Russian Federation, for an MPH in public health practice. Students attend classes at ZAU for four to five weeks in June/July each year to complete the program in five sessions over five years. This program ended in September 2009.

Pacific MBA (Guam and Hawaii)

The MBA health administration program in Guam and Hawaii program started in the fall of 2006, with a second cohort approved to begin in fall of 2009. This program was provided at the request of Castle Memorial SDA Hospital on Oahu, and the Guam SDA Clinic in Guam. Students and faculty members meet twice annually over a four to five week period.

Evaluation of Academic Effectiveness

We have developed several measures to guarantee academic effectiveness in our off-campus and online programs. Faculty that teach our on campus courses are instructors in the off-campus and online programs. Field practicum and culminating experience requirements are the same as our on campus programs, and off-campus/online students are assessed with the same rigor and by the same faculty as the on-campus students.

Online MPH Methodologies

In our online MPH program, instructors and students are engaged in an active online learning process that includes: instructor interaction, group presentations, student reports, papers, and discussion-board assignments.

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

This criterion is met.

Off-Campus Programs**Strengths**

- This program is equivalent to our on-campus offerings, and is meeting the need of the public health care delivery system in various parts of the world.
- Our off-campus programs have been effective at building the capacity of the 600 SDA hospitals and clinics worldwide.

Weaknesses

- Receiving official academic transcripts from some universities has been challenging.
- Evaluating outcomes over time has been difficult because of communication challenges and the mobile workforce.

Opportunities for Improvement

- We continue to refine our delivery policies and procedures, and are committed to outcomes assessments.

On-Line Programs**Strengths**

- The SPH has developed an MPH into online format. The program is equivalent in content to our face-to-face programs.

Weaknesses

- Measuring the quality of the interactions between students and faculty members presents a challenge.
- The cost per unit/credit is still out of reach for most health professionals in areas of need for MPH training.
- Our program struggles with securing SPH faculty members to supervise the community practicum.
- A formal outcomes assessment strategy is under development.

Opportunities for Improvement

- Implement an online orientation website with documents, links and videos.
- Offer competitive tuition rates to enhance enrollment in international and military markets.
- Continue to support faculty development related to on-line teaching modalities.

To help my students and colleagues grow intellectually and spiritually.

*Joan Sabaté, MD, DrPH
Chairman, Department of Nutrition*

3.1 Research

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.

a. A description of the school's research activities, including policies, procedures and practices that support research and scholarly activities.

In line with the mission, a formal School goal was established in 2009 in support of research “Strengthen infrastructure supporting excellence in grant writing”. As is evident from Table 44 ([Appendix 3.1c\(1\)](#)) which details externally funded research projects over the last three academic years, the School actively promotes research. The formulation and application of research policy is overseen by the Center for Health Research (CHR) which is described below.

The SPH follows research policies and procedures established by the University. In addition, there are a number of internal policies that center on capacity building administered through the CHR.

LLU policies that govern research are developed and overseen centrally by the Office of the Vice President for Research Affairs (VPRA). The policy oversight and review committee meets monthly to review, update and revise these policies. The director of CHR is a member of this committee, relating back and updating faculty on a monthly basis. In addition, the director of CHR is also a member of the President’s Research Advisory Commission (PRAC) where ongoing strategic planning for the University occurs monthly.

In addition to policies that govern research, LLU has developed and publishes on-line policies that define faculty responsibility in research, including research misconduct, protection of human subjects, supervision of research trainees, data gathering, storage and security, and publication practices.

University Research Policies and Procedures

The Faculty Handbook section 3.4 provides policies and procedures on research related activities. The LLU Institutional Review Board (IRB), which is administered by the Office of Sponsored Research (OSR), is responsible for policy and oversight related to ethics in research. Together, the faculty, administration, departments, research teams, and individual researchers share responsibility with OSR to ensure confidentiality of data and protection of human subjects in research conducted in the School.

LLU is a health science institution and faculty members are involved in the following University Centers (within one or two schools) and Institutes (formal cross-school research partnerships partially supported by central funds):

- Cancer Center (est. 2007)
- Global Health Institute (est. 2007)
- Institute for Community Partnerships (est. 2008)
- Lifestyle Medicine Institute (est. 2008)
- Center for Spiritual Life and Wholeness (est. 1996)
- Center for Health Disparities and Molecular Medicine (est. 2006)
- Center for Health Promotion (first est. 1983)
- Center for Health Research (est. 1991)

School

The SPH encourages faculty members to be involved in the conduct of original and collaborative research. Faculty members are evaluated prior to hiring and promotion on the basis of teaching, service and scholarship and must excel in one of these areas. Traditionally, we have been more service and teaching oriented. To help facilitate the move toward more of a culture of research, the CHR in more recent years has been increasingly involved in research capacity building for both students and faculty.

CHR Structure

The CHR was founded in 1991 to facilitate research activities. Its mission is to encourage, support, and coordinate research activities among faculty and students. It is made up of one full time research assistant and the director (15%). In addition, CHR

has part-time student research support. CHR provides research consultation, oversees the review process and awards for seed money studies, and facilitates multidisciplinary public health research projects. Limited financial support is also provided for publication costs.

CHR collaborates with the SPH Health Research Consulting Group (HRCG) for research consultation, data entry and statistical and data analyses services. Additional CHR activities include assistance in faculty development of research projects, budget development, grant application preparation, and assistance and linking with OSR for the preparation and submission of extramural applications to NIH/CDC. The director of the CHR works with the Research Steering Committee (RSC), which advises the dean on matters relating to research. The CHR director is the SPH delegate to the University's Research Advisory Committee.

The RSC oversees CHR as it conducts the review process for intramural faculty research applications and makes recommendations regarding faculty seed money awards. Membership consists of one faculty member from each of the School's six departments, who are appointed by the department chairs, a representative of the School's Center for Health Promotion and a student representative. Appointments are for three years. The committee meets biannually.

The CHR sponsors a competitive biannual call for faculty seed money proposals. Applications may request support for up to \$5,000 (up to five grants or \$25,000 per year) for pilot research that holds promise for future extramural funding. Proposals are reviewed by other faculty members (internal and external) working in that discipline. Proposals are evaluated using the NIH scoring model. Once written reviews are completed, this ad-hoc committee meets, discusses and votes on each application.

In the 2007/2008 Strategic Plan the following research priorities were set:

- Revitalize faculty research
 - Institute mentoring teams/programs for junior and mid-level faculty
 - Recruit and retain grant oriented faculty
 - Encourage post doctoral research study for eligible faculty
 - Provide support and incentives for faculty to initiate research

- Provide training for extramural proposal writing
- Enhance collaborative research efforts with other LLU Schools
- Increase numbers of faculty who publish in peer reviewed journals
- Increase extramural funding 10% over 2006/2007
- Enhance compliance with LLU OSR policies and procedures
- Broaden participation in the Adventist Health Study (AHS)
- Maximize outputs and outcomes associated with AHS

CHR conducts annual focus groups with faculty members to get feedback and suggestions regarding research activities. In addition we also conducted a faculty survey in 2008 to get more broad-based input about the research needs of the faculty.

Faculty Research Survey and Research Advisory Committee SWOT Analyses

Findings

A survey was conducted in September 2008 followed by a Strengths, Weaknesses, Opportunities, Threats (SWOT) analyses by the RSC in early 2009 to identify research interests, experience, needs, and areas to improve upon. Some of the findings follow:

Faculty research interests have been identified and posted on a School website to facilitate student-faculty research and practice collaboration (http://myllu.llu.edu/apps/public_health/faculty_connections/).

Other needs included: a workshop on proposal writing skills, assistance with manuscript preparation, questionnaire/survey development, grant budget preparation, and funder policies/procedures referral.

Other identified needs included matching with students on research projects, creating a database of examples of successful grant proposals, CVs, biosketches, assisting with biosketch preparation; and providing grant writing guides/texts. As a result we organized two workshops matching students to faculty by research interests, made available examples of successful work to those interested and created a library of biosketches for individuals who provided CVs.

Mentoring Groups

In response to identified need, we initiated two faculty research mentoring groups (more detail below) and two meetings have been held matching faculty with students on research projects.

Throughout the past eight years, Dr. Susanne Montgomery, the Director of CHR, as a senior faculty member with a successful track record of grant funding and publications, has served as a faculty research mentor on a one-on-one basis. Several faculty members, including Dr. Jim Banta, Dr. JC Belliard, Dr. Sam Soret, Dr. Pramil Singh, Dr. Alfredo Mejia, and Dr. Padma Uppala met with Dr. Montgomery, some intermittently, others regularly, to produce grant applications and publications. In each case, outside funding was obtained and papers published.

In 2008, in response to requests and interest from faculty expressed as part of a strategic planning process for research, CHR established formal mentoring groups led by Dr. Montgomery. More than a dozen faculty members had shown interest in participating in a regularly scheduled mentoring group, and to prevent the project from becoming too large and unwieldy, we decided to set up two groups: one for faculty with some grant and publications experience, and another for those newer to research. Each group had five to six members, and met every other week for two hours. Each member had an initial individual session with Dr. Montgomery and Dr. Sandra Hilliker from the Office of the Vice-President for Research Affairs, discussing their research interests and identifying goals. After this meeting each member was asked to formalize the discussion by writing out their research development plan and sign a contract committing to the project for a period of nine months to a year for the more experienced group (Group A), and 18 months to two years for the less experienced group (Group B). Group A members identified obtaining external funding as a major goal; Group B members decided to initially focus on publications to build their CVs and make their proposals more competitive.

CHR also provides travel stipends to faculty for up to half the cost of travel to facilitate attendance and participation at scientific meetings. Department travel funds, faculty incentive accounts, research grants, and other funding organizations usually provide funding for the remainder of the expenses. On average, faculty members are eligible for up to \$500 in travel support for conferences in which they have an accepted poster or abstract.

b. A description of current community-based research activities and/or those undertaken in collaboration with health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

A list of specific community based projects (CBPR) can be found in Table 44. The School undertakes a wide variety of such activities, both funded (grants and contract) and unfunded.

c. A list of current research activity of all primary and secondary faculty identified in Criterion 4.1a and 4.1b., including amount and source of funds, for each of the last three years.

The Department of Epidemiology and Biostatistics operates a Health Research Consulting Group (HRCG). This group consists of faculty members in epidemiology and biostatistics and also employs graduate students. Two of the senior faculty members in this group also teach a class in statistical consulting, required for biostatistics majors. The HRCG gives ample opportunity for biostatistics students to witness and experience health research consulting from the real world.

The HRCG is experienced in medical, health, and other multi-disciplinary statistics and provides a wide range of services to help collect, analyze, interpret, and present data. They have both local and international experience. The HRCG staff is familiar with all phases of research design and draw on a wide range of talent including statisticians, epidemiologists, physicians, nutritionists, health administrators and health educators. The HRCG has successfully completed health related projects for various levels of government, public and private health care institutions, as well as projects in the fields of business and law.

Table 44 Research Activity of Primary and Secondary Faculty from 2006 – 2008 can be found in [Appendix 3.1c \(1\)](#).

d. Identification of measures by which the school may evaluate the success of its research activities, along with data regarding the school's performance against those measures for each of the last three years.

The School has traditionally evaluated research success based on numbers of

publications in refereed journals, chapters and books as well as presentations at national meetings. Also taken into account are extramural funds from federal funding sources, foundations, contracts and consultations. In addition we have elected to review progress with respect to research capacity building of our mid-level and junior faculty as well as a commitment to get more MPH students involved in research.

Table 45 details SPH research and scholarship evaluation.

Table 45 The SPH Research and Scholarship Evaluation					
Research and Scholarship	2006 actual/base	2007 goal	2007 actual	2008 goal	2008 actual
Publications *	71	78-85	84	92-101	130
Peer reviewed abstracts and presentations with student involvement *	117	129-140	54	142-168	179
MPH student/faculty research *	15	16-18	19	21-23	27
Faculty capacity building	Individual ad-hoc mentorship	Formally mentor/support 12 faculty in formal process	10 faculty in mentoring groups	Formally mentor 12 faculty in both formal groups or individually	Mentored 12 faculty—7 in group setting, 5 individually; ad hoc

**Annual increases of 10-20% were estimated although a leveling out will have to occur at some point*

Our publication record has significantly increased. Similarly, except for a dip in 2007, presentations at national meetings have increased significantly. Inter-departmental work has also increased (see Table 44). More and more cross-department and student involved papers are being published. We are most excited about the success of our mentoring groups. All members have become involved in publishing and are collaborating in writing grant applications; three are currently under review.

While external funding increased from local sources, consultations and foundations, NIH funding remains a challenge. Many grants are written and score reasonably well but thus far few NIH grants have been funded. We believe that this is partially due to the fierce competition in these tight economic times as well as the relative inexperience of our faculty. The mentoring groups should help overcome this challenge. A group with newly hired faculty will begin in September 2009, and Dr. Montgomery will continue to work with existing group members on an ad-hoc basis, helping them in small groups through the application process.

e. A description of student involvement in research.

MPH students are required to complete internships which may include a research component. MPH or MA students in epidemiology and nutrition must complete a culminating research activity which can be a written report with an oral presentation. Doctoral candidates are required to conduct, present and defend a formal dissertation. Global health offers a culminating activity/internship which can be research or service. Health administration offers the option to conduct a consultation as an internship option.

In addition, several funding sources are available to support student research:

- Center for Health Disparities and Molecular Medicine summer and ongoing training program
- Traineeships with the Office of Public Health Practice
- Paid research assistantships on grants and contracts

In the past three years nearly all funded research projects and many unfunded projects have utilized students to conduct research. The dean has strongly encouraged new grant applications to include paid research assistantships. Students benefit from the opportunity to apply their public health knowledge and skills by working with faculty as research assistants or student investigators. While the opportunity for paid assistantships is very competitive, students are encouraged to volunteer on research or service/consultation projects. Students regularly gain experience through consultations offered by CHR or HRCG. Similarly students are also active in the OPHP and the Health Geoinformatics Unit of the Department of Environmental and Occupational Health.

Recognizing the need for more MPH student involvement in research, starting in 2006, CHR and SPH administration organized an annual Dean's Research Forum. This forum is designed to give students an opportunity to discuss their research interests, goals and other issues related to research. Approximately 40 students and faculty members gathered to explore research opportunities and match experience with interest. Approximately 80 students and 28 faculty members attended at least one of the two meetings, which resulted in making matches for a number of paid research positions and several unpaid internships with faculty (see Table 45).

The Apprenticeship and Trainee Committee administers the Hulda Crooks Grants, a mechanism which provides funding for master's and doctoral level student projects in public health practice and research, and the Hulda Crooks Award, which honors one MPH and one DrPH student per year for their scholarship, research, and dedication to public health principles. MPH grant awards are \$1,000 and DrPH \$3,000.

In 2006 and 2007, the Student Association (SA) hosted a research symposium featuring faculty and students presenting their research projects to an audience made up of approximately 60 attendees from SPH and the School of Medicine (50 students, 10 faculty).

CHR administers subsidies given to doctoral students for their research projects. These \$1,000 stipends are awarded to doctoral candidates to aid in the completion of their dissertations, assisting with costs such as statistical help, supplies, participant incentives, software, and travel. Over the last three years, 44 doctoral students have received support.

In recent years, building student capacity in public health research has become a key emphasis of the School. The following is a list of activities organized to facilitate student involvement in research.

