

SELF STUDY REPORT

Submitted to:

Council on Education for Public Health

Submitted by:

**Master of Public Health Program
Department of Preventive Medicine
Keck School of Medicine
University of Southern California**



University of Southern California (USC)

Master of Public Health (MPH) Program

Keck School of Medicine

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Masters in Public Health Program
University of Southern California Keck School of Medicine
Department of Preventive Medicine
Fall 1998

Introduction

The Master of Public Health (MPH) program at the University of Southern California (USC) is a product of USC's commitment to the health and well being of its surrounding communities, as well as to Southern California and the nation. Accordingly, the mission of the MPH program at USC is to assist in creating healthy communities by preparing graduates to lead and collaborate with others in organized community efforts across a variety of settings, focusing on disease prevention and health promotion among diverse populations. The program prepares health and human service professionals to serve in various community settings by providing graduate level training necessary to master core content areas of public health with an emphasis in the behavioral sciences, epidemiology/biostatistics or nutrition. The program addresses behavioral theory, intervention strategies and evaluation procedures for community health promotion and primary and secondary prevention.

The program was developed in part to address public health problems experienced by the local community such as access to health care for the medically indigent. By the mid-1990s, this problem had reached catastrophic proportions in Los Angeles County. The growth in poverty and the effects of an unstable economy contributed to the rise in the number of individuals with limited access to health care. Many low-income residents were living without health insurance while Medi-Cal recipients would depend upon over-burdened and under-funded public health facilities. The downsizing of the Los Angeles County Department of Health Services resulted in the reduction of staff and the closure of facilities threatened the health of all Los Angeles County residents, but especially low-income working families, the elderly and homeless individuals. In a population where survival was the sole priority, personal health care was an issue that was addressed only when a problem could no longer be ignored. This orientation perpetuates a service delivery system that disregards public health by treating symptoms, while ignoring prevention of disease. The creation of the MPH program at USC would serve to create qualified health professionals able to organize health programs, engage in health promotion activities and undertake other public health endeavors to address the critical public health issues in Los Angeles County and throughout the nation.

The development of the MPH program was also in response to the academic and training needs of the USC student and professional communities. As a result of a newly created undergraduate major in Health Promotion and Disease Prevention Studies, a growing number of USC students displayed interest in pursuing an advanced degree in public health. In addition, staff from the university medical school graduate programs reported the receipt of numerous inquiries about public health studies at USC. Informal communication also suggested that many health professional trainees in medicine, nursing, pharmacy, occupational and physical therapy and dentistry as well as related social science disciplines such as Psychology, Social Work, and Communication, would be interested in pursuing public health training at USC. Finally, the department of Preventive Medicine received numerous inquiries from physicians and other health professionals at the university, locally and abroad.

Thus, a Master of Public Health program was proposed to the university graduate and professional studies committee in the fall of 1997 by the Division of Health Behavior Research and the Institute of Prevention Research in collaboration with the Divisions of Biostatistics, Epidemiology and Environmental Health, the Departments of Preventive Medicine, Cell and Neurobiology, and the Schools of Medicine and Public Administration. The program was designed to meet the needs of students interested in health promotion and disease prevention, health professionals seeking advanced degrees, medical students interested in pursuing an MPH along with their medical degree, and nurses, pharmacists and dentists who desired a more public health focus.

With final approval from the provost, the program admitted its first class of 21 students in the fall of 1998. The Dean of the Keck School of Medicine (KSOM) approved the initial budget of \$213,107 for the new MPH program. Now, with an incoming class of more than 50 students and current budget of \$736,636, the MPH program has become self-supporting, and consistent with other USC programs.

By the end of the 1st year of the program, a clearly formulated mission statement and goals and objectives for education, research and service were identified. Similarly, learning objectives for each course and concentrations in health promotion, biostatistics/epidemiology, and nutrition were developed. The program has constructed a clear governing structure with the Program Director and Manager, along with eight program committees, including an external advisory council and opportunities for student representation.

The current educational curriculum reflects the program's goals and objectives and adheres to the accreditation criteria provided by the Council on Education for Public Health. Occasional modifications to program curriculum have been made to maintain excellence in education. To prepare future practitioners and researchers for careers in public health, students integrate concepts and skills gleaned from their coursework and put them into practice. An internship rotation through an area of public health practice in a county, state, federal or community-based agency, known as the public health practicum, is required of all students. Increasing efforts are devoted to maximizing student access to a variety of educational opportunities; many MPH students are given the opportunity to serve as graduate research or teaching assistants as well as to participate with external agencies, community groups and professional associations. The MPH program also attracts students in allied disciplines with the development of five dual degree programs in medicine, pharmacy, psychology, physical therapy and health promotion.

The MPH program consists of a highly qualified and multi-disciplinary faculty. These faculty have extensive research and practice experience, and are characterized as having a strong commitment to applied, community-based health promotion research. A total of 36 faculty and 14 adjunct faculty and instructors provide instruction, student advisement, supervision of research, and periodic colloquia in the MPH program. There is great emphasis on collaborative transdisciplinary and interdisciplinary research. Eighteen different core faculty are principal investigators and/or Center Core/Project leaders on 59 different research or research center grants totaling approximately \$45 million dollars in the current fiscal year. New centers of excellence in research have been targeted in substance abuse prevention, childhood obesity, and cancer communications. There are extensive opportunities for MPH students to become involved in research and community service as they participate through class projects, practicum, and publications.

The current study body continues to become more diverse. Efforts to recruit minority students and current working professionals are expanding. Students' academic progress is routinely monitored by the program staff and by separate faculty advisors. Students have many opportunities to provide evaluative comments, participate in committees and maintain informal access to faculty members at any time. Guidance and financial support has been provided to help students initiate and maintain a student association of the MPH program dedicated to providing a mechanism for program evaluation, student recruitment and support and community service.

Many planning and evaluation processes have been developed and implemented. These include governing committees, student surveys, course evaluations, preceptor evaluations, student achievement, graduate outcomes and feedback from the external advisory committee. Thus far, the program has graduated nearly 50 students, who now pursue careers in their selected concentrations in public health. Since graduation, many students have received additional certifications and advanced degrees while making significant contributions to the fields of public health and preventive medicine.

Thanks to the support, feedback and guidance of the program faculty, staff, students and community advisors, the MPH program at USC has successfully completed this self-study and met all accreditation criteria. The major strengths of the program are its resources measured in research dollars, the availability of talented faculty and instructors, and public health practitioners who serve as practicum preceptors, including our current student body. The program is well regarded in the university and surrounding communities for graduating students with the potential to make significant impacts in addressing current and future public health issues.

SECTION 1

Mission, Goals and Objectives

I. MISSION, GOALS AND OBJECTIVES

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

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

The mission of the Master of Public Health (MPH) program at the University of Southern California (USC) is to assist in creating healthy communities by preparing graduates to lead and collaborate with others in organized community efforts across a variety of settings, focusing on disease prevention and health promotion among diverse populations.

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

INSTRUCTION: The first priority as faculty and staff of the MPH program is the education of our students through the development of innovative classroom techniques and exploring new fields of scholarly investigation. The curriculum is designed to prepare community health/preventive medicine practitioners to access community needs of populations, design, implement and evaluate health promotion programs to diverse audiences.

- Goal 1: Prepare public health professionals to assess the strengths and health needs of diverse communities;
- Goal 2: Prepare public health professionals to plan, implement and evaluate effective and collaborative health promotion and disease prevention interventions;
- Goal 3: Build community capacity to solve public health problems through collaboration and placement of trained public health professionals;

RESEARCH: Research of the highest quality by our faculty and students is fundamental to our mission. Research and teaching are inextricably intertwined such that faculty are not simply teachers of the works of others, but active contributors to what is taught, thought and practiced.