SPH, through the CHR, offers stipends to students with an accepted poster or paper at conferences such as the American Public Health Association, the ESRI Health GIS Conference, the Environmental Justice in America Conference and the American Diabetes Association Conference. Up to \$500 is paid per accepted abstract, for individuals or groups of students who have collaborated on a project.

- 2006—\$4500 in student stipends
- 2007— \$2500 in student stipends
- 2008—\$5500 in student stipends

Topical Research Seminars

In addition to regular lunch research seminars conducted by the Department of Epidemiology and Biostatistics and ad-hoc research lunch seminars with guest speakers sponsored by the respective departments and CHR, students have also indicated an interest in more topical research. As a result, CHR annually supports the Dean's Seminar Series with research presentations and also works with the campus-

wide Health Disparities Student Task Force on annual health disparities events, bringing to campus well known health disparities researchers.

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

The criterion is met.

Research activity has become much more institutionalized over the past decade. The faculty, long accustomed to excellence in teaching, have begun to embrace research activities and recognize the expectations to be involved in them. New faculty members are informed about research expectations prior to their employment. While some departments have been more successful in obtaining government funding, others have secured support from industry bases or consultations. The SPH leadership has developed a strong merit increase incentive plan attached to these expectations. This plan is based on a combination of extramural funding and publications in peer refereed journals. Progress is to be assessed by each chair on an annual basis as part of each faculty member's evaluation. This new level of accountability combined with systems that help build capacity is a welcome move toward becoming more research intensive. While the School recognizes that there is more to do in the area of research, we are pleased with the progress that has been made, though it is not currently reflected in the research dollar values. The School is actively pursuing a more engaged research agenda involving faculty and believes this criterion is met. Finally, in a recent SWOT analysis the CHR Steering Committee noted the following strengths and weaknesses:

Strengths

- Most faculty are now actively involved in some type of research or consultation.
- Publishing and presentations at national conferences have increased significantly, many with student involvement.
- Students feel that professors are accessible and that they can engage in research, due to willingness to do one-on-one mentoring of students.
- School commitment to community based research activities is increasing.
- An active faculty mentoring program coupled with seed money opportunities has led to an increase in publications and grant submissions.
- An active student involvement program has led to an increase in the number of MPH students who become involved in research.

Weaknesses

- Though increasing faculty research activity significantly over the past three years, we are falling short in obtaining funding for extramural grants due to the cuts in NIH, CDC and foundation budgets and increased competition for these funds. This affects faculty inexperienced in research and junior faculty.
- Time is a limiting factor; many would like to do more research but with relatively high levels of teaching, committee work (SPH and LLU) and student advisement it is a challenge.

Opportunities for Improvement

- CHR needs to do a better job communicating and reaching out to students regarding available resources. Continued research symposia and the regular weekly research luncheons will strengthen the research agenda.
- We will continue with the formal mentoring plan for junior faculty and look for alternative funding opportunities from industry, local agencies, and the state to build up a research portfolio.
- While we regularly organize research roundtables with local and other university partners, we seek to formalize this type of regular engagement based on many faculty and student requests that have noted excitement about student and faculty research projects. Since these meetings often do not allow for a more detailed presentation and discussion of research projects, we will seek to implement regular research faculty/student roundtables for the 2009/2010 school year.
- Many faculty members have teaching loads inconsistent with extramural research. We are planning to encourage faculty members submitting for extramural funding to allow more time for a rigorous internal peer review. This type of advanced review will increase our chances for success, especially as in many cases scores were in the fundable range.

I am a faculty member at Loma Linda University first and foremost because I believe in the mission of the University, to further the teaching ministry of Jesus Christ. In our world today it is challenging to have a profession that you can openly admit to such a mission, let alone practice it on a daily basis. I have worked in healthcare for the majority of my career and only transitioned to higher education three years ago. After 20 plus years working in the US health care system you clearly see the challenges we face in the future with equity and restoring integrity in our policies, while maintaining a high quality health system that includes prevention and wellness. I saw Loma Linda University School of Public Health being a beacon in the darkness. Their history and their health message coupled with a strong academic base provides hope not only to our world today but our future generations.

*Dora Borilla, DrPH, MPH, CHES
Health Policy and Management*

3.2 Service

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.

a. A description of the school's service activities, including policies, procedures and practices that support service. If the school has formal contracts or agreements with external agencies, these should be noted.

Service has been historically integral to the culture of LLU, and the SPH naturally incorporates this philosophy into the mission, vision and values statements. The School explicitly supports service through the policies and procedures of the organization which are outlined in the Faculty Handbook and annual faculty evaluation and promotion criteria. These policies and procedures establish that service is an essential part of the work of the SPH and that service performs a valuable function in keeping alive the value and meaning of learning for the good of all.

The SPH has institutionally struggled with the operational definition of service relative to the Christian orientation of the campus. Faculty, staff and students are generally involved in a plethora of faith-based volunteer activities, some explicitly health-related, some marginally health related, and some unrelated to health. This has chronically created confusion about service and how to measure it. The complexity of this issue is compounded by the spirit of the activity. Many faculty members are anchored in the opinion that claiming credit (i.e., measuring and reporting) for service, is by its very nature, antithetical to the spirit of the activity.

To address the challenges noted above, the SPH recently adopted the definition of service consistent with the CEPH definition.

Service is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through teaching and research.
Service refers to contributions of professional expertise to the public, including professional practice.

The faculty list of service activities for the years 2006-2008 are presented in Table 46. While the list documents extensive service to many different organizations, settings, and communities, we believe that service is grossly under-reported. A new method of gathering data is currently under development and will be integrated into the Annual Faculty Reports. This process will be completely online and will include a more thorough listing of service activities. This report will help identify service activities by department and faculty in order to see how service activities are distributed throughout the school.

A list of service organizations and populations engaged in by students and faculty members can be found in the resource room. The list is extensive and represents the broadest spectrum of public health related services possible. From community churches, volunteer community based organizations, local, state and national government organizations, international service to governments, national universities, private universities, and NGO's, are included; while tasks range from advisory, technical assistance, administrative and governance, to teaching, editing and monitoring and evaluation. The full gamut of public health is represented in the service activities and carried out in a world-wide setting.

Faculty and students currently are very engaged in service, contributing thousands of hours each year to local, state, national and international communities and organizations. A special component of service for Loma Linda is the engagement with faith-based organizations. Because of our connection with our sponsoring church organization we have service opportunities with the extensive world-wide health system of the Seventh-day Adventist Church. Faculty members serve on county governing boards, volunteer to help design and implement community development projects, as well as capacity building in developing countries.

Locally, students and faculty help implement community service support to provide better access to health services, day care for children, mentoring programs for youth and health education for all ages. Faculty members serve on boards for local community based organizations and provide technical assistance to help improve the quality of services. Much of this service is provided for little or no cost to the organizations.

Many faculty members and students have been involved in the Latino Health Collaborative. This externally funded effort focuses on improving access to health care and improving the networking of local Community Based Organizations (CBOs) who have similar goals to improve the lives of the local immigrant and Latino population. It has inspired many students to not only appreciate the importance of local CBOs to improve the lives of the under-served but also inspired many of the students to seek employment from these and similar CBOs and to commit their lives to this area of service.

The OPHP was created in 2003, and is maturing from a purely federally funded workforce capacity building operation into one more inculcated into the fabric of local society. For example, OPHP provides intellectual services to Native American organizations struggling to craft funding proposals, and works with under-served, at-risk communities in eastern Riverside County. The OPHP embodies the spirit of service while at the same time embraces our official definition of professional service.

b. A list of the school's current service activities, including identification of the community groups and nature of the activity, over the last three years.

Table 46 lists service activities for faculty members for the years 2006 - 2008.

Table 46 Primary Faculty Providing Professional and Community Service FY 2006 - 2008			
Service	FY 2006	FY 2007	FY 2008
Organizations			
Community Based Organizations – Faith Based	21 (34%)	12 (19%)	14 (23%)
Community Based Organizations – non Faith-based	15 (24%)	6 (10%)	11 (18%)
Local/State/Regional Government	16 (26%)	6 (7%)	8 (13%)
National Government	10 (16%)	6 (10%)	6 (10%)
International Government	8 (13%)	5 (8%)	6 (10%)
Private organizations: faith-based	11 (18%)	6 (10%)	5 (8%)
Private organizations: non faith-based	8 (13%)	3 (5%)	4 (6%)
Professional organizations	8 (13%)	7 (11%)	9 (15%)
Activities			
Accreditation/educational program reviewer	11 (18%)	4 (6%)	5 (8%)
Board member; leadership role	12 (19%)	8 (13%)	8 (13%)
Committee member	11 (18%)	8 (13%)	9 (15%)
Consultant, technical advisor	12 (19%)	5 (8%)	8 (13%)
Editor, editorial board	7 (11%)	4 (6%)	4 (6%)
Grant review panels; study sections	11 (18%)	5 (8%)	6 (10%)
Peer reviewer	9 (15%)	7 (11%)	8 (13%)

Table 46 Primary Faculty Providing Professional and Community Service FY 2006 - 2008			
Service	FY 2006	FY 2007	FY 2008
Hours			
Community Based Organizations – Faith Based	2072	1416	1302
Community Based Organizations – non Faith-based	1305	1450	1258
Local/State/Regional Government	2332	1376	1058
National Government	303	240	240
International Government	52	95	143
Private organizations: faith-based	356	155	205
Private organizations: non faith-based	28	45	215
Professional organizations	250	142	174
Total hours	6698	4919	4595

c. Identification of the measures by which the school may evaluate the success of its service program, along with data regarding the school's performance against those measures for each of the last three years.

Table 47 Service Outcome Measures				
Service Outcome Measures	Target*	2006	2007	2008
Mean perception that courses motivate students to be active in local, national and international service.	3.5	NA	3.9	3.8
Mean perception that courses foster an environment where students' personal beliefs/values influence commitment to service	3.5	NA	3.9	3.9
Mean perception that courses foster an environment where respect and value in the beliefs, ideas and cultural diversity among colleagues and the community is instrumental to service.	3.5	NA	4.0	3.9

Table 47 Service Outcome Measures				
Service Outcome Measures	Target*	2006	2007	2008
Proportion of faculty involved in service activities		38	21	27

* The target number is determined using a scale of one to four with one equaling poor and four equaling excellent.

d. A description of student involvement in service.

Departments are involved in varying degrees of service while students regularly participate in service both as support for faculty, and also as part of academic activities.

The Global Health Department has made a commitment to five neighborhoods in the nearby San Bernardino Metropolitan Area with a local CBO being the connecting link in each neighborhood. Activities include emergency preparedness, HIV/ AIDS education and support, nutrition education, access to care for underserved populations, health fairs, youth mentoring programs, and community gardens. The purpose is to strengthen the community organizations and their local work rather than to just provide learning activities for students.

The Health Promotion and Education Department enjoys a long term relationship with the Head Start Program, with students providing hundreds of thousands of dollars worth of in-kind support each year. This relationship has extended the activities as well as saving the program from budget cut-backs. The service activities are carried out with academic rigor to increase the capacity and quality of the CBOs. The students regularly write up the results of these service activities and present annually at the American Public Health Association and other conferences. This allows the students to highlight the excellence of the community partners with which they work as well as to document the lessons learned in the communities. Some students who have worked on these service assignments make long-term commitments to local service. Thus service has become a life changing activity for both the community and students.

Through the Students for International Mission Service (SIMS), students volunteer during their academic breaks to go to foreign countries to help run health fairs, provide health education services and work with local health care providers to improve access and change harmful health behaviors.

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

The criterion is met with commentary.

The SPH is committed to a mission of service driven by themes of community partnership and social justice. Students have a multitude of opportunities to provide service and learn through service. Faculty and students are actively involved in the community-at-large and service learning is an integral part of the SPH. The mission and values of the School strongly support service and the policies are in line with this mission.

Until recently, the operational definition of professional service has been confused primarily because of the SPH's Christian orientation, compounded to some degree by the reluctance of some to report service activities because claiming credit for such activities violates the spirit of giving. These issues have been resolved by having a clear, nationally recognized definition of professional service, continuing to encourage, recognize, and celebrate service in all of its various manifestations.

Strengths

- The School possesses a strong service culture and enabling mechanisms.

Weaknesses

- The data collection system to monitor service can be improved.

Opportunities for Improvement

- The School should consider institutionalizing organized service learning throughout the school.

Each day I strive to be a better daughter, sister,
friend and citizen while maintaining and
developing my relationship with God and myself. I will do this by
first taking care of my health on a physical, mental and spiritual level
so that I can be of service to anyone in need.

*Tiffany Walton
MPH Student
Health Education*

3.3 Workforce Development

***3.3 Workforce Development.* The school shall engage in activities that support the professional development of the public health workforce.**

The SPH is committed to providing high quality, targeted continuing professional education to help enhance and further build the capacity of the current public health workforce including local, regional, state, and multi-state regional partners; as well as provide guidance and awareness through educational ladders and pipeline initiatives to help encourage and better prepare both current practitioners without formal education or training and the up and coming public health workforce of tomorrow. Through the office of the dean along with its various departments, centers, offices, grants, contracts and programs, the SPH offers a variety of continuing and professional educational resources; including training programs, workshops, seminars, weekly webcasts, annual conferences and annual trainings. Target audiences include public health professionals from local, state, and regional public health agencies, community-based organizations, faith-based organizations, tribal nations, environmental health agencies and offices of public health preparedness and response.

The SPH strives to build the capacity of the existing public health workforce; and extend its reach through graduate certificate programs, available as both add-on specialty focus areas which augment a students' core MPH program, or as stand-alone university graduate certificates which provide career ladders for individuals interested in acquiring marketable skills, or offer points of entry that encourage pursuance of a full MPH degree. Additionally, school certificates allow current public health practitioners to enroll and enhance their knowledge, skills, and abilities in public health without the long term financial and time commitment required by full university certificates.

a. A description of the school's continuing education program, including policies, needs assessment, procedures, practices, and evaluation that support continuing education and workforce development strategies.

The Continuing Professional Educational (CPE) program operates under an advisory committee comprised of the dean, the director of the OPHP, and other select faculty and staff representatives from each department. The OPHP is the organizational umbrella under which CPE functions and helps to provide support services and keep documentation and records. The director of the OPHP serves to offer administrative oversight to CPE's director as well as gives appropriate input towards the annual CPE activities in accordance with the guidance provided by the committee.

Needs Assessment

A formal needs assessment of regional public health departments was conducted in 2008 (available in the resource room). Also, we are in constant and close communication with alumni, other schools at LLU (e.g., nursing, medicine), local health agencies, faith-based and community organizations, tribal nations and other tribal entities, local consulates, environmental health task forces and collaboratives, other undergraduate and graduate educational institutions, and other collaborative entities serving the public health workforce for which the SPH is a member. These entities share and communicate their needs and the needs of their communities and constituents which are collected via a variety of methods; including focus groups, surveys, key informant interviews, and evaluations. One of the noteworthy assessments carried out by the OPHP is that of environmental health services delivery throughout the state of California (conducted in 2006) which tendered recommendations on the need for continued CE for environmental health practitioners.

Procedures

Results from the various needs assessments and evaluations are brought to the Advisory Committee and this information is used to guide the selection and development of CE offerings. With regard to annual conferences and trainings; this process is administered by each program's subcommittee so as to have a more focused and cohesive group tendering and integrating the recommendations derived from the needs assessments.