- Goal 4: Prepare public health professionals to utilize epidemiologic, behavioral, and biometric methodologies in implementing various research activities including population disease and risk factor research, prevention trials, demonstration projects and program evaluation;
- Goal 5: Analyze the public health needs of specific communities and populations through collaboration and research.

SERVICE: The MPH program strives to improve the health status of individuals through community efforts. As a community-practice oriented degree, the program encourages students and faculty to participate in community service through research, consultation and volunteerism.

- Goal 6: Communicate and collaborate with university, government, industry, and community stakeholders to improve public health conditions; and
- Goal 7: Provide culturally and linguistically appropriate information and training on public health practice to community based organizations, other public health agencies and other relevant groups.

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

Goal 1: Prepare public health professionals to assess the assets and health needs of diverse communities:

- Objective 1: Create a curriculum of required and elective course work that prepares students to be competent in community needs assessment and asset identification;

- Objective 2: Develop at least 30 practicum sites, preceptors and field supervisors from diverse settings, through which students can apply public health theory, research, and methods to community needs;
- Objective 3: Identify emerging public health needs and community assets that should be addressed in the MPH curriculum by the Senior Advisory Committee and the MPH Community Advisory Committee at least once a year;
- Objective 4: Prepare students to be culturally competent in assisting ethnically and culturally diverse populations;

Goal 2: Prepare public health professionals to plan, implement and evaluate effective and collaborative health promotion and disease prevention interventions:

- Objective 5: Assure that required courses prepare students to plan, implement, and evaluate effective interventions appropriate to their programs focus;
- Objective 6: Identify practicum that promotes the design, management, and evaluation of health promotion and disease prevention interventions;

Goal 3: Build community capacity to solve public health problems.

- Objective 7: Promote faculty, student, and alumni efforts in community advisory and service capacities;
- Objective 8: Work with government and community stakeholders to improve public health policy enactment, enforcement and compliance;
- Objective 9: Work with communities to develop grants supporting community-USC partnerships for addressing community public health problems;

Goal 4: Prepare public health professionals to utilize epidemiologic, behavioral, and biometric methodologies in implementing various research activities including population disease and risk factor research, prevention trials, demonstration projects and program evaluation:

- Objective 10: Demonstrate the appropriate use of epidemiologic, behavioral, and biometric methodologies in the implementation of a health promotion or disease prevention research activity through course assignments, peer-reviewed research projects and/or the practicum;

Goal 5: Analyze the public health needs of specific communities and populations:

- Objective 11: Foster an environment that recognizes and rewards community-based research and collaboration;
- Objective 12: The majority of the MPH faculty will develop community-based research projects that assess public health needs of specific populations;

Goal 6: Communicate and collaborate with university, government, industry, and community stakeholders to improve public health conditions:

- Objective 13: MPH faculty and program graduates will serve on community-based committees, work groups, task forces, or advisory boards to collaborate on public health problems;
- Objective 14: MPH faculty will disseminate research and evaluation results through journal articles, public reports, presentations, and/or trainings and workshops each year;

Goal 7: Provide culturally and linguistically appropriate information and training on public health practice to community-based organizations, other public health agencies and other relevant groups:

- Objective 15: MPH faculty and students will conduct training and workshops on public health practice to community-based organizations, public health agencies and other relevant groups; and
- Objective 16: MPH faculty and students will share their skills and expertise by collaborating with community-based organizations, public health agencies and other relevant groups.

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

The MPH Steering Committee first developed the MPH mission statement and program goals in 1998. During the summer of 1999 they were revised after review and discussion by the MPH staff, Steering Committee, Community Advisory Committee, MPH faculty, and during a retreat of the MPH faculty, staff, and students. Final approval was given by the Steering Committee. The MPH program mission and goals are continuously referenced and used to guide curriculum and programmatic decisions. The mission statement and goals are incorporated into our program and promotional materials (handbook, brochures and flyers) and are disseminated via those vehicles. They will be continually reviewed to stay current with the field of public health.

The mission statement and goals are posted on the MPH website so that prospective students read them when first learning of the program. The MPH website is used extensively for external and internal communications and so the Mission Statement and goals are continuously shared with external and internal publics. Our faculty has embraced the guiding principles of the MPH program and they refer to the program frequently in their interactions with other faculty, students and the public.

Progress toward the objectives is monitored through annual review of the MPH curriculum and practicum requirements, syllabi, course assignments and exams, faculty service and research activities, review by the university Curriculum Committee, student assessments, and committee minutes. The MPH program curriculum was initially reviewed and approved by the university Curriculum Committee. In subsequent years, revisions have been made based on suggestions by the MPH program Steering, Curriculum, and Community Advisory each year. These revised program curricula have been approved by the University. The most recent curriculum effective fall 2002 meets the educational objectives.

Each MPH student meets at least once each year with a staff advisor to assess completion of course requirements and progress toward the degree. Separately, MPH staff conferring with the university registrar assesses degree progress. Students meet with the faculty advisor for their track to assess progress towards the learning and research objectives. Progress is indicated on a degree checklist form kept in the student's file. In addition, the MPH program has an open-door policy such that any student is invited to contact any faculty member to schedule a meeting and receive academic advice. The director, Dr. Thomas Valente, is available anytime to all students to discuss MPH program curriculum, teaching, advising, career development or other concerns.

Each year a confidential survey of MPH students assesses student satisfaction, program strengths, and program needs. The first survey, conducted in June, 1999, indicated satisfaction with several aspects of the program, and several areas in which students would benefit by the development of additional courses specific to MPH students. Moreover, two student focus groups were held to obtain qualitative information pertaining to the student's satisfaction about coursework. Students agreed that the required 400 level (upper division) courses ought to evolve into 500 level (master level) courses specifically for MPH graduates. These changes have since been made. Subsequent student surveys have indicated an extremely high degree of satisfaction with many facets of the MPH program.

Exit interviews have been developed and administered during the summer of each year. These interviews are designed to obtain feedback on the program after students have graduated and have embarked on their professional careers. These data also indicate a high degree of satisfaction with the program, and the program's success at placing students in MPH careers. These data also have provided the program's faculty and staff the opportunity to assess the areas of strength and weakness of the program.

Annual evaluations of full-time faculty at the USC School of Medicine cover community service, teaching, research, dissemination of publications, and reports. Recent policy requires that part time faculty in Preventive Medicine be reviewed annually as well. To date, all MPH faculty who are full-time or part-time faculty at the School of Medicine are meeting the related criterion. In addition, student evaluations are completed at the end of each course and reviewed by the Curriculum Committee for satisfaction in content and teaching style. This information is discussed with the faculty and suggestions are made for improvement.

The program has developed many indicators to assess the extent to which MPH program objectives are attained.

Table I.-1 Measurements and Outcomes of the MPH Program Objectives

Objective	Measurements	Outcomes
GOAL 1: PREPARE PUBLIC HEALTH PROFESSIONALS TO ASSESS THE ASSETS AND HEALTH NEEDS OF DIVERSE COMMUNITIES		
Obj. 1: Create a curriculum of required and elective course work that prepares students to be competent in community needs assessment and asset identification	<ul style="list-style-type: none"> Development of core and track courses that require students to conduct community needs assessments and interview key informants in the community to plan appropriate health interventions 	<ul style="list-style-type: none"> At least 1 core and 1 elective course in each track where students demonstrate their ability to assess community needs and assets (using both primary and secondary data)
Obj.2: Develop at least 30 practicum sites, preceptors and field supervisors from diverse settings, through which students can apply public health theory, research, and methods to community needs	<ul style="list-style-type: none"> Practicum sites that represent a diverse set of public health settings Adequate number of sites to assure students from various tracks are properly placed Sites offering learning opportunities that allow for the application of public health principles as specified in program learning objectives Training and expertise of practicum preceptors meeting both program and student needs 	<ul style="list-style-type: none"> At least 6 different public health settings available (i.e., health dept; CBO; worksite; school; hospital; community clinic) Nearly 60 affiliated sites; with at least 2 choices per student Student’s ability to successfully apply public health principles in a practice setting as evidenced by culminating projects and preceptor evaluations All practicum preceptors possess sufficient qualifications and experience to supervise MPH students
Obj. 3: Identify emerging public health needs and community assets that should be addressed in the MPH curriculum by the Senior Advisory Committee and the MPH Community Advisory Committee at least once a year	<ul style="list-style-type: none"> The scheduling of MPH program committee meetings to discuss current issues in public health and the manner in which these issues may be integrated into current MPH curriculum offerings 	<ul style="list-style-type: none"> At least 1-2 meetings per year of MPH program committees Modifications of MPH curriculum to include emerging topics in public health
Obj. 4: Prepare students to be culturally competent in assisting ethnically and culturally diverse populations	<ul style="list-style-type: none"> The extent to which faculty are involved in research and service projects addressing health problems in diverse populations Creation of courses designed to address the role of cultural beliefs and practices in population’s health behavior 	<ul style="list-style-type: none"> Establishment of many community-based projects or collaborations involving culturally diverse populations by MPH faculty Two courses in the health promotion track which require students to demonstrate the ability to design culturally appropriate, relevant and sensitive health promotion programs and communications
GOAL 2: PREPARE PUBLIC HEALTH PROFESSIONALS TO PLAN, IMPLEMENT AND EVALUATE EFFECTIVE AND COLLABORATIVE HEALTH PROMOTION AND DISEASE PREVENTION INTERVENTIONS		
Obj. 5: Assure that required courses prepare students to plan, implement, and evaluate effective interventions appropriate to their programs focus	<ul style="list-style-type: none"> Develop courses that require students to demonstrate an understanding in the development, implementation and evaluation of community health promotion programs 	<ul style="list-style-type: none"> One core and one health promotion track course where students demonstrate the knowledge of various planning models to design, implement and evaluate health promotion programs
Obj. 6: Identify practicum that promote the design, management, and evaluation of health promotion and	<ul style="list-style-type: none"> Locate and secure field placements with learning opportunities involving program design and evaluation 	<ul style="list-style-type: none"> Over half of available MPH practicum sites contain learning opportunities that involve students

Objective	Measurements	Outcomes
disease prevention interventions		in program planning and evaluation activities
GOAL 3: BUILD COMMUNITY CAPACITY TO SOLVE PUBLIC HEALTH PROBLEMS		
Obj. 7: Promote faculty, student, and alumni efforts in community advisory and service capacities	<ul style="list-style-type: none"> The promotion of involvement in community service work for faculty, students and alumni Create requirements for MPH students to become involved in community based activities through education, research and/or services as part of graduate training 	<ul style="list-style-type: none"> Postings of opportunities for involvement in community service projects MPH Student Association locates and promotes opportunities for service As part of a course requirement, students make contact with a local agency or organization to which they volunteer and provide recommendations
Obj. 8: Work with government and community stakeholders to improve public health policy enactment, enforcement and compliance	<ul style="list-style-type: none"> The extent to which faculty members are involved in research projects utilizing community organization and empowerment strategies to promote health 	<ul style="list-style-type: none"> Faculty who research the impact of community coalition development and mobilization on improving health status
Obj. 9: Work with communities to develop grants supporting community-USC partnerships for addressing community public health problems	<ul style="list-style-type: none"> The development of a mini-grant program to assist local agencies and organizations in conducting tobacco control activities 	<ul style="list-style-type: none"> A total of 79 mini-grant and rapid action mini-grants were submitted to the Latino Tobacco Education Network's Mini-grant Program. Of these applicants, a total of 59 percent were approved for funding. The average mini-grant was for \$3200 and the rapid action mini-grants averaged around \$1500.
GOAL 4: PREPARE PUBLIC HEALTH PROFESSIONALS TO UTILIZE EPIDEMIOLOGIC, BEHAVIORAL, AND BIOMETRIC METHODOLOGIES IN IMPLEMENTING VARIOUS RESEARCH ACTIVITIES INCLUDING POPULATION DISEASE AND RISK FACTOR RESEARCH, PREVENTION TRIALS, DEMONSTRATION PROJECTS AND PROGRAM EVALUATION		
Obj. 10: Demonstrate the appropriate use of epidemiologic, behavioral, and biometric methodologies in the implementation of a health promotion or disease prevention research activity through course assignments, peer-reviewed research projects and/or the practicum	<ul style="list-style-type: none"> Develop a complete and substantive program experiences that require students to master core and specialized knowledge of public health principles and skills 	<ul style="list-style-type: none"> Through course projects, research and field training experiences, students demonstrate the ability to conduct thorough reviews of the literature, use appropriate qualitative and quantitative research and data analytic methods, and apply research to public health practice
GOAL 5: ANALYZE THE PUBLIC HEALTH NEEDS OF SPECIFIC COMMUNITIES AND POPULATIONS		
Obj. 11: Foster an environment that recognizes and rewards community-based research and collaboration	<ul style="list-style-type: none"> Development of a mechanism to promote awareness and recognition of efforts to increase community-based research 	<ul style="list-style-type: none"> The evolution of a database supported communication system to facilitate interaction between faculty, students, and staff, and to coordinate intramural as well as extramural training and researching activities
Obj. 12: The majority of the MPH faculty will develop community-based research projects that assess public health needs of specific populations	<ul style="list-style-type: none"> The extent to which faculty are involved in community-based research projects benefiting specific populations 	<ul style="list-style-type: none"> Faculty members conducting research projects involving Hispanic/Latino adults and Chinese/Pacific Islander youth

Objective	Measurements	Outcomes
GOAL 6: COMMUNICATE AND COLLABORATE WITH UNIVERSITY, GOVERNMENT, INDUSTRY, AND COMMUNITY STAKEHOLDERS TO IMPROVE PUBLIC HEALTH CONDITIONS		
Obj. 13: MPH faculty and program graduates will serve on community-based committees, work groups, task forces, or advisory boards to collaborate on public health problems	<ul style="list-style-type: none"> The creation of opportunities for collaboration between MPH faculty and students to discuss emerging public health issues 	<ul style="list-style-type: none"> Members of faculty serve on all MPH program committees Inclusion of one MPH student on all program committees Inclusion of MPH students in faculty research
Obj. 14: MPH faculty will disseminate research and evaluation results through journal articles, public reports, presentations, and/or trainings and workshops each year	<ul style="list-style-type: none"> The extent to which faculty are involved in research dissemination activities to both academic and professional public health communities 	<ul style="list-style-type: none"> Faculty produce at least 2 public health publications per year Faculty are authors of technical reports on tobacco control issues Faculty members hold at least 1 training or give 1 professional presentation per year
GOAL 7: PROVIDE CULTURALLY AND LINGUISTICALLY APPROPRIATE INFORMATION AND TRAINING ON PUBLIC HEALTH PRACTICE TO COMMUNITY-BASED ORGANIZATIONS, OTHER PUBLIC HEALTH AGENCIES AND OTHER RELEVANT GROUPS		
Obj. 15: MPH faculty and students will conduct training and workshops on public health practice to community-based organizations, public health agencies and other relevant groups	<ul style="list-style-type: none"> The creation of a formal mechanism to deliver continuing education activities The extent to which both faculty and students conduct trainings and/or workshops to members of the professional public health community 	<ul style="list-style-type: none"> Application to the National Commission for Health Education Credentialing Inc. to receive a single or multiple event provider designation Faculty members or students who routinely provide training on issues of HIV prevention and treatment, implementation of drug abuse curriculum and violence prevention Faculty who offer mini-courses on public health topics to employees of Children's Hospital
Obj. 16: MPH faculty and students will share their skills and expertise by collaborating with community-based organizations, public health agencies and other relevant groups	<ul style="list-style-type: none"> The establishment of a collaboration between students and faculty in research and community agencies as consultants and in scholarly and evaluative research The incorporation of community based activities in the MPH program curriculum 	<ul style="list-style-type: none"> Faculty members who routinely provide consultation (e.g., evaluation, data analysis, curriculum development assistance) to community organizations or school districts delivering health promotion services MPH students participate in field training experiences and course assignments that require affiliation with a local public health agency or organization