Practice

Each year, there are annual conferences and workshops held and or administered by the OPHP and the CPE program, as well as others carried out by individual departments, centers, and offices. Following are the key entities who offer CE through the SPH.

Office of Public Health Practice

The OPHP is the formal practice arm of the SPH and functions to provide education and training on a wide variety of topics to partners throughout the Southwest region of the U.S., Hawaii, and the Pacific Rim. The OPHP is home to several key initiatives including: The Native American Health Initiative (NAHI) which provides public health training to tribal nations and the Pacific Public Health Training Center (PPHTC) which targets the existing public health workforce in California, Nevada, Utah, Hawaii and the Pacific Rim. The Regional Academic Center for Excellence in Environmental Health (RAC) a CDC Center, functions within the OPHP to provide training and build environmental health capacity. More information is available at www.lluophp.org. See Table 49 in [Appendix 3.3c \(1\)](#) for a list of training activities.

The Healthy People Conference

The Healthy People Conference is an annual SPH conference which provides public health practitioners from local health departments as well as those from around the globe, an opportunity to focus on key public health issues and concerns and to hear from renowned practitioners, researchers and organizations who actively work to seek, find, and implement solutions to counter these issues. In 2007, the conference focused on Pandemic Disease; in 2008 the conference provided the forum to the Vegetarian Congress, a conference that is held every five years to focus in on the key health benefits and current research associated with the vegetarian lifestyle; Healthy People 2009 focused on Obesity and Diabetes.

*The Office of the Dean**Designs for Health, Dean's Seminar Series*

The SPH was one of several accredited schools to receive funding from the Pfizer Public Health & Government Group in 2008 to arrange and present Grand Rounds reflecting the themes contained in Pfizer's publication, *Milestones in Public Health*. Taking advantage of the geographic proximity of the Loma Linda Broadcasting Network (LLBN) studios, a local television network which broadcasts its programming to several million homes throughout the world via satellite television and the internet;

the program, *Designs for Health*, is broadcast weekly through this venue. The program is recorded and incorporates a live feed to the SPH students located in Nichol Hall, while simultaneously being digitally recorded and archived on the school's website, which makes the programming available in an asynchronous format. The website has had over 2,651 visitors since its inception. In addition, county public health agencies are utilizing the program for workforce development and capacity building. For instance, a director of one of California's rural county public health agencies requested five episodes on DVD to use as part of a "Lunch-and-Learn Series" for his department. A professor who teaches the Introduction to Public Health course at a California college contacted the SPH for use of the *Designs for Health* videos in her classroom, and on the international front, the director of a wellness center in Malaysia requested a set of DVDs to share with their health educators.

Each academic quarter *Designs for Health* examines a new public health theme. The planning committee has been very successful in attracting quality speakers in support of quarterly topics such as health disparities, essential public health services, lifestyle approaches to preventing and treating obesity, and public health policy. Pfizer expressed delight with the programming by voluntarily doubling the financial award. More information on the *Designs for Health* program, including past speakers and topics is available at www.designsforhealth.org.

Loma Linda University Center for Public Health Preparedness

In addition to working with key community stakeholders and governmental and non-governmental organizations to assess their needs as they relate to hazards and emergency public health preparedness, the CPHP, since its inception in 2005, has provided CE training to meet the needs of audiences throughout the state of California, as well as in Hawaii, Arizona, Nevada, Oklahoma, and in the Pacific Rim for the Ministry of Health in the Republic of Palau. The CPHP also partners with UCLA Center for Public Health and Disaster and UC Berkeley Center for Infectious Diseases and Emergency Readiness, California's other two centers for public health preparedness, in the delivery of key public health preparedness trainings. A list of CPHPs training activities can be seen in Table 49 ([Appendix 3.3c \(1\)](#)) and more information is also available online at www.llucphp.org

The Health Geoinformatics Program

The SPH is a premier provider of health geoinformatics training and education for the current and future public health workforce in the United States. The Geographic Information Systems (GIS) department continues efforts to enhance geoinformatics capacity in organizations, agencies, and countries in order to advance fully capable and interoperable information systems in the many organizations that participate in public health with judicious use of geoinformatics technology. The geoinformatics program, in collaboration with OPHP and CPHP has provided training in GIS applications, methods, and planning for a variety of partners including tribal nations, public health preparedness managers, and health agency programs. It continues to serve as a valuable regional resource for public health applications related to this highly sophisticated information technology. For more information visit www.llugis.org

Evaluation

Programs offered by OPHP, CPHP, and the CPE program have evaluation reports that consist of feedback from participants as to the quality of the program, the effectiveness of the speakers and their topic/training areas, and provide requests for additional training and education to be offered by the school. Feedback is given via pre/post test and trainer evaluations. Post event questionnaires are also used; an example of which resulted in a publication, Optimizing Environmental Health Training Outcomes: A Case Study of Tribal and Non-Tribal Trainees. *Journal of Environmental Health*. 70(1) 50-53.2007, Hess, S., Dyjack, D.T. & Bliss, J. where tribal attendees of an OPHP conference titled *Crisis & Risk Communication* were contacted to assist with evaluating training efficacy of the program several months post event.

b. Description of certificate programs or other non-degree offerings of the school, including enrollment data for each of the last three years.

The School offers formal, 27 unit certificate programs, comprised of courses that are offered to students in MPH programs. Students can transfer nine units with a B or better grade if they so desire.

Table 48 provides the enrollment count for the 10 certificate programs offered for the last three years.

Table 48 Certificate Enrollment Count – 2006-2008				
Program Title	2006	2007	2008	Total
Advanced Biostatistics	0	0	0	0
Advanced Epidemiology	0	0	2	2
Basic Biostatistics	0	3	0	3
Basic Epidemiology	2	0	3	5
Emergency Preparedness and Response	0	0	12	12
Health Geoinformatics	8	15	6	29
Humanitarian Assistance	9	6	2	17
Lifestyle Intervention	0	2	0	2
Reproductive Health	1	1	1	3
Tobacco Control Methods	0	8	2	10
Total	20	35	28	83

c. A list of the continuing education programs offered by the school, including a number of students served, for each of the last three years. Those that are offered in a distance learning format should be identified.

Participants of the SPH continuing education programs generally fall into one of three categories or affiliations. Public health and other health care professionals who are constituents of the current workforce. This includes state and local health departments, tribal nations, and various professional organizations working in public health. The next category includes faith-based and community organizations (FBCOs). These organizations have great impact on and relationships with their local communities and through collaborations with FBCOs the SPH is able to bring education and training to a wide variety of community constituents. The final category includes alumni and recent graduates. Within this group the SPH provides training to the entire workforce spectrum, from the emerging workforce to those who are entering retirement.

The training needs of the aforementioned organizations, communities, and individuals

are determined through the engagement of key informants and representatives in a variety of ways. These include face-to-face meetings with department and organizational leadership, polls and surveys, direct partner requested trainings, and finally from the SPH itself as research findings and new knowledge are disseminated through conferences, programs and other forums.

Table 49 Continuing Education Programs can be found in [Appendix 3.3c \(1\)](#).

d. A list of other educational institutions or public health practice organizations, if any, with which the school collaborates to offer continuing education.

Pacific Public Health Training Center

The Pacific Public Health Training Center (PPHTC) is a consortium of five School Partners—four California Schools of Public Health (Loma Linda University [LLU], San Diego State University [SDSU], University of California Berkeley [UC Berkeley], University of California Los Angeles [UCLA]), and the University of Hawaii Manoa’s Office of Public Health Studies, Department of Public Health Sciences [UHM]. PPHTC’s mission is to develop and maintain a skilled public health workforce in the states of California, Utah, Nevada, Hawaii, and the U.S. Associated Pacific Islands. Project Year 2009-10 will be its tenth year of operation. The Center’s mission is to identify, develop, deliver, and support competency-based workforce development opportunities that address public health needs consistent with the objectives of Healthy People 2010. This supports PPHTC’s goal to maintain a skilled public health workforce, which supports and enhances individual and community health needs in its vast region.

In reporting year 2008-09, PPHTC provided 111 trainings to 5156 individuals. Training hours increased substantially, with hours of unique training instruction increasing 52% and total contact hours increasing approximately 43% from 2007-08. Since 2005-06, PPHTC’s overall training growth has increased over 100% across all training count and hour categories. Apart from those trainees who reported their practice location as “Other” (46%), the majority of our 2008-09 trainees work for Public Health Community-Based Organizations (CBOs) (20%) and state health departments (19%). The top five occupational classifications reported were Health Promotion & Education (27%), Community Health Worker (11%), Nurse (9%), Environmental Health (8%), and Social Work (7%).

Table 50				
PPHTC Training Growth Between 2005-06 and 2008-09				
	# Trained	# of Trainings	Hours of Unique Training Instruction	Total Contact Hours
2005-06	2,107	48	190	10,998
2006-07	3,567	84	364	20,338
2007-08	6,094	112	388	24,812
2008-09	5,156	111	589	35,423
Cumulative Total	16,924	345	1,531	91,571
% Growth from 2005-06 to 2008-09	145%	131%	210%	222%
Data from PPHTC's UPR reporting periods March 15, 2005-March 14, 2006; March 15, 2006-March 14, 2007; March 15, 2007-March 14, 2008; and March 15, 2008-March 14, 2009				

Tribal Environmental Health Collaborative (TEHC)

“The Tribal Environmental Health Collaborative (TEHC) was assembled in 2007 when partnerships were formed between multiple Tribal environmental departments, tribal non-profit organizations, universities and federal agencies. The purpose of this collaborative is to provide facilitated collaboration for tribal communities to develop and address environmental Health issues by community organizing, outreach and advocacy; as well as to improve tribal environmental health through projects, policy actions, and communication between tribal governments, other agencies, universities and non-profits” (<http://www.naepc.com/tehc.html>).

The collaborative meets monthly at rotating locations and has established an action plan to address prioritizing environmental health issues. OPHP is a collaborating partner within the TEHC and helps provide continuing education through this group to Tribal environmental health leaders on a monthly basis. “The TEHC is working towards the following goals: Completion of a comprehensive analysis of local tribal human/environmental health concerns, Strengthening and expansion of a network of organizations working with tribes to more effectively monitor and abate environmental hazards to human health, Increasing knowledge and capacity among tribal communities and tribal environmental programs to address critical environmental health risks and concerns, building of a strong coalition of organizations working to advance solutions to interrelated health and environmental concerns on tribal lands.”

Native American Environmental Protection Coalition (NAEPC)

“NAPEC was formed by tribal leaders and elders from La Jolla, Pauma, Pechanga, and San Pasqual in 1994 and was formally established in 1997 to assist member tribes in establishing their own environmental offices, train staff and assist in grant writing.”

OPHP has been a collaborative partner with NAEPC since 2005 and annually provides CE trainings to help build the capacity of local tribal environmental directors in their knowledge, skills, and abilities in environmental health practice. For more information about NAEPC please visit www.naepc.com.

UCLA Center for Public Health and Disasters

AS the CPHP’s sister center for public health preparedness, UCLA CPHD and CPHP collaborate on a variety of training conferences, exercises and workshops each year which target the existing public health workforce including that of local Native American tribes. An effective exchange of knowledge and skills is an ongoing benefit of this collaboration and provides each school of public health with reciprocal benefits from one another’s centers.

Hawaii Environmental Health Association (HEHA)

“The Hawaii Environmental Health Association (HEHA), is an affiliate of the National Environmental Health Association. HEHA was established to further the professional knowledge in environmental health, and to keep abreast of current developments in technical, administrative, and scientific subjects. Every year HEHA sponsors an Annual Educational Conference, seminars, and workshops that bring together professionals from areas of environmental health.” OPHP has been a collaborative partner with HEHA for more than 4 years and has provided specific CE training on a variety of topics. “Some of the past topics include: food safety, vector control, sanitation, professional developments, team building, toxic substances, emerging diseases, and emergency response” (<http://hehaonline.org/default.aspx>).

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

The criterion is met.

Strengths

- The OPHP has built effective partnerships and collaborations which enhance the effectiveness of the public health workforce. We have recently enhanced systems to manage, track, and report training initiatives.

Weaknesses

- Many of the continuing education programs offered are funded heavily by grants which are threatened by federal budget cuts.

Opportunities for Improvement

- Develop a sustainable business model for on-line CE.
- Develop sustainable new non-governmental partnerships to assist in funding CE.
- Encourage local stakeholders to develop a regional strategic plan for CE.

4.1 Faculty Qualifications

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

The diverse academic training, background experience, research interests and service activities of our faculty support the mission. Their experiences in public health practice and translational research enhance instructional capacity, reinforce an ability to link students to field practice opportunities, cultivate partnerships with the practice community, and inform policies, programs, and interventions.

Primary faculty members have the greatest responsibility for training and mentoring our students. They teach the bulk of the courses and supervise students in various research and practice activities. Because the SPH values multidisciplinary collaborations in education, research, and service, several faculty members have secondary appointments at other LLU schools, while faculty members from other LLU schools (most commonly the Schools of Medicine, Science and Technology, and Allied Health Professions) have secondary SPH appointments. These secondary faculty members bring the perspective of other disciplines to public health education and as such perform a valuable service by helping develop a broad understanding of the multidisciplinary nature of public health.

A key strength of our School is its clinical and adjunct faculty. These experts –drawn from government agencies, the global health arena, and non-profit, advocacy, research, health services, and consulting organizations– represent the many faces and facets

of public health. They bring current public health issues and practices as well as perspectives from other disciplines directly into the classrooms, and complement and supplement the core curriculum of each program by teaching specialized courses and supporting the students' field experiences in the community.

While faculty members are steadfastly supportive of the mission, regretfully, compensation is poor relative to other schools of public health. Remarkably few faculty have abandoned the School for more lucrative positions elsewhere. Our goal is for 40% of the budget to be secured from non-tuition sources by 2015. Much of the increased revenue is to be earmarked for faculty salaries.

a. A table showing primary faculty who support the degree programs offered by the school. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit.

The SPH faculty as of Fall Quarter, 2009, is made up of 169 members. Fifty-nine hold primary appointments in the School. There are 59 faculty members from other schools in the University who hold secondary appointments with the SPH. Forty-one faculty members have clinical/adjunct appointments. There are two emeritus professors among the total complement of faculty.

[Appendix 4.1a \(1\)](#) includes primary faculty by department, type of appointment, percent full time, ethnicity, and other relevant indicators as of Fall Quarter 2009. At this time, 20% of the faculty hold the rank of full professor, 28% are associate professors, and 52% are assistant professors or instructors. A substantial majority (86%) of full-time faculty members are doctorally trained. Approximately 75% of the primary faculty possess graduate degrees in public health disciplines. An important number of faculty members have doctoral training in non-public health disciplines as diverse as medicine, biology, law, education, psychology, food sciences, or statistics.

Because the SPH is part of a church sponsored university, a considerable percentage of our faculty members are graduates of this institution. However, a sizeable portion of the faculty members have obtained all or part of their graduate educations from other educational institutions. In illustration, primary faculty members hold advanced degrees from 60 different national (44) and international (16) universities ([Appendix](#)

[4.1a \(2\)](#)). Many faculty members have also earned or completed U.S. certifications, registrations, licenses, and residencies appropriate to their professional practices, including medical licenses from other countries. This information is listed by department and faculty in [Appendix 4.1a \(3\)](#).

Details regarding primary faculty academic training, teaching responsibilities, and research interests can be found in [Appendix 4.1a \(1\)](#). As is evident from the table, there is congruency between the faculty members' training, teaching responsibilities and research interests. Additional information on faculty research interests can be found in criterion 3.1c.

We believe that the multidisciplinary orientation of the faculty is consistent with our mission and emphasizes the value of faculty members who are inter- and trans-disciplinary thinkers and professionals. The SPH has strategically added this consideration to its faculty recruitment plans.

b. If the school uses other faculty in its teaching programs (adjunct, part-time, secondary appointments, etc.) summary data on their qualifications should be provided in table format, organized by department, specialty area or other organizational unit as appropriate to the school.

[Appendix 4.1b \(1\)](#) presents information about degrees earned, institution and area(s) of discipline, and primary employer for faculty members with secondary/dual, clinical, and adjunct appointments: 110 as of Fall Quarter 2009. LLU has established criteria for titling limited service faculty. The SPH has adopted the following designations for its non-primary faculty to be consistent with University guidance.

Secondary. An individual whose primary appointment is in another school in the University but who provides instruction and/or supervision to SPH students.

Clinical. An individual who provides voluntary services to the SPH such as the supervision of students in clinical settings or field experiences and who resides within the vicinity of the University and interfaces with students and other faculty. In some cases, clinical faculty members may contract with the SPH for their services and may teach or co-teach a class.

Adjunct. An individual who provides voluntary services to the School, such as supervision of students in clinical or field experience settings and who resides at a distance from the University.

As evidenced in [Appendix 4.1b \(1\)](#), the largest subgroup corresponds to Clinical/Adjunct. This segment of faculty is drawn from a wide variety of organizations. In addition, the SPH has given faculty appointments to a number of individuals affiliated with our international off-campus programs. These individuals provide instruction or supervise students' field work.

c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the school.

The SPH intentionally integrates perspectives from education, research, service and public health practice, as articulated in the mission and vision statements.

The School actively seeks to assemble a highly diverse adjunct and clinical faculty who by virtue of their primary employment bring a wealth of understanding of public health practice to students in a variety of ways. These experts are local, regional, and even international practitioners who are invited to participate in the classroom as teachers or guest lecturers to explore areas of interest in greater depth. In the field, their most important roles are to precept and interact with students at practice sites, immersing them in public health experiences, and to serve as mentors to students during their practica, internships, residencies, service learning activities and research projects.

Our mission and vision are explicitly aligned with the promotion and tenure application process as practice-based scholarship (or research-related scholarship for faculty rooted in the basic sciences) is one of the three central areas of emphasis in which faculty demonstrate professional competence. In this manner, faculty are recognized and rewarded for excellence in public health practice. At the same time, the School enjoys the contributions of approximately 40 adjunct faculty and contract instructors (many of whom are San Bernardino or Riverside County health department employees) who share the practice perspective of public health with students, and ensure that our School's academic activities are relevant to society's needs.

In 2008 the SPH revised its Dean's Seminars into eminently practice-oriented presentations. Renamed "Designs for Health," the seminar features recognized expert practitioners representing a variety of public health rubrics. Students, faculty and the practitioners participate in these seminars, providing all three stakeholders an opportunity to communicate in a medium (television), usually limited to select professionals. These series are broadcast internationally on a weekly basis via a local satellite television station, and made available over the internet to the outside public health practice community. Recently featured speakers and archived shows can be found at: <http://www.designsforhealth.org>.

In addition to the human resources which enrich traditional classroom environments, the SPH systematically promotes community engagement through its Office of Public Health Practice. The OPHP, through grants and contracts, conducts training needs assessments of local health departments, builds capacity of underserved populations and local agencies, and provides abundant student practice opportunities. The OPHP is also active on a statewide level at promoting the public health profession to high school and undergraduate under-represented minorities. Lessons learned from OPHP activities are incorporated back in the classroom through PHCJ 605 (Overview of Public Health).

In addition to the above, the dean's Advisory Committee, constituted almost entirely by practitioners, provides input to the School on the knowledge, skills, and abilities they desire in interns and new hires. The guidance provided by the committee is funneled to the academic departments through the Administrative Committee, which is the responsible body for leading out in and implementing change.

d. Identification of outcome measures by which the school may judge the qualifications of its faculty complement, along with data regarding the performance of the school against those measures for each of the last three years.

While the School gauges faculty qualifications in traditional ways—including educational background, teaching capability, scholarship, research accomplishments, and extent of public health practice, it also places great emphasis on qualitative attributes, including compassion and a vocation for social justice, coupled with undeterred passion and commitment to improving public health. Although perhaps

less tangible and therefore more difficult to present as formal outcome measures, these are nonetheless fundamental to assess faculty performance as they are directly aligned with our core values.

The outcome measures selected for faculty qualifications (see Table 51), especially those with primary appointments, relate to the level of academic preparation and congruency to instructional responsibilities, distribution across the core public health domains, multidisciplinary nature, and scholarly productivity of primary faculty. Scholarly productivity includes the usual activities, but also public health practice activities and service. Outcome measures relating to research competence can be found in Criterion 3.1 (see Table 45).

Table 51 Outcome Measures: Qualifications of Faculty, 2006-2009			
Outcome Measure	Target	SPH Performance	
		2001-02	2008-09
Academic Preparation			
Percentage of primary faculty with a doctoral degree	85%	75%	86%
Distribution and Multidisciplinary Background			
Percentage of FT faculty with at least one graduate degree in a public health discipline	60%	64%	73%
FT faculty with a doctoral degree in a non-public health discipline that relates directly to one of the five core domains	33%	36%	30%
Teaching Competence			
Teaching evaluations (2008 goal)	Schoolwide and within department course evaluation mean score > 3.80		(From Fall 2008 to Winter 2009) 4.04-4.2
Service Engagement			
Percentage of FT participating in professional service (2008 goal)	50%		10%
Percentage of FT faculty involved in community service (2008 goal)	50%		30%

The number of primary faculty has remained stable since the last accreditation while at the same time both secondary and clinical/adjunct appointments have increased. Thus, compared to 164 at the last accreditation, the SPH has now a total faculty complement of 192. Believing this is a positive development, we remain committed to strengthen the fabric of instructional and research capacity. The SPH has recently hired two new individuals in the Departments of Environmental Health and Nutrition (fall 2009).

The percentage of our faculty who are doctorally trained has also increased, from 75% to 86%. Of the 64 faculty members with primary appointments, 55 have doctoral degrees; of these 22 are in public health, 20 are medical doctoral degrees including seven who hold both a PhD/DrPH and a medical degree. In all, 47 of the primary faculty members have an advanced degree in public health. Of the nine with masters preparation only, some are currently pursuing or about to start doctoral degrees. The School is partially, and in some cases fully, sponsoring individuals who desire to earn a doctoral degree or to enhance existing professional credentials by pursuing formal public health training. The current administration has strongly encouraged individuals to seek terminal and other degrees outside of the LLU system.

Over the last four years eight faculty members have sought promotion from assistant to associate professor and seven were awarded promotion. Two associate professors were promoted to full professor. We anticipate that the proportion of doctorally and senior trained faculty will continue to increase as the School has strategically prioritized faculty recruitment efforts toward identifying individuals who are public health researchers, and is aligning financial incentives for existing faculty who show noticeable scholarly productivity. We expect that this strategy will potentiate faster academic promotion of junior faculty.

Faculty diversity –which translates into the range of teaching, research, and service activities in which faculty members are engaged– is crucial to the School's capacity to offer a solid and timely curriculum within an excellent instructional environment for students to engage in research and practice activities outside the classroom. Our faculty is relatively diverse as the term is traditionally understood in the United States, i.e., including individuals from minority ethnic, or other under-represented groups. About one third of the primary faculty would be classified as ethnic minority according to the standard definition. But by virtue of being part of a University

affiliated with a world church, our faculty also exhibits great international diversity. Our faculty includes individuals from virtually every continent, representing a multitude of national origins and languages. Nearly half of the primary faculty members were born outside the US and more than 40% have a language other than English as their primary language. This point is vividly manifested within the core academic leadership team. Only the chair of the Health Policy and Management Department was born in the United States.

Teaching competence is highly valued at our School. Instructional excellence is a goal throughout all programs. Course evaluations are routinely conducted at the end of every course. Questions in the course evaluation are intended to capture information relative to the instructor's performance, organization of the material, and delivery. Each of the multiple questions gauging the instructor's competence is scored on scale that goes from 1 ("strongly disagree") to 5 ("strongly agree"). We believe that receiving a course evaluation score of 3.80 is a reasonable benchmark to judge teaching competence. Although there is certainly room for improvement, we are reasonably satisfied with the results obtained by our faculty during the years 2007 and 2008. The School-wide mean score ranged from 4.04 to 4.36 based on a total of 3568 responses. The dean reviews teaching evaluations with department chairmen each academic quarter.

The SPH and LLU recognize outstanding teaching, research, and service, and faculty members are also acknowledged by their peers from other schools or practice settings. Over the last three years, recognition in the form of honors and awards has been awarded to faculty across the School. Acknowledgement of the faculty through these awards provides evidence of high quality. A sample of these awards appears in [Appendix 4.1d \(1\)](#).

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

The criterion is met with commentary.

The core of primary faculty exists in sufficient numbers to accomplish the stated goals of the School. The current faculty is drawn from a variety of disciplines that substantially contribute to public health and, very importantly, is able to support the concentration areas the School offers. The primary and secondary faculty have the educational preparation in the discipline in which they teach as well as expertise gained through appropriate experience, and competence as demonstrated in research, practice and professional contributions to support the mission and goals of the institution. They provide the necessary educational experience for future public health practitioners and the many who have returned to graduate work midway in their careers.

Strengths

- The SPH provides a strong teaching program, anchored in our faculty members' passion for education and desire to share the passion with students.
- The majority of our faculty is motivated by commitment to institutional values and goals and is inspired by a mission-driven loyalty to the School rather than by compensation or external recognition.
- Many faculty members have doctoral-level training, and well over half possess at least one public health graduate degree. Many others have doctoral-level training in relevant non-public health disciplines.
- The SPH bridges across disciplines by offering secondary appointments to faculty members from other LLU schools.
- With many of the FT faculty members involved in public health practice, we can respond to our mission of training public health professionals who are able to conduct relevant applied research and to maintain an active, meaningful presence within the practice community.
- The SPH part-time and secondary faculty members represent a myriad of public health and health services professional areas.
- The scholarly activity and productivity of our faculty has grown in recent years.

Weaknesses

- Inadequate numbers of seasoned, senior researchers (applied and basic)
- Chronically feeble faculty remuneration system.

Opportunities for Improvement

- The SPH will continue its efforts to recruit and retain faculty with applied and basic research interests.

- Enhance faculty remuneration.
- We are seeking additional faculty to support the School's various programs and activities, and plan to continue to attract external resources to bolster salaries and total primary faculty FTE.

4.2 Faculty Policies and Procedures

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.

a. A faculty handbook or other written document that outlines faculty rules and regulations.

The policies that govern the SPH with relation to the faculty are derived from the University- wide policies which are published periodically and distributed to faculty members. Policies affecting LLU faculty are developed by appropriate University-wide committees with representatives from each of the schools. These policies cover areas of University faculty concerns and are made available to faculty members for their input before final actions are taken. School specific policies can be found in the appendix section of the University Faculty Handbook.

The University's Administrative Handbook and the SPH Academic Policy Handbook also delineate policies that affect the faculty, particularly with respect to instructional issues and student evaluations of faculty classroom performance.

b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

Support for faculty is provided by both the University as well as by the School.

The University demonstrates its commitment to faculty development in many ways.

1. *New faculty* - University holds regular orientation sessions for new faculty to acquaint them with the University-at-large including academic and other issues.
2. *Workshops and colloquia* - LLU provides in-service workshops designed to improve teaching and to address the concerns of the faculty at large. The annual education “fairs” provide faculty members with ideas and resources. These include activities to increase student collaboration/ networking, and a variety of workshops and seminars for faculty development in the areas of teaching and learning, peer coaching, distance learning issues, putting a course on-line and other pertinent topics. There is a University-wide faculty colloquia held at the beginning of each school year with speakers from various backgrounds dealing with pertinent topics and addressing issues that affect faculty development. Adjunct and clinical faculty are also invited to these arrangements. See [Appendix 4.2b \(1\)](#).
3. *Governance* - The Inter-School Faculty Advisement Council (IFAC) meets monthly and oversees the interests of faculty at LLU. These faculty university resources are listed on the LLU webpage <http://lluonline.llu.edu>. Each school is represented with at least one representative on IFAC and this person brings school specific issues to IFAC and reports back to their school.
4. *Physical activity and wellness* – In line with its motto “to make man whole”, the University has an up-to-date wellness center, The Drayson Center, which is available, free of charge, to full-time faculty and at a reduced rate to part-time and adjunct faculty (www.llu.edu/central/drayson/about.page).

The School demonstrates its commitment to faculty through various means.

1. *Educational and continuing education support* - The School and several of its departments have sponsored faculty enrichment programs. In addition, the School offers complementary registration to professional

continuing education activities that it sponsors, including full registration to the annual Healthy People convention. These are available both for full time, part time, adjunct and clinical faculty. Thus, continuing education courses within the School are provided to faculty at no cost and courses outside the system are usually covered by the faculty incentive noted below or special arrangement.

Faculty and staff members are also encouraged to register for course work as part of their benefit package. Full-time employees may take up to eight (8) units of course work per year at no cost. Audit and continuing education courses are not part of this benefit; however, in the SPH there is an informal understanding that any faculty member, paid or voluntary, who wants to take a course in the School, may do so with permission of the instructor without registering. This has reduced “student anxiety” among faculty members while encouraging learning. Faculty members wishing to apply their tuition benefits for credit coursework outside the Loma Linda University system may do so.

2. *Annual incentive* - Each full-time faculty member is provided \$500 per year from the annual budget for his or her professional development. Typical uses of the funds are to attend professional meetings, and to purchase books and computer hardware or software.

In addition, faculty, staff and students participate in a retreat each year. This provides an off-campus setting in which faculty members may interact with each other in various informal and formal ways, particularly in team building activities, and develop collaborative relationships.

3. *Orientation and Governance* - Each September, the School conducts an annual faculty meeting during which academic programs, services, research, and administrative issues are discussed. Several departments also conduct an annual all day faculty meeting which serves as a focus for growth as well as a forum for discussing concerns and issues identified by the faculty. Departmental mission, goals and objectives are discussed and new plans formulated. These meetings provide opportunity for the faculty within the departments to set individual goals and yet identify the common objectives towards which they will be working as a team.

4. *Research support* - The SPH Center for Health Research (CHR) and other

research support services serve to improve the quality of the research proposals submitted and funded, and to aid faculty development. CHR supports all phases of the research process:

Grant writing mentoring groups – under the leadership of the director of the center, junior faculty, as well as others who want to improve their research skills, can join groups who work throughout the year on developing research proposals. Working groups are divided into two levels, beginner and advanced. At the meetings, faculty give each other constructive feed-back on proposals and papers. This system is especially useful for faculty needing assistance in developing and refining specific aims, choosing appropriate study designs and statistical analyses for their research proposals.

Seed Money – The CHR coordinates the distribution of seed money to qualified faculty members who submit appropriate research proposals. These proposals are peer-reviewed by senior faculty. This mechanism has served to improve the quality of research proposals and encouraged research projects throughout the School.

Grant writing support – the CHR employs a full time person who assists with administrative aspects of the grant writing process including assembling needed documents, obtaining appropriate signatures, obtaining quotes, helping with the wording of certain sections, the actual electronic submission, etc. This office distributes regular grant opportunity announcements.