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

The mission statement and goals have become public commitments through affirmation by MPH faculty, and through incorporation into the MPH program's communications and other public materials used to describe the program. They have been reviewed and updated accordingly. The mission, goals and learning objectives are communicated to prospective, current and former student using many modalities. Mechanisms are in place to monitor the achievement of program goals and objectives. This criterion is met.

SECTION 2

Organizational Setting

II. ORGANIZATIONAL SETTING

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

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

USC, founded in 1880, is an international center of learning, enrolling more than 29,932 students pursuing undergraduate, graduate, and professional degrees on two campuses each year. Approximately 37 percent of the total enrollment is composed of America's minorities while 16 percent are international students. The University confers degrees through its College of Letters, Arts, and Sciences and 17 professional schools. It ranks in the top 10 among private research universities in the United States in federal research and voluntary agency support. USC is accredited by the Accrediting Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges. USC is only one of four private research universities in the western United States elected to membership in the Association of American Universities, a group that represents the top one percent of the nation's accredited universities and accounts for nearly two-thirds of all federally sponsored research.

USC is itself the largest private employer in the city of Los Angeles, contributing about \$3 billion annually to the gross regional product, which in turn generates some 40,000 jobs. Its medical faculty staffs five of the city's major hospitals: the USC Norris Comprehensive Cancer Center, the USC University Hospital and the Doheny Eye Institute on the Health Sciences Campus; as well as the adjacent Los Angeles County+USC Medical Center and Children's Hospital Los Angeles.

Over the past decade, USC's commitment to its local community has grown steadily, particularly in relationship to local schools. USC was named "College of the Year for the Year 2000" in recognition for its leadership among American universities in community involvement and development. A recent compilation of more than 200 USC community-oriented programs included some 80 programs involving local schools serving more than 100,000 children. The university is a partner with the Los Angeles Unified School District in three magnet schools: Francisco Bravo Medical Magnet High School adjacent to the Health Sciences Campus in East Los Angeles; 32nd Street/USC Magnet School, an arts-oriented elementary school near the University Park Campus; and a new museum science school being developed with the California Museum of Science and Industry in neighboring Exposition Park. USC maintains academic enrichment for students in surrounding public schools, with guaranteed admission and financial support for those who meet participation criteria. The USC Keck School of Medicine has two board members who have agreed to assume leadership for fund-raising to support programs in health promotion, preventive medicine, and public health.

The USC MPH program resides in the Keck School of Medicine. The USC School of Medicine was founded in 1885, and was renamed the Keck School of Medicine in 2000 with a gift of \$110 million from the Keck Foundation. Today there are more than 960 full-time and 3,700 voluntary or part-time faculty directing the studies of approximately 640 medical students and more than 200 students pursuing graduate degrees in one of the school's seven basic science departments, and approximately 250 baccalaureate students. The school's postgraduate programs provide training for nearly 900 interns, residents and fellows annually. Over 60 percent of the 4,200 alumni of the Keck School of Medicine practice in Southern California.

USC's Department of Preventive Medicine, the primary home of the MPH program, is one of the leading departments of preventive medicine in the world. Department faculty is internationally recognized leaders in health promotion, health administration, environmental health, epidemiology and biostatistics. The Division of Health Behavior Research is the primary home for the MPH program, providing administrative oversight of the program. The Division Director, Dr. Andy Johnson, provides the link between the MPH program and the Department of Preventive Medicine, as well as between the program and the larger university. He meets regularly with the Department Chair, the Dean of the School of Medicine, and the Associate Deans of Educational Affairs, Faculty Affairs, and Finance and Administration, as well as the Vice Provost for Academic Programs. Dr. Johnson serves on several School and university-wide committees relevant to the program. Dr. Thomas Valente, MPH program director, also sits on numerous university-wide committees relevant to the MPH program and provides additional linkages to the university.

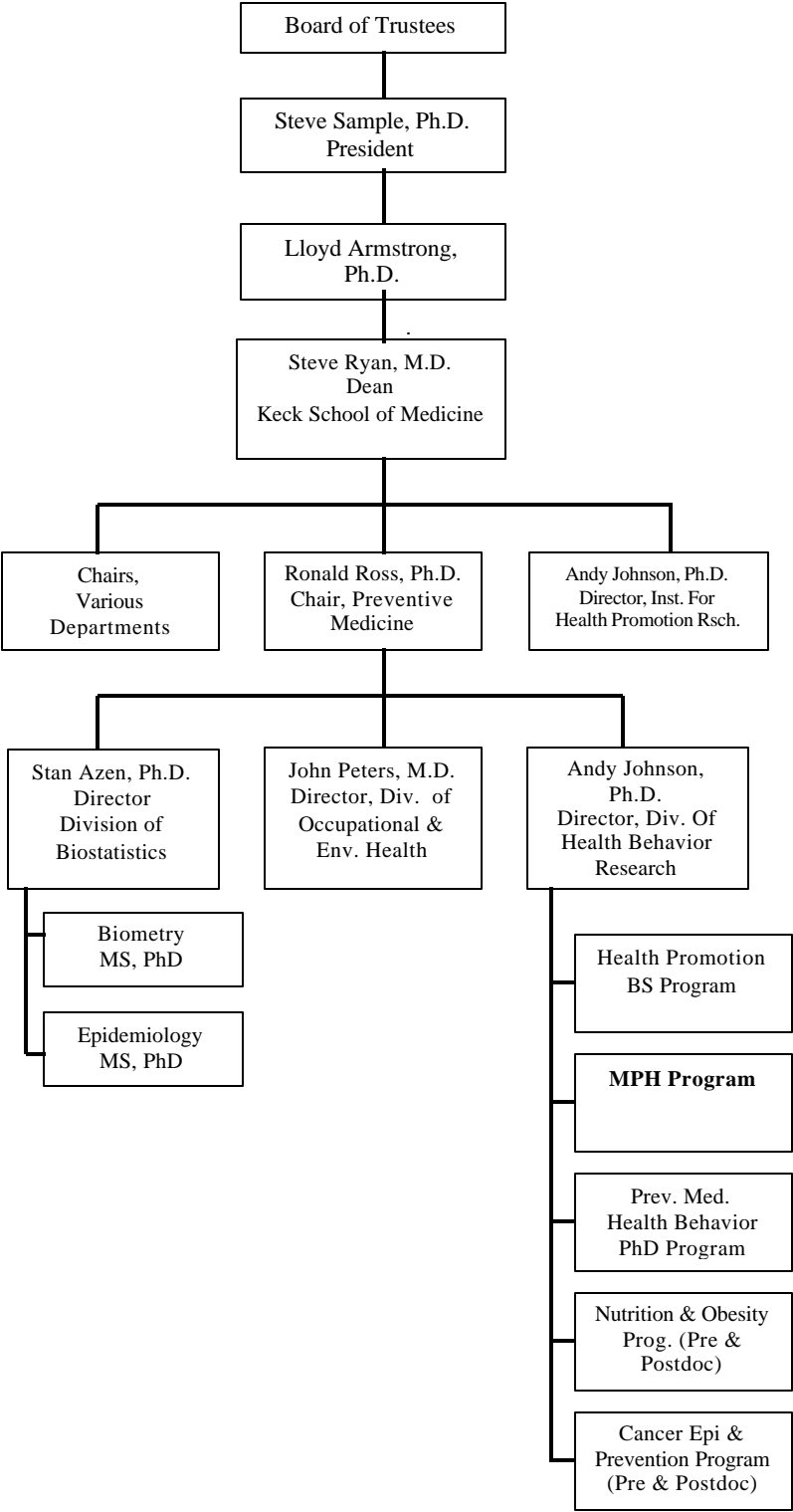
The Institute for Health Promotion Research, the Transdisciplinary Tobacco Use Research Center, the Norris Comprehensive Cancer Center, the Southern Californian Environmental Health Sciences Research Center, The Center for Statistical Analysis, and the Children's Health Center all provide important additional academic and community access resources for the USC MPH program.