Research forums – the CHR, in cooperation with the large ongoing research studies, arranges monthly forums where current research findings are being presented and discussed by faculty. This is a great learning experience for faculty.

“Meet and Eat” – these are informal lunch meetings where faculty meet to discuss ongoing issues. This encourages cross-departmental interaction and many great cross-disciplinary research projects are expected to evolve based on these informal sessions.

Statistical support – the Health Research Consulting Center in the Department of Epidemiology and Biostatistics, is available for statistical consultation for faculty. This center helps with both power and sample size, data entry, questionnaire design, analyses, and poster development. These services are used both by faculty and by doctoral students at no cost.

5. *Library support* – In order to give maximum flexibility, faculty in the School, both paid and voluntary, can access the library and its services through the internet. This is very useful as faculty travel to international commitments or work from home.

c. Description of formal procedures for evaluating faculty competence and performance.

There are two formal procedures for evaluating faculty performance:

1. Submission of annual faculty reports to the department chair.
2. Evaluation for promotion by the Rank, Promotion and Tenure Committee.

1. Annual Faculty Report.

At the conclusion of each academic year, faculty members prepare a description of their accomplishments during the year using standard forms which are completed electronically.

These forms provide space for faculty to describe their teaching, research, public health practice, service, and any other relevant activities. Faculty members are asked to indicate the percent of annual effort involved in each of these areas. They are also asked to list their goals for the following year. Department chairs review these reports individually with each faculty member, noting areas of achievement as well as those needing improvement or modification and whether the goals identified in the previous year's document were met. This report serves as the basis for plans for the next academic year. The chair's evaluation and the agreed upon goals are placed in the faculty member's department file for future reference.

The School has a written set of performance metrics by which the department chair can evaluate the productivity and performance of the

individual faculty member at the annual review meeting. On the basis of this evaluation, the faculty member is recommended for a step increase. As seen in Figure 3 below, the School places a large emphasis on scholarly activity. The aim is to have an average of 40% of the School's salary and benefits underwritten from outside sources by 2015.

The performance metrics are based upon productivity expectations as outlined by the American Association of University Professors (AAUP), among others. Full-time faculty are expected to engage in teaching, funded research, and funded or unfunded service. To achieve a common performance denominator, the SPH uses an equivalent of 24 units of teaching per calendar year as a benchmark for a fully productive faculty member, with the expectation that units will be reduced through offsets in service and research activities. *Faculty are not expected or encouraged to teach 24 units per year.*

A departmental summary of the annual reports is prepared by the chair for review with the dean in a meeting arranged for that purpose. The last three years of annual faculty reports are included in a faculty member's Promotion Portfolio when he/she becomes a candidate for promotion or tenure. The University keeps electronic CV's of all faculty. Each faculty member is expected to keep their CV current by updating regularly.

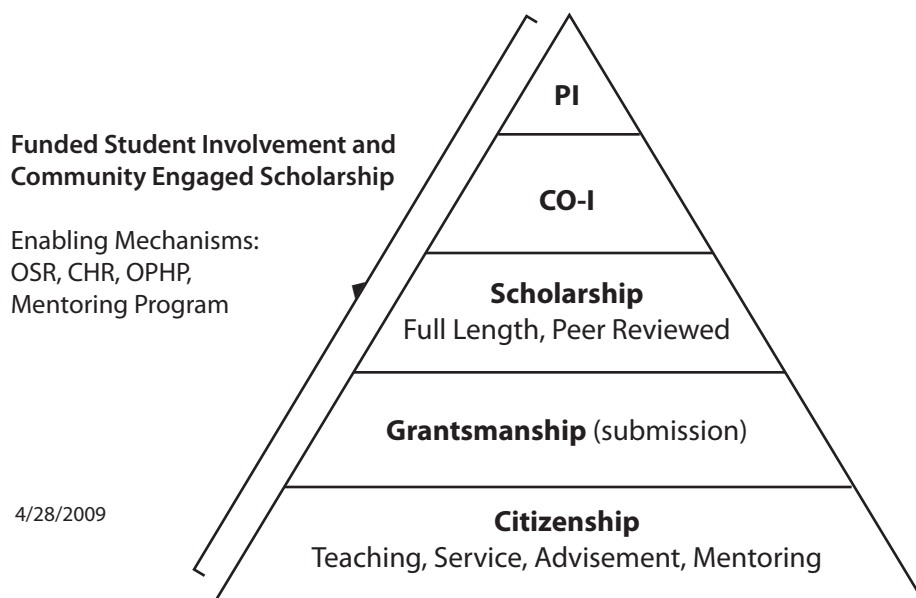


Figure 3. Proposed Merit Increase Model

2. Rank and Tenure Evaluation.

The Rank, Promotion and Tenure (RPT) Committee meets twice during each promotion cycle to evaluate recommendations for promotion. There are two promotion cycles each year – one for promotion in January and the other for promotion in July. A faculty member may be recommended for promotion by their supervisor or they may seek promotion on their own.

When a faculty member is to be evaluated for promotion he or she prepares a Promotion Portfolio. This portfolio includes evidence for promotion including the faculty members vitae, support letters from supervisors, support letters from nationally recognized authorities in the candidate's field from outside the university (for rank of professor), annual faculty reports, student evaluations of instruction, listing of peer reviewed papers to be considered, copies of the two documents deemed most representative of their scholarship, and other documents determined by the supervisor or faculty member to be evidence for promotion (a list of such types of evidence is included in the Faculty RPT Policy). Additionally, each supervisor completes a Promotion Evaluation Worksheet for the proposed rank, a Tenure Evaluation Worksheet if the candidate is to be considered for tenure, and a Promotion Document

Coversheet. The latter includes space for the faculty member and chair to nominate four individuals to serve as reviewers who are from outside the faculty member's department and who have expertise in the faculty member's field, and who have held academic rank at or above the rank proposed. At the first meeting of the RPT Committee during a promotion cycle the committee evaluates the individuals recommended to serve as reviewers and determines if additional material is needed for the promotion portfolio. Then the committee chair arranges for the outside reviewers to review the promotion portfolio. At the next meeting, the RPT committee evaluates the faculty member's qualifications for the proposed rank and makes a recommendation to the dean.

d. Description of the processes used for student course evaluation and evaluation of teaching effectiveness.

Course evaluations and teaching effectiveness are performed in several ways:

1. *Electronic course evaluations* - Each instructor is evaluated at the conclusion of each course taught. This process is performed electronically through an anonymous survey of the students. The evaluation consists of two parts: 1) Evaluation of the course (organization, readings, course requirements, grading system and grading, level of teaching, course rigor, and knowledge gained), and 2) Evaluation of the instructor (mastery of subject, logic and organization, application, encouragement of questions, availability, responsiveness, and relevance to public health, as well as the instructor's sensitivity to diversity issues). In addition, there is a section for students to provide written comments on the strengths of the course and the instructor, as well as offer suggestions for improvement. In order to obtain candid remarks from students the following is stated at the top of the evaluation: "Instructors do not have access to student evaluations, but are given averages of responses, typed copies of comments, and summary information, only when the course is completed and grades have been submitted."

The forms are processed electronically and compiled into a report which is available for the teacher, department chair and academic dean after grades

have been submitted. An electronic notice is given when the compiled report is ready. These evaluations are used by the department chair in the annual evaluation of each faculty member at the end of the year. However, response rates have not been as high as when paper evaluations were administered by the department assistants at the end of the individual courses. The School is currently discussing various methods for increasing the electronic response rates.

2. *Informal course evaluations* - A somewhat less formal method of course evaluation is provided for use by faculty on a voluntary basis. A courseware package called Blackboard is provided by LLU which faculty can use in their courses. Workshops are conducted to teach faculty how to use Blackboard. This package has many capabilities, but one is that faculty members may post surveys which students may respond to anonymously. Faculty may list in these surveys various specific aspects of the course, or any topic on which they want anonymous feedback. For example, if a faculty member had a series of readings required of students and wanted to know which ones students felt most worthwhile, each one would be listed with the various response categories such as, *very useful*, *somewhat useful*, *not useful*. Blackboard would then provide the instructor with the proportion of students who had selected each response for each reading. Blackboard also allows instructors to know whether or not a particular student has completed a survey but does not let the instructor know how a particular student answered the survey.
3. *Exit interviews* – each student completes an exit questionnaire where the evaluation of their curriculum is assessed. In addition, most students have an oral exit interview with the department chair and feedback on their coursework and educational experience is solicited.
4. *Alumni Surveys* – the School conducts regular alumni surveys in which department specific information and feedback on the educational experience is solicited. This feedback is reported back to the departments and discussed with faculty by the department chair.

5. *Informal meetings* - between students and department chair and/or dean
– during the course of the year, both department chairs and the dean hold open meetings where students can voice their opinion about the academic programs.

e. Description of the emphasis given to community service activities in the promotion and tenure process.

For the purpose of the promotion and tenure process “service activities are considered expressions of citizenship in an academic institution. Faculty members must share in the work necessary to maintain the operation of the institution. They are expected to contribute to the growth of the institution and to the maintenance and growth of their professions. Finally, faculty members are encouraged to serve the church and the community-at-large in a professional capacity that enhances the stature of the University. Thus, appointment or promotion to any rank requires at least adequacy in service” (SPH Faculty Rank, Promotion and Tenure Policy, 1998, p.3).

According to the Faculty Rank, Promotion and Tenure Policy, four types of service are recognized for promotion and tenure:

1. *Service to the Profession* - This means that faculty members should be engaged in activities such as leadership positions in their professional organizations such as the American Public Health Association, serving on editorial boards of professional journals, national and international boards, commissions, review panels, review of journal articles as well as being involved in continuing education activities. This is consistent with the CEPH definition as described in Criterion 3.2.
2. *Service to the University* - Such service includes various citizenship roles in the specific department, School, and the University. Service to the University includes membership on committees and especially leading out as chair of committees, as well as serving as sponsors for student and group activities. SPH faculty participation in University committees is a function of their expertise, for example, Dr. Tonstad is chair of the Lifestyle Institute and Dean Dyjack and Dr. Belliard both serve in the Global Health Institute.

3. *Service to the Faith Community* - This includes the demonstration of professional competence and leadership in activities of the sponsoring church and other organizations in the faith community that sponsor similar activities. This may include, but is not limited to, serving as chair for committees and boards, presenting papers, conducting health related programs primarily for the church membership, and engaging in other programs in the areas of their professional expertise. It may also include publishing in journals for the lay-public that are not necessarily peer-reviewed.
4. *Service to the Community* - This includes the larger community. Faculty members may hold positions of civic responsibility, such as being a member of a city council, serving on local school or community boards, and non-governmental organization boards (Cancer Society, American Lung Association, etc), and other services that bring recognition to the University.

Service is considered a major component of the academic program and the School's contribution to meeting community needs. Some demonstration of competence in this area is deemed necessary for the rank of assistant professor and continual professional service with evidence of significant administrative contribution is required for promotion to associate professor. For promotion to professor, the applicant must demonstrate excellence in service, as evidenced in a national reputation in his or her field of expertise and recognition for major professional contributions.

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

Strengths

- The University and the School publish appropriate policies which detail expectations for faculty performance in several areas of importance to an academic institution. These policies are updated periodically with faculty input and are made available to each faculty member during orientation and as revised.
- During the period 2002-2008 twelve faculty members requested promotion. Two

of these were denied promotion and ten were promoted to the proposed rank. Of these ten, two were denied their first request but promoted after the second.

- Faculty are encouraged to continue their professional and personal growth and avenues are provided through various support mechanisms in the School and the University. These include workshops, continuing education seminars, incentive funds, faculty and student enrichment through annual retreats, seed money for research grants particularly to junior faculty, grant writing mentoring groups, tuition benefits and various other activities. Adjunct and clinical faculty members are given access to use the University library and if they wish, to attend continuing education programs with the registration fees waived and audit classes taught in the School.
- Formal procedures are in place to evaluate faculty performance including annual faculty report and goal setting with review with the department chair, student evaluation of courses and instructors, and specific expectations regarding opportunities for advancement in academic rank.
- The School has defined the various types of service activities that are considered in evaluation of this component. Service involvement for each faculty member is assessed at the annual evaluation with the department chair. In addition, a faculty member must perform adequately in this domain in order to be eligible for promotion.

Weaknesses

- None observed

Opportunities for Improvement

- The School believes that methods for course evaluations need to be revised to increase the response rates and plans are underway to try out various approaches. We believe Criterion 4.2 is met

4.3 Faculty and Staff Diversity

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

a. Summary demographic data on the school's faculty, showing at least gender and ethnicity; faculty numbers should be consistent with those shown in the table in 4.1.a Data must be presented in table format.

Table 52 below describes the demographic data of the SPH faculty.

Table 52							
Summary Demographic Data—Faculty							
2005 - 2006							
	Core Faculty		Other Faculty		2005-2006 TOTAL		
	#	%	#	%	#	%	%
Male	31	36.47	24	28.24	55	64.71	
African American Male	4	4.71	2	2.35	6	7.06	
Caucasian Male	18	21.18	13	15.29	31	36.47	
Hispanic/Latino Male	2	2.35	0	0	2	2.35	
Asian/Pacific Islander	2	2.35	1	1.18	3	3.53	
Native American/Alaska Native Male	0	0	0	0	0	0	
Unknown/Other Male	0	0	0	0	0	0	
International Male	5	5.88	8	9.41	13	15.29	
Female	16	18.82	14	16.47	30	35.29	
African American Female	3	3.53	0	0	3	3.53	
Caucasian Female	9	10.59	8	9.41	17	20.00	
Hispanic/Latino Female	0	0	2	2.35	2	2.35	
Asian/Pacific Islander Female	4	4.71	2	2.35	6	7.06	
Native American/Alaska Native Female	0	0	0	0	0	0	
Unknown/Other Female	0	0	0	0	0	0	
International Female	0	0	0	0	0	0	
TOTAL	47	55.29	38	44.71	85	100.00	

Table 52—Continued							
Summary Demographic Data—Faculty							
2006 - 2007							
	Core Faculty		Other Faculty		2006-2007 TOTAL		
	#	%	#	%	#	%	%
Male	33	37.08%	24	26.97%	57	64.04%	
African American Male	4	4.49%	2	2.25%	6	6.74%	
Caucasian Male	18	20.22%	13	14.61%	31	34.83%	
Hispanic/Latino Male	2	2.25%	0	0.00%	2	2.25%	
Asian/Pacific Islander	2	2.25%	1	1.12%	3	3.37%	
Native American/Alaska Native Male	0	0.00%	0	0.00%	0	0.00%	
Unknown/Other Male	0	0.00%	0	0.00%	0	0.00%	
International Male	7	7.87%	8	8.99%	15	16.85%	
Female	17	19.10%	15	16.85%	32	35.96%	
African American Female	3	3.37%	0	0.00%	3	3.37%	
Caucasian Female	9	10.11%	8	8.99%	17	19.10%	
Hispanic/Latino Female	0	0.00%	2	2.25%	2	2.25%	
Asian/Pacific Islander Female	4	4.49%	2	2.25%	6	6.74%	
Native American/Alaska Native Female	0	0.00%	0	0.00%	0	0.00%	
Unknown/Other Female	0	0.00%	0	0.00%	0	0.00%	
International Female	1	1.120%	3	3.37%	4	4.49%	
TOTAL	50		39		89	100%	

Table 52—Continued							
Summary Demographic Data—Faculty							
2007 - 2008							
	Core Faculty		Other Faculty		2007-2008 TOTAL		
	#	%	#	%	#	%	%
Male	37	38.14%	24	24.74%	61	62.89%	
African American Male	5	5.15%	2	2.06%	7	7.22%	
Caucasian Male	18	18.56%	13	13.40%	31	31.96%	
Hispanic/Latino Male	4	4.12%	0	0.00%	4	4.12%	
Asian/Pacific Islander	2	2.06%	1	1.03%	3	3.09%	
Native American/Alaska Native Male	0	0.00%	0	0.00%	0	0.00%	
Unknown/Other Male	0	0.00%	0	0.00%	0	0.00%	
International Male	8	8.25%	8	8.25%	16	16.49%	
Female	20	20.62%	16	16.49%	36	37.11%	
African American Female	2	2.06%	0	0.00%	2	2.06%	
Caucasian Female	12	12.37%	9	9.28%	21	21.69%	
Hispanic/Latino Female	1	1.03%	2	2.06%	3	3.09%	
Asian/Pacific Islander Female	4	4.12%	2	2.06%	6	6.19%	
Native American/Alaska Native Female	0	0.00%	0	0.00%	0	0.00%	
Unknown/Other Female	0	0.00%	0	0.00%	0	0.00%	
International Female	1	1.03%	3	3.09%	4	4.12%	
TOTAL	57	58.76%	40	41.24%	97	100%	

b. Summary demographic data on the school's staff, showing at least gender and ethnicity. Data must be presented in table format.

Table 53 below shows the demographic data of the SPH staff.

Table 53										
Summary Demographic Data—Staff*										
	2005-2006			2006-2007			2007-2008			
	Full-time Staff		Total	Full-time Staff		Total	Full-time Staff		Total	
	#	%		#	%		#	%		
Male	14	31%	14	10	24%	10	13	33%	13	
African American Male	2	4%	2	2	5%	2		0%	0	
Caucasian Male	6	13%	6	6	15%	6	9	23%	9	
Hispanic/Latino Male	1	2%	1		0%			0%	0	
Asian/Pacific Islander	3	7%	3	1	2%	1	3	8%	3	
Native American/Alaska Native Male	0	0%	0	0	0%	0	0	0%	0	
Unknown/Other Male	0	0%	0	0	0%	0	0	0%	0	
International Male	2	4%	1	1	2%	1	1	3%	1	
Female	31	69%	31	31	76%	31	27	68%	27	
African American Female	5	11%	5	4	10%	4	1	3%	1	
Caucasian Female	14	31%	14	15	37%	15	16	40%	16	
Hispanic/Latino Female	3	7%	3	6	15%	6	3	8%	3	
Asian/Pacific Islander Female	7	16%	7	3	7%	3	5	13%	5	
Native American/Alaska Native Female	0	0%	0	0	0%	0	0	0%	0	
Unknown/Other Female	2	4%	2	2	5%	2	1	3%	1	
International Female	0	0%	0	1	2%	1	1	3%	1	
TOTAL	45	100%	45	41	100%	41	40	100%	40	

*Staff is defined as those individuals not defined as students or faculty

c. Description of policies and procedures regarding the school's commitment to providing equitable opportunities without regard to age, gender, race, disability, sexual orientation, religion or national origin.

The SPH complies with the University's overall policies and procedures to provide equitable opportunities to its employees and students without regard to age, gender, race, disability, sexual orientation, religion or national origin. These policies and procedures are based on the affirmation that Christian principles are not compatible with discrimination.

The policy of nondiscrimination allows for the free exercise of religion guaranteed by the Constitution of the United States. This also allows religious organizations such as the Seventh-day Adventist Church which owns and operates the Loma Linda University School of Public Health, to run institutions in which they can give preference to recruiting students and faculty who support their basic tenets and beliefs. However, LLU is committed to equal education and employment for men and women of all races and prohibits discrimination, harassment, retaliation, and different treatment on the basis of disability, sex, race, color or national origin in its education and admissions policies, financial affairs, employment programs, student life and services or any University-administered program.

The SPH follows specific practices and procedures required for implementing its affirmative action programs as described in the University Faculty Handbook. Faculty, staff and students have access to the faculty and academic policy handbooks upon being hired for employment or upon being enrolled into programs.

d. Description of recruitment and retention efforts used to attract and retain a diverse faculty and staff, along with information about how these efforts are evaluated and refined over time.

The SPH is the public health fulcrum for the Seventh-day Adventist Church (SDA), an entity which promotes healthy lifestyles as a central tenant of its belief system. A natural extension of this value centered on healthy living is that intellectual capital aligned with the SDA belief system gravitates to Loma Linda from around the world. In illustration, five of the six academic department chairs were born and raised outside the United States.

While the School enjoys tremendous diversity among its faculty ranks, the current administration has made a concerted effort to recruit and retain individuals who communicate fluently in Spanish. This strategy reflects the School's interest in community engagement, and to complement efforts to increase Hispanic student applications. In the last three years the School has hired the following bi-lingual (Spanish-English) individuals for full-time positions. Eight of the ten individuals noted below are of Hispanic origin.

1. Hildemar Dos Santos, Assistant Professor
2. Tricia Penniecook, Associate Dean, Academic Affairs
3. Richard Blanco, Business Manager, Office of Public Health Practice
4. Jesse Bliss- Director, Office of Public Health Practice
5. Walleska Bliss, Project Manager, Center for Public Health Preparedness
6. Rafael Molina, Director, Office of Distance Learning
7. Grace Molina, Assistant Director, Office of Distance Learning
8. Susan Mazariegos, Administrative Assistant to the Associate Dean
9. Andrea Champlin, Staff, Center for Public Health Preparedness
10. Eddy Jara, Assistant Professor

The School has not established professional recruitment targets or quotas by race, and in light of our constitutionally protected right to selectively hire Seventh-day Adventists, we do not aggressively recruit new faculty through usual and customary mechanisms employed by secular institutions. When qualified candidates are identified generally through the extensive Adventist network, the SPH makes available every possible benefit to recruit and retain faculty who share our values. For example, Tricia Penniecook and Rafael Molina, two key administrators of Hispanic origin, have recently been offered support through the SPH to purchase homes in the notoriously expensive southern California housing market.

e. Description of efforts, other than recruitment and retention of core faculty, through which the school seeks to establish and maintain an environment that supports diversity.

Above and beyond official policies and practices, one of the three core SPH values is *Diversity*, defined in the SPH as – “To humbly learn from all people, while embracing and celebrating their healthy beliefs and practices”. In this spirit, the SPH is a diversity campus leader, in practice, research, and academics. Perhaps the most visible manifestation of our leadership is Juan Carlos Belliard, a faculty member in the Global Health Department. Juan Carlos also serves as LLU Assistant Vice-President for Community Partnerships and Diversity. In this role he coordinates many campus activities related to diversity, facilitates the University’s relationships with the surrounding minority communities, and actively promotes the recruitment of minority students into the various programs. The University sponsors the Alumni Associations for Blacks and Hispanics, and actively supports the minority student associations. Additional information about his office and activities can be found at: <http://www.llu.edu/llu/diversity/>.

In addition to the numerous campus activities, several SPH faculty members are actively involved in the University’s Center for Health Disparities Research (CHDR). The CHDR is the fulcrum for many academic diversity related initiatives, with a focus on both basic and translation research and is instrumental in recruiting scores of under-represented minority youth to campus each year to participate in research. These youth work directly with select faculty members on a variety of projects, which serves to enrich the cultural environment.

The School leads out in and supports activities which foster and nurture diversity. Each year the SPH convenes seminars, retreats, and special events on health disparities and cultural diversity. The School has recently added a required course for MPH students, entitled: *Cultural Competence and Health Disparities* (GLBH 524). The SPH has also convened formal training for faculty and staff, led out by diversity expert, Professor Sharon Rushing.

The Diversity Standing Committee is another way that the administration encourages an environment that values diversity. This committee is made up of nine members, of which four are students. It has convened several luncheon activities where faculty, staff and students have come together to talk about diversity issues.

f. Identification of outcome measures by which the school may evaluate its success in achieving a diverse faculty and staff, along with data regarding the performance of the school against those measures for each of the last three years.

Tables 52 and 53 summarize faculty and staff demographic data for the last three years. The School non-Caucasian faculty have increased from approximately 44% to 47% over the last three years, while 39% of the staff are currently non-Caucasian. The SPH does not now, nor does it plan to develop quotas. We are committed to a diverse workforce, one which will reflect the population we serve. Our current priority is to identify and recruit faculty who share our mission and values, and to continue to build upon the bi-lingual talent recruited in recent years. Ideally, we would like approximately 25% of faculty and staff to be fluent in Spanish, and we will develop a system to measure and monitor our progress against that objective.

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

This criterion is met with commentary.

Our School is diverse in its employee composition, the School and University have clear policies related to diversity, and the School and University have intentionally created programs and activities honoring and promoting diversity. The SPH recognizes its constitutionally protected right to selectively hire Seventh-day Adventists, and in this spirit, selectively recruits faculty who share our mission and values.

Strengths

- Diversity is one of three School values.
- The faculty is approximately 47% minority.
- The staff is approximately 39% minority.
- The LLU Assistant Vice President for Diversity is an SPH faculty member.
- The School has been very successful in recruiting Hispanic talent.
- The School provides a rich environment to learn about, and from our diverse population.
- The School has a standing committee on diversity, made up of equal numbers of faculty members and students.

Weaknesses

- African American and Native American faculty and staff are under-represented

Opportunities for Improvement

- Renew efforts to identify and recruit qualified African American faculty and staff who are in line with the mission, vision and values.

Providing a strong foundation and understanding of the nutritional principles that promote health and prevent disease through competent instruction, research endeavors and dissemination of information to the lay and scientific audience.

As a faculty member my primary mission is to be able to provide formal classroom instruction that will provide the knowledge to our students in the specific areas of nutrition that deals with health promotion and disease prevention. My mission is also to provide mentorship to students in applying this knowledge in seeking answers to research questions (conducting research projects) and also to provide them with the necessary skills and prepare them to share this information with both the lay and scientific community.

To provide the environment and be an example to expand knowledge while integrating basic principles of wholeness, compassion, faith and respect for diversity.

My mission is to provide the environment in the classroom and outside interactions and through personal example encourage students to practice and internalize the principles of wholeness, compassion, faith and respect for diversity.

To be a competent scholar.

To constantly grow as a professional, provide value added instruction, pursue funded research, actively contribute to the scientific knowledge, be proactively involved in disseminating scientific information and to engage in collaborative work with other scholars to integrate different disciplines of public health and biology.

*Sujatha Rajaram, PhD
Nutrition*

4.4 Student Recruitment and Admissions

4.4 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.

a. Description of the school's recruitment policies and procedures.

The recruitment plan aims to support the mission to bring hope, health, and healing to communities throughout the world through the discovery and dissemination of knowledge while integrating the Christian values of the Seventh-day Adventist Church. The SPH intends to attract:

- Students who support the faith-based mission of the campus
- Students with stellar qualifications as scholars and with the capabilities to excel in their chosen fields
- Graduate and undergraduate students with a background in pre-professional studies, business, environmental sciences, behavioral health, global studies, nutrition, and public health
- Health practitioners who choose to augment their careers with an added public health degree
- Students who represent a diverse population

SPH faculty, staff, students, alumni and LLU administrators share the responsibility for recruitment. The director for marketing and recruitment is tasked with primary recruitment responsibilities and regularly meets with the LLU Marketing Committee, the SPH Marketing Committee, and the SPH Administrative Committee to develop

and review marketing and recruitment efforts. The School reaches out to prospective students through the use of off-campus promotion, on-campus events, and printed and web promotions in an effort to build a pipeline for qualified students.

Graduate Fairs and Presentations

The SPH is regularly represented on college and university campuses through graduate and professional school events, campus presentations, and one-on-one advising sessions. Recruitment emphasis is given to California institutions, Christian schools, and under-served populations. Increased interest is paid to the colleges and universities that have historically sent large numbers of qualified applicants to the SPH. During the current recruitment period, the School was represented by the director of marketing, faculty and staff, and current students at the following colleges and universities for graduate events and campus presentations:

Table 54		
Campus Presentations for Recruitment		
California Institutions	Soka University	Fresno Pacific University
Cal Poly Pomona	American River College	La Sierra University
CSU Fullerton	Cerritos College	Mount Saint Mary's College
CSU Long Beach		Oakwood University
CSU Los Angeles	Mount San Antonio College	Pacific Union College
CSU Northridge	Mount San Jacinto College	Pepperdine University
CSU Sacramento	Orange Coast College	Point Loma University
CSU San Bernardino	Rio Hondo College	Saint Mary's University
San Diego State University	Riverside Community Colleges	Southern Adventist University
UC Davis	Saddleback Community College	Southwestern Adventist University
UC Irvine	Santiago Canyon College	Union College
UC Los Angeles	Christian Institutions	Vanguard University
UC Merced	Andrews University	Walla Walla University
UC Riverside	Atlantic Union College	Westmont College
UC San Diego	Azusa Pacific University	William Jessup University
University of Redlands	Biola University	Out of State Institutions
University of San Diego	California Baptist University	University of Hawaii at Manoa
Pitzer College	Columbia Union College	
Scripps College	Concordia University	

Future recruitment plans include additional west coast colleges and universities, out-of-state institutions, and an increased presence in area community college campuses to support pipeline efforts.

Conference Representation

The SPH reaches out to prospective students and the community at a variety of conferences and annual meetings throughout the year. During the 2008-2009 academic year, the School exhibited at the American Public Health Association Annual Meeting, the Environmental System Research Institute (ESRI) International Users Conference, the ESRI Health Users Conference, the Idealist Regional Conference, the WGSA/WAAHP Annual Meeting, the Indian Health Board Regional Meeting, the Global Health Council Conference, the Consortium of Southern California Colleges and University quarterly events, the United States Public Health Services Scientific Training Symposium and the Council of College and Military Educators Annual Meeting. Future Conference participation will include organizations that focus on under-represented recruitment and international students.

Loma Linda University Open House

LLU hosts an annual Open House to acquaint prospective students with campus programs. The 2009 event included over 1,000 students at the general LLU event, with a selection of these attendees continuing on to the SPH to learn more about our programs. Prospective students received information about departments of interest and the University as a whole. Next year's Open House date has been set and additional outreach will take place before the event with phone invitations from faculty and staff to attend.

Pre-Professional Advisor Workshops

The SPH hosted two on-campus events for pre-professional advisors from Christian colleges during the winter of 2009. Advisors from ten Seventh-day Adventist undergraduate institutions attended a three-day session to learn more about the SPH and our curriculum and admissions process. Attendees also benefited from a day of presentations from and interactions with faculty and students. Another event was held for advisors from California Christian schools and was attended by representatives from twelve California Christian colleges. The visiting faculty attended presentations about programs at the SPH and LLU as a whole. Next year's event will draw from Christian colleges throughout the western states.

Website Promotion

A new website was launched during the 2008-2009 academic year. The SPH has added to the functionality of its webpage by introducing video content, analyzing and

responding to the analytics of webpage traffic, introducing a faculty-directed blog, and creating new web pages designed for military personnel and off-site programs. During September of 2009, the University will add a Prospective Student Microsite to the website. This site will provide information for prospective students on possible career options in their field of interest, requirements for admissions, housing opportunities, costs of attendance, interactive maps of the area and campus, student life and activities, and the spiritual life of the campus. Additional features will allow students to ask admissions representatives a question via email using the “Ask LLU” feature, schedule a campus tour, and view the recruitment calendar for upcoming presentations and events. During the last year, website traffic has increased from 1,500 hits per day to 2,000 hits per day.