2. An organizational chart of the university indicating the program's relationship to the other components of the institution.

The primary home of the USC MPH program is the Division of Health Behavior Research within the Department of Preventive Medicine. The schematic in Figure 1 depicts the relationship the Department of Preventive Medicine and other departments contributing directly to the MPH program. MPH staff maintains continuous communication with staff from these other programs.

The School of Medicine provides salary support for faculty, teaching and research assistants, and staff, space and facilities, and access to other resources of the School such as the Norris Library and computer center. The Department of Preventive Medicine supports the program through the Divisions of Health Behavior Research, Biostatistics, Epidemiology, and Occupational and Environmental Health. The Ph.D. and B.S. training programs provide further support for faculty salaries and co-sponsor courses in the MPH program, and provide an integrated and comprehensive public health training environment. The Division of Health Behavior Research, and its closely affiliated organized research unit, the Institute for Prevention Research (IPR) provide research programs that fund faculty and students and provide experiential opportunities for MPH students in community settings. Other training programs in Preventive Medicine/Health Behavior (PhD), Epidemiology (MS,PhD), Cancer Epidemiology and Prevention (Post Doctoral and PhD), Biometry (MS, PhD), Health Promotion and Disease Prevention (BS), and Obesity and Nutrition (Postdoctoral and PhD) provide additional faculty and curriculum resources.

Figure II.-1: Organizational Chart of USC Collaborating Departments



3. A description of the program’s relationship to the university’s system of governance, to amplify the diagrammatic representation, including budgeting and resource allocation; personnel recruitment, selection and advancement; and establishment of academic standards and policies.

As a private corporation, USC is governed by a board of trustees with approximately 50 voting members. The board is a self-perpetuating body, electing one-fifth of its members each year for a five-year term of office. The University President, Steven Sample, is the chief executive officer for the University. The Provost, Lloyd Armstrong, is the chief academic officer. Academic programs are approved and overseen by the Provost with advisement from several academic committees.

USC budgets are administered through a decentralized system consisting of revenue centers. Generally, each school serves as its own revenue center, which is responsible for its revenue generation and expenditures and is taxed by the University's central administration. In addition, some of these revenues are re-directed to subsidize centers that are not self-sufficient. Preventive Medicine and IPR/DHBR receive their budgets directly from the medical school. Separate accounts include general operating budget, MPH budget, BS budget, and faculty development budget. The general budget increased 60% for FY 2003 over FY 2002. For the previous six years that budget had remained flat. The MPH budget has grown by 246% over the last four years, increasing 40% from FY2002-FY2003. The following page expands the prior organizational chart by providing more details for the Division of Health Behavior Research and the MPH program.

USC is an equal opportunity employer. Recruitment for faculty positions requires that announcement and advertisements be placed in national professional publications and that these positions be posted and remain listed on USC's personnel website for at least ten working days. Staff positions must also be posted on the personnel website for the same duration. Policies for selection and advancement are described in the USC faculty and staff handbooks. Consistent with University policy, the Preventive Medicine Appointments and Promotions (A & P) Committee, chaired by John Peters, MD, MPH, reviews Preventive Medicine faculty annually. Following the review, each faculty member receives feedback regarding his or her progress. Recommendations for promotion and/or tenure are forwarded to the Medical School A&P Committee, which, in turn, submits its advisement to the Dean, who then forwards his recommendation to the Provost. The Provost, who is advised by the University A & P Committee, directs his decision to the President and Trustees based upon the faculty member's prepared dossier and recommendations of the three A & P Committees, outside reviewers, and the Dean. This procedure and academic standards and policies are also described in the Faculty Handbook.

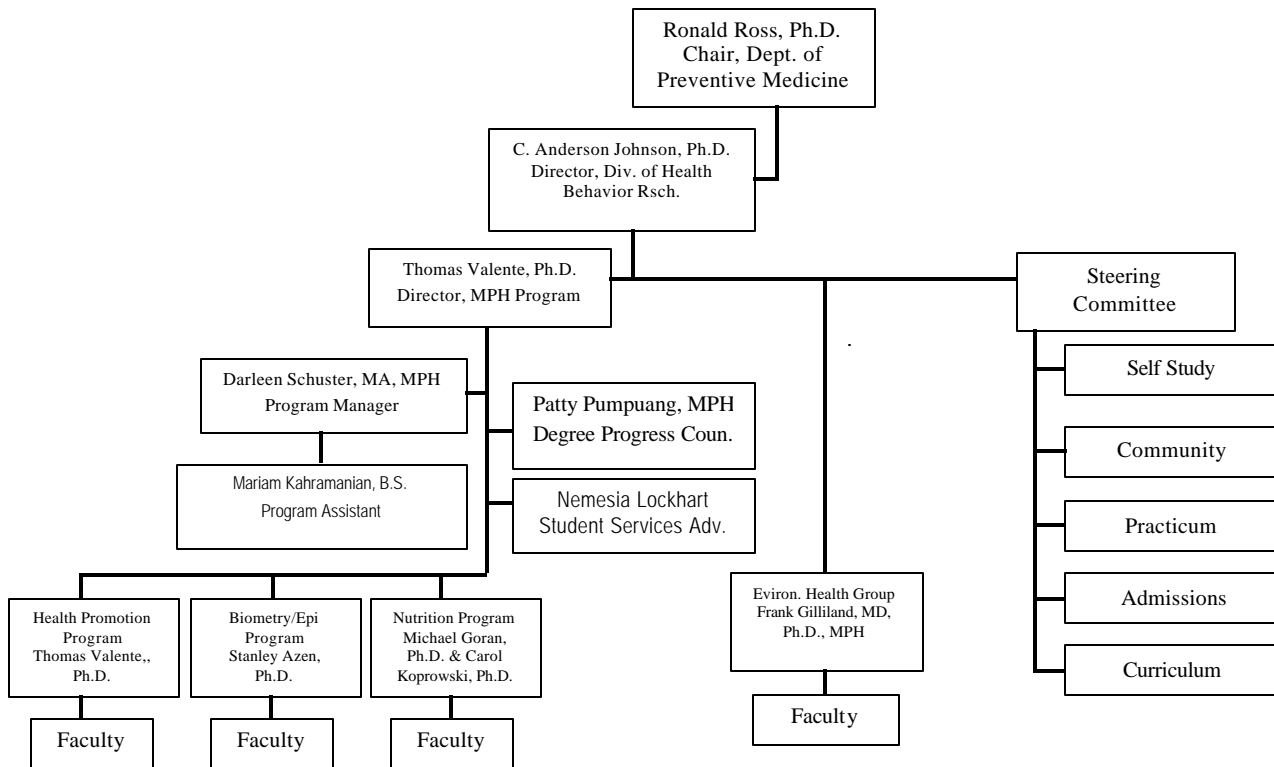
4. Assessment of the extent to which this criterion is met.