Printed Materials

During the 2008-2009 academic year, LLU developed a new generation of printed materials. The SPH has created a set of printed marketing materials to mail to prospective students, disperse at presentations, fairs and on-campus events. The SPH has designed large and small School displays, viewbooks to encompass University programs, posters, department fact sheets and give-away items. These printed materials will be available in the resource room.

Content Management Systems

LLU has recently acquired a new Content Management System, Talisma. The capabilities of the Talisma Multi-channel CRM for Higher Education include the ability to: have a global view of contacts and communications, conduct coordinated campaigns with email and SMS, streamline the event management process, provide personalization and accountability for prospective student communications, and the utility and software to track and report recruitment efforts. Future Talisma communications will be scheduled for prospective, accepted and admitted students on a schedule that will reach them during targeted moments during the admissions cycle.

The Talisma system will enable participants in the recruitment process to log and track phone, print and email communications with individual students. By coordinating recruitment efforts, faculty and staff will work more effectively as a team in student recruitment. The SPH implements a well-developed communication plan that includes emails, printed materials and phone calls to prospective students at targeted times in the admissions process.

Student Entry Survey

Admitted students receive an entry survey during their second week of classes. Survey results are tallied and utilized in the improvement of outreach activities. The survey will be available in the resource room.

Public Health Employee Development

The SPH aims to provide educational opportunities for county employees in California who hope to continue with education on the graduate level. To meet the needs of employees in the Central Valley, the SPH has developed an off-campus DrPH program in Fresno. Printed materials featuring the website for this program, <http://www.llu.edu/public-health/fresno>, were announced to area alumni, county employees, and others through campus visits, a presentation at the Fresno County of Public Health, email and mailing campaigns, and a feature in the local newspaper.

Off-site presentations are scheduled throughout the year to inform employees in the public health workforce about the master's and certificate programs available at the School. The directors of each county public health office throughout California regularly receive emailed information about the latest developments in our programs.

During the 2009-2010 academic year, the SPH will widen the promotion of our online programs to county officials throughout the United States. These employees can complete their MPH online without a residential session on campus. By eliminating the standard residential session, the School hopes to meet the needs of those who hope to continue their education while remaining fully employed. The SPH has partnered with two hospitals in Hawaii and Guam to meet regional educational needs. The marketing of these programs includes information sessions, printed materials and the development of a user-friendly website, <http://www.llu.edu/public-health/offcampus>.

b. Statement of admissions policies and procedures.

Admissions policies and procedures are stated in the yearly LLU Bulletin, the LLU Student Handbook and in the SPH Academic Policy Handbook. A part of the policy and procedures is that accepted students are expected to comply with the lifestyle which is consistent with the belief system of the Seventh-day Adventist Church while in the program and on campus. Students indicate acceptance of this policy by their signature of acknowledgement. Each student receives a copy of the LLU Student Handbook and receipt of this is also acknowledged by the student's signature.

The SPH encourages an educational environment supportive of diverse population groups. While the School has the right to give preference to accepting SDA students, students from any belief system may apply and accepted students are granted equal respect, rights and privileges, regardless of gender, race, ethnicity, economic status, or political and religious belief.

Applications are processed through the office of admissions and academic records and forwarded to the appropriate department once the application is complete. The department's recommendation is returned to the office of admissions and academic records for final action by the Admissions Committee.

The School has year-round admissions. Acceptance into the graduate degree programs of the SPH is based on a completed application, official transcripts from all schools attended, scores from any of the following graduate entry examinations: the Graduate Records Examination (GRE), Graduate Management Admissions Test (GMAT), Medical College Admissions Test (MCAT), Law School Assessment Test (LSAT) or Dental Aptitude Test (DAT), a personal statement, three letters of recommendation and a personal interview. For international students whose first language is not English, an English Proficiency TOEFL (or equivalent accepted examination) is also required with satisfactory passing scores. When the department interviews the prospective international student and they feel that the candidate is proficient in English, this requirement can be waived on an official "English Proficiency Waiver" form. Each of these items serve as indicators of the student's potential for success in graduate education. Admissions requirements include a U.S. Baccalaureate degree or equivalent, from an accredited university with a GPA of 3.0 or higher on a 4.0 scale. A limited number of students are admitted on a provisional basis with a GPA of 2.5 and above. With provisional admission a student has to maintain a GPA of 3.00 or above in order to continue. Students who are accepted on a regular basis also need to maintain a GPA of 3.0 or above. If a student's GPA drops below 3.0, they are placed on probation. Applicants to the Doctoral programs are not accepted provisionally. All students are expected to be computer literate.

The acceptance procedure begins with the applicant applying to the SPH through SoPHAS (Schools of Public Health Application Service). Once a student has completed and submitted the SoPHAS application, the completed application which includes a narrative statement of career goals (essay), three letters of recommendation,

and a copy of the transcripts from each institution of higher learning attended will be mailed to the admissions and academic records office. Applicants will then electronically receive a supplemental application. Once the supplemental application is submitted and the required materials are received, the student's file is sent to the appropriate department. Faculty members review the application in departmental meetings to recommend regular or provisional acceptance, deferment of acceptance until prerequisites are completed, other conditions of acceptance have been met, or denial of the application. The application with the departmental recommendation is returned to the office of admissions and academic records and subsequently taken to the Admissions Committee for final action. The Admissions Committee is made up of representatives from all departments in the SPH and serves to assure that policies are applied to applicants.

The final step in the application process is sending a letter from admissions and academic records to the applicant, stating the decision of the Admissions Committee. This official document states the conditions, if any, of the acceptance, the units required to complete the degree and also states who the student's advisor will be.

Official statements of SPH admissions policies and procedures can be found in the SPH Academic Policy Handbook (II.1.1), LLU Administrative Handbook (C-5, C-9), Student Handbook (pg. 226) and the University Catalog.

c. Examples of recruitment material and other publications and advertising that describe, at a minimum, academic calendars, grading, and the academic offerings of the school. If a school does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the school. In addition, references to website addresses may be included.

Prospective students can find academic information in the University Catalog, on the SPH's official web site, and through printed recruitment materials that will be available in the resource room.

d. Quantitative information on the number of applicants, acceptances and enrollment, by program area, for each of the last three years.

Table 55 ([Appendix 4.4d \(1\)](#)) describes the number of students who have applied, been accepted and have enrolled in our programs for the past three academic years. Our off-campus program cohorts in Chile, Peru and Russia started before 2005, which is why they appear without numbers in this table.

e. Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students and a full-time-equivalent conversion, for each of the last three years.

Table 56 ([Appendix 4.4e \(1\)](#)) describes the number of students enrolled in each degree program identified in the instructional matrix for the last three years.

f. Identification of outcome measures by which the school may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the school against those measures for each of the last three years.

The admissions process is geared towards admitting students who are not only academically qualified, but who also are in line with the mission, vision and values. For this reason, department faculty are very involved in the selection process, applicants are interviewed by a faculty member from their department, and responses regarding applicants' mission, values and professional goals are considered as seriously as GRE scores and GPAs. Qualitative data will be available in the resource room. Table 57 describes the quantitative data for this criterion.

Table 57 Outcome Measures				
Outcome measure	Target	2006	2007	2008
Percentage of applicants who complete application process	50%		58%	75%
GPA of applicants	3.3	3.45	3.439	3.389
GRE scores				
Verbal	425	417	443	447
Quantitative	500	546	572	497
Analytical	3.80	3.93	3.92	3.84

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

This criterion is met.

Strengths

- Recruitment efforts are School-wide, faculty, staff and students are actively involved.
- The SPH has a full-time professional dedicated to marketing and recruitment of students in national and international circles.
- A marketing and recruitment standing committee responsible for developing and overseeing marketing plans.

Weaknesses

- Many students have expressed dissatisfaction with SOPHAS.
- The need for submitting a supplementary application could be a contributing factor in the rate of uncompleted applications.

Opportunities for improvement

- Administration is evaluating ways to streamline the admissions process to improve student satisfaction and the number of completed applications.

It is my mission to provide all prospective as well as accepted students with the best service possible and by doing so, reflecting the Christian values that we have as a School and as an Institution. In doing so, I hope to attract more and more students who can prepare themselves for service in the communities of the world, so they can make a difference, wherever they serve.

*Elieze Strydom
Director, Admissions and Academic Records*

4.5 Student Diversity

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

a. Description of policies, procedures and plans to achieve a diverse student population.

The SPH has established its commitment to preparing a diverse student body of public health professionals from the time of its inception (see statement of mission and value of diversity in Criterion 1.1). Because of its philosophical ties to the Seventh-day Adventist Church, students from all over the world are received, prepared academically and return to their home countries to serve. Table 58 shows the countries of origin of the current student body. This commitment includes diversity of religious beliefs. As can be seen in Table 59, students come from a variety of religious persuasions.

Table 58					
Student Country of Origin					
Country of citizenship	SPH Students	Country of citizenship	SPH Students	Country of citizenship	SPH Students
Afghanistan	3	Kenya	5	Taiwan	1
Bermuda (UK)	1	Korea, Republic Of	7	Tanzania	1
Brazil	1	Malaysia	2	Thailand	2
Cameroon	1	Nepal	1	Trinidad and Tobago	1
Canada	9	Nigeria	9	United States	323
Cayman Islands (UK)	1	Norway	1	Vietnam	1
Egypt	2	Pakistan	1	Zambia	3
Gabon	1	Philippines	2	Zimbabwe	1
Germany	1	Russia	1		
Ghana	1	Rwanda	2		
India	24	Saudi Arabia	2		
Iran	2	Sierra Leone	1		
Iraq	2	Singapore	1		
Israel	1	St Kitts and Nevis	1		
Jamaica	2	St Vincent & the Grenadines	1		
Japan	4	Syria	1	Total	427

Table 59			
Student Religious Preference			
Religious preference	SPH Students	Religious Preference	SPH Students
Agnostic	3	Jehovahs Witnesses	1
Anglican	1	Jewish	4
Assembly of God	1	Latter Day Saints	1
Baptist	14	Lutheran	3
Buddhist	9	Methodist	2
Calvary Chapel	1	Missing Data	26
Catholic, Roman	52	Muslim	12
Christadelphian	1	Non-Christian (Other)	1
Christian	56	Nondenominational	9
Christian Coptic Orthodox	2	None	14
Christian Orthodox	2	Pentecostal	6
Church of Christ	1	Presbyterian	5
Church of God	1	Protestant	3
Coptic Orthodox	1	Reformed	1
Covenant	2	Seventh-day Adventist	142
Episcopalian	1	Sikh	8
Ethiopian Orthodox	1	Southern Baptist	3
Evangelical Covenant	1	Syrian Orthodox	1
Evangelical Free Church	1	United Brethren in Christ	1
Four Square	1	United Methodist	1
Hindu	15		
Interdenominational	1		
Islam	13		
Jainism	2		
		Total	427

The faculty make-up also reflects the ethnic and religious diversity of the student body (See Criterion 4.3). Official statements regarding university admissions policies can be found in the Administrative (Section I-1), Student (Page 77), and Academic Policy (Pages 3-23) Handbooks.

The SPH has been extensively involved in programs designed to encourage California's under-represented minorities to consider a career in the health professions in general, and public health in particular. From a local perspective, the student affairs office is actively involved in the Inland Coalition Advancing Diversity & Education in the Health Careers program, a consortium of organizations dedicated to encouraging our local youth to consider a health professions career. Additionally, the dean has been a frequent speaker and participant in a number of programs and initiatives targeted at minority youth. These include participation in multiple California Health Strategy Summits, promoting public health to under-represented minority youth in face-to-face formats throughout the state, and contributing to a nationwide collaborative which is examining the role of accreditation and diversity in health professions schools.

High school students from Hispanic origins have been participants in the "Si Se Puede" program. *Si Se Puede* introduces promising Hispanic/Latino high school students to careers in the health sciences. The goal is to stimulate these students in the pursuit of an educational track specifically designed to prepare them for a professional career in the health sciences at LLU.

Si Se Puede Selection Criteria

- Senior or Junior high school student (priority to seniors).
- Good academic standing overall 2.5+ GPA (include a transcript).
- High academic performance and interest in science & math courses.
- Letter of recommendation from teacher, employer or pastor.
- Participation in leadership, school activities, and community services.
- Written essay describing self, family and community.

Students are actively involved in the Diversity Committee (4 of its 9 members are students). Students are current leaders in the LLU Black Student Association, ALAS, and they organize and participate in annual retreats, providing minority students opportunities to connect and establish connections with minority alumni. Graduates have recently been awarded scholarships from the Black Alumni Association, one of the organizations that the administration supports on a yearly basis.

b. Description of recruitment efforts used to attract a diverse student body, along with information about how these efforts are evaluated and refined over time.

The SPH places a strong emphasis on the recruitment and retention of qualified students and plans activities directed at under-represented minority recruitment. These activities include attendance at minority pre-medical fairs and events and presentations for the minority pre-medical groups on area campuses. Representatives from the SPH participate in workshops and recruiting efforts for under-represented students at the American River College AMSA event in Sacramento, the UCLA Prep/Rap program, and the annual Latino Medical Students Association Annual Graduate and Professional School Event. During the 2009-2010 academic year, LLU will be featured in the Graduate Horizons Program which provides a four-day course on issues facing Native American college students who hope to continue on with graduate education.

The SPH actively collaborates with the Latino Health Collaborative, Reach out West End, and the Inland Empire Coalition for Advancing Diversity in the Health Careers. Each summer, the SPH hosts the Si Se Puede group and a group of high-school age African American students who are interested in exploring health careers. The SPH sponsored a current public health student to return to Oakwood University, a member of the HBCU consortium, to present our programs and discuss career goals with the students. LLU has recently hired a director of multicultural recruitment to enhance the diversity of the student programs within the University as a whole. The SPH is partnering with the director to develop a sustainable plan to help students navigate the admissions process from the prospective student stage through the admitted stage by pairing students with faculty and student partners.

In an effort to continue outreach to under-represented minority students, the SPH distributed information about our programs to under-represented minority students listed in the Medical Minority Applicant Registry (Med-MAR) MCAT directory. This directory consists of underrepresented minority MCAT participants who have selected to receive information about opportunities in health professional fields. Additional outreach includes a phone-a-thon for under-represented students to answer questions about the student life on campus, financial aid, and future employment prospects.

c. Quantitative information on the demographic characteristics of the student body, including data on applicants and admissions, for each of the last three years.

Demographic characteristics of students who have applied, been accepted and enrolled is detailed in Table 60 below.