The MPH program is fully integrated into the governing, academic, educational, and service structure of the university. The program is fully compliant with the University's standards and policies for personnel and academic procedures as a unit within a major university with a strong commitment to community services, academic excellence and public health; the MPH program has become integral to the university's mission. Using indicators such as the accreditation of the School of Medicine and University, as well as compliance with USC policies and procedures, the criterion regarding institutional setting is met.

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

- 1. An organizational chart of the program, indicating relationships of its components with the administration of the school or other unit in which the program is located.**

Figure II.-2 Organizational Chart of MPH Program



2. Description of the relationships indicated in the diagrammatic representation.

C. Anderson Johnson, Ph.D. is Director of the Division of Health Behavior where the MPH program principally resides. In this role he reports to the Chair of Preventive Medicine, Ron Ross and provides oversight and direction to the MPH Director, Thomas Valente, Ph.D. Policy advisement is provided by a Steering Committee, comprised of Thomas Valente, Ph.D. (Program Director), Tess Cruz, Ph.D., M.P.H. (Former Program Director), Stanley Azen, Ph.D. (Biometry/Epidemiology Track Director), Michael Goran, Ph.D. and Carol Koprowski, Ph.D. (Nutrition Track Directors), John Hisserich, Dr.P.H. (Associate Vice President for Community Relations), Andy Johnson, Ph.D. (Chair), Jonathan Fielding, M.D., M.P.H. (Health Program Director of Los Angeles County Health Department), Darleen Schuster, M.A., M.P.H, C.H.E.S. (Program Manager), and Ginger Macias (student appointee). The Division Director, MPH Director and the Steering Committee are advised by four committees: the Community Advisory (with representatives from key community agencies), the Curriculum, the Recruitment and Admissions, and the Practicum committees.

Thomas Valente, Program Director, administers the program’s day-to-day activities and reports directly to Dr. Johnson in carrying out policies of the program. The MPH track Directors, Drs. Valente, Azen, Goran and Koprowski are directly responsible for the teaching programs and maintaining compliance with program and University policies. Darleen Schuster manages the MPH program by following university procedures for maintaining curriculum integrity. She meets regularly with students to advise them on planning their educational objectives and making progress toward their degree. Nemesia Lockhart is the student services coordinator. In that capacity she attends to student needs for workspace, logistics, and any other needs students may have. Increasingly, Ms. Lockhart has been developing MPH program promotional materials. Ms. Lockhart and Ms. Schuster oversee a staff of program and work-study assistants. To adequately attend to the increasing MPH and dual degree student population, we hired an MPH program alum, Patty Pumpuang, to serve as the degree progress counselor. She joins the MPH staff at 70 percent time beginning July 2002.

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

The Department of Preventive Medicine is an interdisciplinary department comprised of epidemiologists, behavioral scientists, biostatisticians, environmental health scientists, communication researchers, physicians, and other expertise. The Institute for Health Promotion, an organized research unit within the Keck School of Medicine, was founded in 1980 to promote interdisciplinary research and training University-wide. A total of 60 full-time faculty in over 20 schools and departments participate in the research and training programs.

Faculty who teach in the MPH program are drawn from the fields of anthropology, biochemistry, biology, biostatistics, cinema and television, communication, demography, dentistry, economics, environmental health, exercise science, epidemiology, geography, health administration, medicine, nutrition, physiology, psychology, psychometrics, public health, and sociology. Several of our courses are team taught across disciplines. Students participate in multi-disciplinary research and community intervention programs, including projects in the recently NCI-funded Transdisciplinary Tobacco Use Research Center.

Further, some MPH faculty possess degrees from disciplines other than public health, adding to the interdisciplinary nature of the program. For example, Thomas Valente, Program Director has his BS in mathematics and his PhD in communication. Dr. Andy Johnson has his PhD in Social Psychology.

4. Definition of the professional public health values, concepts and ethics to which the program is committed and a description of how these are operationalized.

The professional public health values, concepts and ethics, described below, were formalized through discussions with MPH faculty, staff, and students in a retreat held in August 1999. It is our belief that health is a fundamental human right, as is the right to a social and physical environment that protects and promotes public health. To this end, the MPH program values and strives to:

- Improve access to and delivery of public health services
- Reduce inequities in social health status
- Promote empirically-based thinking, decision-making, and evaluations
- Understand the contribution of social and environmental conditions to health
- Recognize the relationship and importance of public policy to all aspects of public health
- Safeguard ethical treatment of the communities we serve
- Build individual and community capacity to assess and improve public health
- Understand the diversity of health protection approaches available to resolve health problems
- Improve relations among researchers and practitioners in public health
- Respect and incorporate cultural beliefs and behaviors in resolving public health problems
- Promote collaborative approaches to resolving public health problems.

These values were re-affirmed during a recent Department of Preventive Medicine (February 2002) retreat. At that retreat, faculty stated their support for the MPH program and their belief in the MPH program values stated above.

The program's commitment to these values is reflected at all levels of teaching, research, and service. These values are circulated to all MPH faculty so they may be incorporated, when possible, into course curricula, assignments, and discussions. MPH staff and Committees are also charged with ensuring incorporation into the core course objectives, assignments, practicum, research, and community service work of the MPH program.

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

As part of the University of Southern California, it is the responsibility of the faculty and staff to represent the overall commitment to fair and ethical dealings to the students, staff, and human subjects. These principles are stated in the Faculty and Staff Handbooks and the Statement of Student Rights and Responsibilities within the

University of Southern California SCampus publication, and in our [Guidelines for Approval of Human Subjects](#) research by the Institutional Review Board that are all available on the USC web site (www.usc.edu). Each faculty member at USC is expected to be familiar with the guidelines laid out in these documents relevant to their teaching, research and service commitments.

In addition, as representatives of the University of Southern California, program faculty and staff comply with all laws prohibiting discrimination against students or applicants on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation or status as a disabled veteran. An otherwise qualified individual shall not be excluded from admission, employment or participation in educational programs and activities solely by reason of his/her disability or medical condition. This policy applies to all personnel actions such as recruiting, hiring, promotion, compensation, benefits, transfers, layoffs, return from layoff, training, education, tuition assistance and other programs.

The University of Southern California is committed to conducting its biomedical and behavioral research involving human subjects under rigorous ethical principles. The Institutional Review Boards at the University of Southern California are empowered to review all research proposals, funded or not, which are conducted by the faculty, staff, graduate or undergraduate students which involve the use of human subjects. The Institutional Review Boards (IRBs) have been established to comply with existing regulations of the federal government, which has issued a Federal Policy for the Protection of Human Rights (45 CFR 46) on June 18, 1991. As part of a general assurance to the Office for Protection from Research Risks (OPRR), the University has also agreed to adhere to the statements of ethical principles as described in The Belmont Report: Ethical Principles and Guidelines for the Human Subjects of Research and the Report of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (April 18, 1979). The IRB is required to assure that:

- a. Research methods are appropriate to the objectives of the research;
- b. Research methods are the safest, consistent with sound research design;
- c. Risks are justified in terms of related benefits to the subjects;
- d. Subjects' privacy is protected;
- e. Subjects participate willingly and knowingly to the extent possible; and research projects are monitored by the IRBs.

All faculty, staff and students involved in research were required to attend workshops sponsored by the USC Provost & Office of Compliance in fall 2000. All attendees who satisfactory passed the exam received a certification in the protection of human subjects. Newly hired faculty and research staff are required to attend workshops sponsored by the office of compliance to become certified.

These values are communicated to MPH students during orientation and incorporated into PM 501, the core introductory course in the MPH program. These various policies and manuals reflect the commitment by the program and the university to fair and ethical dealings.

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

The organizational structure of the program illustrates the collaborative nature of our program. The training of our faculty indicates its interdisciplinary spirit and achievements. There is a genuine commitment within the program and throughout the Division to foster interdisciplinary work as a way to meet our mission and goals, and to strengthen our achievements:

- A copy of the [Student's Rights and Responsibilities](#) is kept on file in the MPH Program administrative office and is referenced in the MPH Student Handbook.
- Any research involving the faculty and/or students are first submitted to the Institutional Review Board for approval. It is the responsibility of the MPH Program Manager and the faculty advisor to determine the need for such review of a student's practicum project and submit the necessary paper work and receive approval, prior to initiating the project.

- Each member of the campus has the right to organize and maintain his/her own personal life and behavior, so long as it does not violate the law or agreements voluntarily entered into and does not interfere with the rights of others or the educational process.
- Each member has the right to identify himself/herself as a member of the campus but has a concurrent obligation not to speak or act on behalf of the institution without authorization. Every member of the academic community shall enjoy the rights of free speech, peaceful assembly and the right of petition.
- In addition, the University of Southern California complies with all laws prohibiting discrimination against students or applicants on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation or status as a disabled veteran.

The criterion regarding internal organization structure is met.

SECTION 3

Governance

III. GOVERNANCE

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

1. Description of the program's administration, governance and committee structure and processes, particularly as they affect:

a. General program policy development

Overall structure: The MPH program is housed in the Institute of Prevention Research and is supported by its organizational structure. The program has three areas of concentration or tracks: Health Promotion, Biostatistics/Epidemiology and Nutrition each headed by members of the faculty who serve as program track directors. The program is supported by eight committees, composed of faculty members and public health professionals from outside the university, and is administered by a staff of four.

Faculty Direction and Leadership: Dr. C. Anderson Johnson serves as the Director of the Division of Health Behavior Research and the Institute for Prevention Research that houses and administers the MPH program. Dr. Thomas Valente serves as the Program Director, with Co-Directors from each of the three MPH tracks. Dr. Valente represents the Health Promotion track, Dr. Stanley Azen for the Biostatistics/Epidemiology track, and Drs. Michael Goran/Carol Koprowski as the Nutrition track Directors.

Program Committees: There are eight committees within the MPH program: Steering, Curriculum, Internship/Practicum, Admissions and Recruitment, Community Advisory, and Self Study/Accreditation. Each of the Co-Directors serves on the MPH Steering and Curriculum Committees with Dr. Valente serving as chair. In collaboration with the Steering Committee and Co-Directors, the MPH Director develops program policy, provides strategic plans, program oversight, and committee agendas while also supporting other governing and administrative bodies at USC. Final recommendations for curriculum and policies are made by the Division Director, Dr. Johnson to the Provost, Lloyd Armstrong. The University's Graduate and Professional School Curriculum Committee advises the Provost in curriculum and policy changes. The Provost serves as the final authority on academic policy and curriculum decisions. Student representation exists on all MPH program committees.

Program Staff: The program supports four staff members. Dr. Valente, the Program Director, has direct responsibility for program design, policy development, personnel administration, marketing and public relations, teaching and research. He directly manages other staff assigned to the program. Ms. Schuster, the Program Manager, assists in planning and developing program objectives and content in addition to assessing the quality of program operations. She manages the dissemination, interpretation and application of program policies. Ms. Pumpuang, the newly hired Degree Progress Counselor, will maintain currency with University and program curricula, practices, policies and procedures as well as providing clarification of these policies to faculty, administrators and students. She responds to inquiries from students or staff regarding established procedures relating to degree requirements, diplomas and exceptions to academic policy. Ms. Lockhart, the Student Services Advisor I, participates in the development and implementation of program policies and procedures and recommends and/or implements modifications as necessary to ensure achievement of program goals and objectives.

b. Planning

Initial plans for the MPH program were developed through a Steering Committee, the Directors described above, recommendations from the Senior and Community Advisory Groups, and the MPH Program Coordinator. The proposed curriculum was recommended for approval by the Graduate and Professional School's Curriculum Committee (GPSC) and approved by the Provost in the spring of 1998. The first students were admitted in the fall of 1998. Since that time, the MPH staff and Directors have held numerous meetings with MPH Committees, faculty, students, university administrators and community representatives to help mold and improve the program. New courses, course revisions, and program changes have been reviewed and approved by the GPSC and the

Provost on several occasions. It has been a rapid, extensive, and exciting process of review and growth. Planned changes regarding curriculum, program tracks, and off-site study programs require the approval of the Provost, who acts on the recommendations of the University's Graduate and Professional School Curriculum Committee.

Dr. Thomas Valente, MPH Program Director, and Darleen Schuster, MPH Program Manager, coordinate course planning, in collaboration with the Curriculum Committee, Steering Committee, Program Track Co-Directors, individual faculty and input from MPH students. As the need and capability for new courses is developed, these courses are proposed to the University Curriculum Committee.

Planning for budgets and administration are overseen by the Program Director in collaboration with Bruce Missagia, Financial Director, and with advisement from faculty and staff. Final approval is the responsibility of Dr. C. Anderson Johnson, Institute Director. In the spring of each year, Dr. Johnson presents a proposed budget to the Senior Associate Dean for Administration, Dr. Ronald Kaufman, who in turn presents the Medical School's total budget to the Provost and President. The President presents a final budget, as part of the University's overall budget, to the Board of Trustees. The MPH portion of the approved budget becomes the working budget for the MPH program. It is University policy to base program budget on a department or program's tuition performance in the previous year.

The MPH Program Director and the MPH Program Manager, in collaboration with the Recruitment and Admissions Committee, oversee planning for student recruitment. The MPH Student Association is also active in locating and participating in recruitment activities.

The University has initiated a review of all graduate programs on a seven-year cycle. The Department of Preventive Medicine underwent a review conducted by UCAR (the University Committee on Academic Review) in the 2000-2001 academic year. The committee is composed of 20 faculty members appointed by the president to serve staggered, three-year terms. Recommendations for membership will be solicited from a variety of sources, including academic deans, school faculty councils and the Executive Board of the Academic Senate. Each year, the president will appoint one member of the committee to serve as the chair of UCAR. Chairs of the subcommittees for Internal Review will be chosen from members of UCAR. The purpose of program review is to foster academic excellence at all levels, to determine how to raise the quality of every department to a higher level, and to provide guidance for administrative decisions in support of continual future improvement. Reviews are intended to provide a sharpened focus on program areas in which excellence can be achieved that will enhance national stature and assure the most efficient use of available resources. Program review is not an unrestrained opportunity to request additional resources. Every department will prepare a self-study containing a comprehensive plan for improvement over the next six years, with special attention to graduate programs. The process is intended to assist an academic unit in understanding its current status so that it may plan for clear priorities to achieve excellence or become eminent in its field. A critique of each department's or school's plans for achieving excellence and recommendations for constructive change will be provided by faculty peers from the best programs in the field at other leading universities and by faculty from other units at USC. While the primary emphasis is on program improvement, the review process should also lead to identification of those academic programs that are not central to the strategic direction of the university and for which sufficient improvement appears to be impossible.