Table 60									
Demographic Characteristics of Student Body from 2006 - 2008									
		2006		2007		2008			
		M	F	M	F	M	F		
African American	Applied	12	39	10	33	11	47		
	Accepted	6	21	6	17	6	22		
	Enrolled	5	9	5	12	6	15		
Caucasian	Applied	28	65	38	75	16	67		
	Accepted	16	55	30	55	7	37		
	Enrolled	10	33	19	32	5	23		
Hispanic/Latino	Applied	3	15	9	22	7	20		
	Accepted	2	7	5	15	3	14		
	Enrolled	2	5	5	11	2	9		
Asian Pacific Islander	Applied	29	41	24	59	19	36		
	Accepted	26	34	10	29	10	25		
	Enrolled	16	22	9	19	8	13		
Native American /Alaska Native	Applied		1	1	1				
	Accepted		0	1	0				
	Enrolled		0	1	0				
Unknown	Applied		1	2	7		7		
	Accepted		1	1	3		2		
	Enrolled		0	0	0	0	0		
International	Applied	23	43	45	42	38	50		
	Accepted	10	21	23	24	22	23		
	Enrolled	6	7	6	9	8	11		
TOTAL	Applied	95	205	129	239	91	229		
	Accepted	60	139	76	143	48	123		
	Enrolled	39	76	45	83	29	71		

d. Identification of measures by which the school may evaluate its success in achieving a demographically diverse student body, along with data regarding the school's performance against these measures for each of the last three years.

The SPH has defined racial diversity of enrolled students, average GPA by ethnicity, and graduation rates as outcome measures to monitor equity in the admissions process and an environment that is supportive of our Diversity value (See criterion 1.1).

Table 61 describes the ethnic group make-up of the student body. This is a mix that approximates California's racial make-up.

Table 61				
Ethnic Group Distribution				
Ethnic Group	California	2006	2007	2008
White Non-Hispanic	42.7	37.39	39.48	28
Hispanic	36.2	6.09	12.5	11
Black, Non- Hispanic	6.7	12.17	13.28	21
Asian/Pacific Islander	12.4	33.04	21.88	21
Native/American Indian	1.6	0	0.78	0
Other	2.5	0	0	0

The distribution of GPA's by ethnicity has been another outcome measure that has been monitored. Table 62 does not show significant trends in GPA differences between ethnic groups.

Table 62			
Average GPA by Ethnic Group			
Ethnic Group	2006	2007	2008
White Non-Hispanic	3.52	3.60	3.60
Hispanic	3.27	3.41	3.55
Black, Non- Hispanic	3.39	3.50	3.46
Asian/Pacific Islander	3.53	3.58	3.60
Native/American Indian	4.0	2.40	--
Other	3.22	3.25	--

Table 63 describes graduation rates by ethnic groups for the past three years. Although the average is below 80% for all ethnic groups, Black-Non Hispanics have a considerable higher graduation rate than other ethnic groups.

Table 63				
Graduation Rates by Ethnic Groups				
Ethnic Group	2001	2002	2003	3-year rate
White Non-Hispanic	84.85	60	52.94	65.93
Hispanic	69.2	57.1	69.2	65.1
Black, Non- Hispanic	76.68	85.71	61.11	74.5
Asian/Pacific Islander	77.5	57.89	71.43	68.94
Native/American Indian	100			100
All ethnic groups	84.85	60	52.94	65.96

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

This criterion is met.

Strengths

- The SPH is actively involved in pipeline efforts to attract and encourage under-represented minority students to apply and enroll.

Weaknesses

- In spite of multiple efforts, Hispanic student enrollment that reflects the relative percent of California's Hispanic population has not been achieved.

Opportunities for improvement

- Efforts to attract and enroll Hispanic students will continue.

As a faculty member in this institution I am committed to actively support the mission of the University and the School. My personal mission is to professionally and ethically advocate for health education and disease prevention among diverse groups of people and communities while respecting their cultural differences and embracing similarities. I endeavor to reflect and model acceptable health behavior to my students and colleagues that will contribute to their professional growth and future development.

*Naomi Modeste, DrPH
Department Chair
Health Promotion and Education*

4.6 Advising and Career Counseling

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

a. Description of the advising and career counseling services, including sample orientation materials such as student handbooks.

General advising of students begins when the student applies. Initially, students are contacted by the office of admissions and records. As prospective students they are also contacted by the departments and guided through the process until acceptance.

General advising continues at a formal orientation which takes place at the beginning of each quarter. Speakers at the orientation include the dean, associate deans, center directors, faculty, and guests. Prior to coming to the school students are contacted and informed of the date, time and place scheduled for the orientation. Attendance is taken at the beginning of the event.

A package of printed documents is also provided during orientation. This package includes the student handbook, information on LLU, the SPH, the Seventh-day Adventist Church, and services that are provided to the students within the University. Departments are assigned a period of time in the course of orientation during which students receive specific information concerning their individual programs. At this time students have the opportunity to meet and interact with departmental faculty and staff. Each department provides a comprehensive package of information for the students enrolled in their respective programs. Central University Student Services also convene

an orientation program for new students. Students from all nine schools participate in this event to receive additional information on University services and policies.

Each student attending the SPH, regardless of the program or department in which they are matriculating, is assigned an academic advisor at time of acceptance. Advisement continues throughout their tenure with the School. The department chair is the one who generally assigns advisors based on percentage of workload. When the student receives his/her acceptance letter, the name of the advisor is provided and the student consults with the assigned advisor prior to registration. In some cases, the Department of Nutrition for example, students are assigned a faculty advisor by the respective program director/coordinator based on the academic program and the individual student's needs at time of admission. Students are required to meet with advisors face-to-face prior to beginning classes to plan their curriculum and order of classes for the duration of the program. After this initial meeting advice is given as needed, sometimes face-to-face or via email or telephone. For all departments, program coordinators and department chairs assist faculty with academic issues regarding student advisement.

In practice, student advisement begins before the quarter starts, during the quarter and any time as needed by individual students. In some cases students systematically meet with their advisors at least twice during each quarter. Regular advising notes are logged and kept in their personal files in the department. In some cases where there might be problematic or "sticky" issues, the student will be required to sign under the advisors notes and signature indicating that he/she agrees with the written documentation of the session's content. The department chairs have meetings with students who are under-achieving or not performing well to discuss remedial possibilities.

Faculty advisors are provided with an Advisor's Manual. This manual provides information about the office of admissions and academic records and the different forms needed for changing classes or majors and adding or dropping classes. The manual also provides the general functions of advisors and their responsibilities; their role in helping students to grow professionally; grading policies of the school; concerns regarding international students; student's rights; Family Educational Rights and Privacy Act (FERPA); and graduation requirements. The Advisor's Manual is available in the resource room.

Academic advising is also available for both masters and doctoral students on research tracks. Students are given the option to select faculty members who are interested and available to work with them on their research topic. Regular meetings are planned as needed between research mentors and students. Doctoral students choose a dissertation committee at the time they submit their concept paper for their research. The dissertation chair and one other member must be from the department and the third member can be from outside the department or School. The third member must also have an earned doctorate, be published, and an expert in the area of the research topic. This committee advises and mentors the student through the entire dissertation process.

Career counseling is customized and is primarily provided by individual faculty. Job announcements (many come to departments via email or regular mail) are posted on job boards specific to each department in the school. These job boards are placed in the hallways of each department and are accessible to students. Electronic messages are also sent to students on a regular basis advertising jobs or providing links to available jobs that might fit their interest. Employment leads may also come from alumni and students during their practicum experience. Others are shared through the department administrative assistant by individual faculty members who might learn about job opportunities and these are also posted or emailed to students. Some department seminars include modules that specifically address professional development and career issues. Some departments provide a “Job Opportunity Binder” which is kept in the department and is available to students. These announcements are regularly updated. A new webpage was developed in the summer of 2009 which includes faculty practice and research interests. It is accessible to students via the following link, http://myllu.llu.edu/apps/public_health/faculty_connections/, so that they may establish connections with faculty members whose interests are similar to their own.

The SPH recently retained the Dale Carnegie Institute to develop and deliver professional development training to students. The three-session training started in October of 2008. The program aims to provide students skills on resume design, how to secure employment, and strategies to help future alumni advance in their careers. This training is convened in the SPH, which makes it easily accessible to students, and is archived and webcast to on-line students.

b. Description of the procedures by which students may communicate their concerns to school officials, including information about how these procedures are publicized and about the aggregate number of complaints submitted for each of the last three years.

New student orientation provides students insight into procedures for communicating concerns to school officials including their advisors, department chairs, the director of student services, program coordinators and the deans. Opportunities to engage in dialogue about academic, personal or professional issues are abundant.

For formal grievances, University policies are outlined in the Student Handbook. The School specific policies, particularly around issues germane to academic issues are described in Section IX.1.0 of the SPH Academic Policy Handbook. The policy outlines a flow chart to be employed for grievances.

For more informal conversations, students may at anytime arrange appointments with instructors, department chairs, or administrators to discuss issues. The administration routinely convenes “town hall” meetings between students, faculty, staff, and deans of the School. Additionally, the dean has a time scheduled each week when students are encouraged on a “walk-in” basis to discuss any issue. The findings of these various meeting are brought into the Administrative Committee for reflection and action, as appropriate.

Finally, students are selected to serve on department committees to represent the needs and concerns of themselves and their peers for departmental issues. The director of student services works directly with the Student Association for School-wide issues.

c. Information about student satisfaction with advising and career counseling services.

Students have the opportunity to express satisfaction/dissatisfaction with advising and career opportunities through course evaluations, focus groups, exit and alumni surveys, and through town hall meetings which are generally held twice a year.

Course Evaluations

- Students have manifested a positive perception of the faculty's availability to provide guidance about their courses and are responsive to their concerns.

Focus Groups

- Students expressed some positive experiences with advisors, on an individual basis regarding classes, but would have liked more career planning guidance.
- A systematic and regular appointment system does not exist. Students have to pursue the advisors, and ask for appointments, not vice versa. This results in mixed perceptions on faculty advisement.
- Students would like to have more opportunities to interact with alumni, for mentorship and career advice/opportunities.

Student Satisfaction Surveys

- Two thirds of the students believed their advisors were easily accessible and thought they were helpful.
- Half of the students interviewed do not believe advisors have been helpful in guidance about courses outside their departments.
- Students believed that advisors were helpful, when sought out.
- Students believe they would benefit from mandatory, systematic and regular time with their advisors.

Town Hall meeting Outcomes

- There were mixed responses from students regarding expectations from their advisors concerning guidance in programmatic and academic issues. Some expected more help in deciding what courses to take and other related issues, while others expressed the lack of maturity of their peers' expectations, since this is graduate school.
 - Students also expressed a desire for more opportunities to interact with alumni for career guidance/opportunities and mentorships.
 - Faculty agreed that more "intentionality" could be added to the existing opportunities for career guidance.
 - Students appreciated the Dale Carnegie series, even expressing that their resume writing skills had improved dramatically.
-

- A “one-stop-shop” to careers was requested, with everything from local job opportunities, a display of local, state, national and international organizations that employ public health professionals to specific issues like benefits, salary ranges and 401ks. Recommendations included a need for an updated website which could provide this information.

Exit Surveys

- Eighty-percent of the students expressed that faculty were available by appointment or had an open door policy.
- Most students expressed satisfaction with the advisement they received from their department.

Alumni Surveys

- Fifty three percent of alumni surveyed indicated that they did not receive adequate guidance with job placement. Another 39% did not agree or disagree with that statement.
- Sixty percent were not aware of available job placement services. Only 13% agreed that job placement services were available.

Advisory Council

- 91% of employers of alumni evaluated graduates’ academic training as good to excellent.
- 54% considered graduates’ job readiness from good to excellent. 27% considered it fair.

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

This criterion is met.

Strengths

- The School provides a clearly explained and accessible academic advising system for students.
 - Students are provided abundant opportunities to discuss issues of concern to faculty, staff and administration.
 - Career and placement advice is provided through departmental faculty and alumni, with strategies and tactics related to professionalism provided through the Dale Carnegie program. Specific job and
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internship openings are provided to students through weekly notification (i.e., NewsNotes), in addition to job boards located throughout the School.

- Faculty Connections webpage (http://myllu.llu.edu/apps/public_health/faculty_connections/).

Weaknesses

- The School does not provide “one-stop” shopping for career counseling.

Opportunities for Improvement

- Improve and systematize career counseling services.

I am a public health professional because inequities exist, and public health bridges the gap. It guarantees that everyone, from the not yet born to the oldest, and everywhere, from the most remote village to the most progressive metropolis, has the conditions that are necessary to be healthy.

I am a teacher because public health professionals don't just develop on their own, they need guidance and modeled behavior from those who have not only read about it, but have experienced it.

I teach public health in Loma Linda University because I ascribe to its values, and I believe that God has a special purpose for this institution: to prepare leaders who will stand in the gap, translating knowledge from the most advanced research into practice, to improve lives every day.

*Tricia Penniecook, MD, MPH
Associate Dean, Academic Affairs*

ABBREVIATIONS USED IN SELF-STUDY

Abbreviation	Meaning
AAUP	American Association of University Professors
ABIH	American Board of Industrial Hygiene
ACHE	American College of Healthcare Executives
ADA	Seventh-day Adventist
AHSMOG	Adventist Health and Smog Study
APHA	American Public Health Association
ASPH	Association of Schools of Public Health
BSPH	Bachelor of Science in Public Health
CAHME	Commission on Accreditation of Healthcare Management Education
CAPS	Community Academic Partnerships in Service
CBO	Community Based Organization
CBPR	Community Based Projects
CDC	Center for Disease Control
CE	Continuing Education
CHDR	Center for Health Disparities Research
CHES	Certified Health Education Specialist
CHP	Center for Health Promotion
CHR	Center for Health Research
CIH	Certified Industrial Health
CPE	Continuing Professional Education
CPH	Certified in Public Health
CPHP	Center for Public Health Preparedness
CV	Curriculum Vitae
DAT	Dental Aptitude Test
DrPH	Doctor of Public Health
ENVH	Environmental Health
EPDM	Epidemiology
FBCO	Faith Based Community Organization
FERPA	Family Educational Rights and Privacy Act
FTE	Full Time Equivalent
FY	Fiscal Year
GIS	Geographic Information Systems
GLBH	Global Health
GMAT	Graduate Management Admissions Test
GPA	Grade Point Average
GRE	Graduate Records Examination

Abbreviation	Meaning
HADM	Health Administration
HPM	Health Policy and Management
HPRO	Health Promotion and Education
HRCG	Health Research Consulting Group
IFAC	Interschool Faculty Advisory Committee
IRB	Institutional Review Board
LLBN	Loma Linda Broadcasting Network
LLU	Loma Linda University
LLUAHSC	Loma Linda University Adventist Health Science Center
LLUMC	Loma Linda University Medical Center
LSAT	Law School Assessment Test
MBA	Master of Business Administration
MCAT	Medical College Admissions Test
MOU	Memorandum of Understanding
MPH	Master of Public Health
MS	Master of Science
NGO	Non-Governmental Organization
NIH	National Institutes of Health
NUTR	Nutrition
ODL	Office of Distance Learning
OPHP	Office of Public Health Practice
OSR	Office of Sponsored Research
PhD	Doctor of Philosophy
PI	Principal Investigator
PPHTC	Pacific Public Health Training Center
PRAC	President's Advisory Committee
REHS	Registered Environmental Health Specialist
RELE	Religion
RPT	Rank, Promotion and Tenure
RSC	Research Steering Committee
SA	Student Association
SIMS	Students in International Mission Service
SOPHAS	Schools of Public Health Application Service
SPH	School of Public Health
STAT	Biostatistics
SWOT	Strengths, Weaknesses, Opportunities, Threats
TBN	To Be Named
VPRA	Vice President for Research Affairs

Mission

*To bring hope, health, and healing
to communities throughout the world
through the discovery and dissemination
of knowledge while integrating the Christian
values of the Seventh-day Adventist Church.*