It was noted that the Department of Preventive Medicine is a particularly strong unit, ranked number one in federal research funding and praised for its training programs and departmental activities. The MPH program was singled out as an important contribution of the department to the school's mission by the site visitor team.

c. Budget and resource allocation

The Dean of the Keck School of Medicine (KSOM) approved the initial budget for the new MPH program, which began in the University fiscal year 1999 (July 1998 – June 1999). Subsequent budgets for expansion years 1999 - 2002 were based on expenditures from the previous year plus additional costs associated with projected program growth. Annual budgets up to and including fiscal year 2001 – 2002 were supported through tuition revenue and University subsidy. The MPH program is now self-supporting, and consistent with other USC programs; future annual budgets will be based on net tuition revenues earned in the previous year. The following table illustrates the MPH program budget by University fiscal year, including the planned budget for fiscal year 2002 - 2003.

Table III.-1: MPH Program Budget

University Fiscal Year	Annual Budget
1998-1999	213,107
1999-2000	305,842
2000-2001	467,585
2001-2002	525,117
2002-2003	736,636

Currently, approximately 35-45 students are admitted annually. At full capacity, approximately 60 FTE students will be admitted to the MPH program annually, with the total FTE student population not to exceed 130. We expect capacity to be reached within the next five years. The Institute Director, MPH Director, and Financial Director will monitor program growth and needs (e.g., teaching, administrative support, classroom space, etc.), review budget expenditures, and compare them with revenue generated. The Institute Director and the Senior Associate Dean for Administration of the Keck School of Medicine will confer at the beginning of each fiscal year to establish the annual program budget and also mid-way through each semester to make adjustments as needed.

d. Student recruitment, admission and award of degrees

Recruitment: Potential students are recruited nationally and internationally directly from undergraduate training programs and mid-career professionals interested in public health training. Health practitioners in the immediate region and throughout the Pacific Rim as well as USC undergraduates, staff, faculty, and students in related professional programs at USC who desire to pursue a dual degree in Public Health are also recruited. Another opportunity for student recruitment includes individuals who are pursuing the Ph.D. in Preventive Medicine (Health Behavior Research) in this department. Many doctoral students elect to pursue the MPH degree concurrently. It is anticipated that eventually 60-65 new students will enroll each year for what is essentially a two-year program.

A booth display for use at conventions and conferences was recently developed to advertise the MPH program and activities. This booth was first used at the APHA year 2001 annual meeting in Atlanta and will be used at the year 2002 meeting in Philadelphia. The booth prominently displays the USC logo and the MPH program, structure and curriculum. To view the booth, visit the program website at www.usc.edu/medicine/mph. The booth and associated materials such as the MPH program brochure ([Appendix III.-1](#)) provide an identity for the program to a national audience and a means to disseminate our work to others.

The program has recently embarked on other recruitment activities. The past two years MPH program staff has managed a booth at local and regional graduate school fairs. Staff has had presence at local association meetings (e.g., Southern California Public Health Association) and has responded to inquiries by interested student associations from local universities (e.g., Filipino Student Association at UC Irvine and undergraduate health science courses at California State University, Los Angeles). The program now maintains an entry in the Peterson's Guide to Graduate Programs, both in print and online materials ([Appendix III.-2](#)). The program is linked to the APHA and the gradschools.com websites. Program staff also collaborates with other University of Southern California schools and departments to promote the five approved dual degree programs by providing informational presentations and developing program materials.

Admissions: The USC MPH seeks to provide a rigorous academic training in the basic disciplines of public to individuals who have demonstrated a potential to assume positions in the planning, administration and evaluation of public health programs and policies in the United States or abroad. The program admits students based on five criteria:

- (1) undergraduate degree from an accredited institution with a minimum 3.0 G.P.A.;
- (2) minimum combined score of 1,000 on the verbal and quantitative sections of the G.R.E.;
- (3) three letters of recommendation, at least one of which is from an academic source;

- (4) statement of career goals and interests; and
- (5) assessment of the overall fit of the student's abilities, background, and experiences.

The admissions committee is composed of three faculty members. Every student application is reviewed by all members of the admissions committee. The review process is blind to the decisions of the other reviewers so that each applicant receives three unbiased reviews. On the Admissions Faculty Review form ([Appendix III.-3](#)), there are four decision categories from which to select: (1) admit; (2) conditionally admit, specifying the condition; (3) consider; and (4) reject .

Admission decisions are based on a majority vote. Once a decision is rendered, applicants are notified both electronically and mailed an official letter from the Program Director indicating their admittance ([Appendix III.-4](#)). Students who do not meet university graduate school requirements (i.e., 3.0 undergraduate GPA and 1,000 GRE score) may be conditionally admitted. In this instance, the department petitions the graduate school for admission, thus delaying formal notification until the dean has rendered a decision.

Awarding of degrees: Students who successfully complete all requirements are awarded the Master of Public Health degree by the Graduate School. Also noted is the student's area of specialization (Health Promotion, Biostatistics/Epidemiology or Nutrition). As students approach meeting all degree requirements, they are notified of their upcoming graduation and invited to participate in graduate ceremonies. The event is filled with pomp and circumstance befitting graduation, accompanied by speeches and a reception attended by USC faculty, staff, students, family and friends.

e. Faculty recruitment, retention, promotion and tenure

The University Faculty consist of the President of the University; the Provost and Senior Vice President, Academic Affairs; Academic Deans and Directors; and members of the teaching and research staffs holding the following titles: Professors, Associate Professors, Assistant Professors, Instructors, and Librarians.

USC places a premium on research and scholarship and on the professional and scholarly credentials of its faculty. Demonstrated excellence in teaching, research and service is essential. When a position in the department becomes vacant, the Director in counsel with the Chair of Preventive Medicine and other units as appropriate appoints a Faculty Search Committee and Chair, which then develops an announcement providing the general requirements and closing date. These are sent to various agencies throughout the country including professional organizations in public health, colleges and universities. In addition, advertisements may be placed in national journals and local area papers.

As resumes, references, and samples of work are received, they are reviewed and rated by the Search Committee's Chair and members as to their qualifications for the position. The top candidates are asked to visit the campus for interviews and a research presentation arranged by the Division and other relevant academic units. The Committee nominates a final candidate. The Director makes his recommendation and a final recommendation is forwarded to the Dean by the Department Chair. The Dean, in turn, makes a final recommendation to the Provost. The level of academic appointment (Instructor to Professor) and tenure status is determined by the Provost acting upon counsel from Appointments and Promotions Committees at the department, school, and university levels and the recommendation of the Dean.

Each faculty member is reviewed annually by the division head and by the department appointments and promotions review committee and given feedback on progress toward promotion and tenure. Promotion is based on a review of teaching, research, and service contributions, with scores given for each. Excellence in each area is desired and given credit through merit increases, and departmental resources such as student and staff assistance. Faculty in the MPH Program are drawn from both tenure and non-tenure clinical or research tracks. The non-tenure positions are 12-month faculty appointments designed to support research and professional practice, with some teaching commitment. The tenured and untenured, clinical and research career paths offer a diverse and flexible array of professional opportunities with which to draw highly qualified faculty to the program. Additional faculty is sought out for their outstanding contributions to public health practice. These have limited teaching responsibilities but contribute importantly to the program. Their faculty appointments undergo the same rigorous review as for tenure, research, and clinical tracks.

Since our last review, three new faculty have been hired: Thomas Valente, Ph.D., Kim Reynolds, Ph.D., and Carol Koprowski, Ph.D., R.D. (who returned to USC after two years at another university). In addition, three research staff, Tess Cruz, Ph.D., M.P.H., Paula Palmer, Ph.D. and Ping Sun, Ph.D. has been promoted to faculty positions. In addition, Allison Field, Ph.D., an expert in nutrition and fitness has been offered a position. Several additional new faculty positions are expected in the coming two to three years. These will be supported by a combination of tuition, Center (NCI funded Transdisciplinary Tobacco Use Research Center, etc.) research, and endowment revenues. A search is under way to fill these positions.

The Director of the MPH Program, Thomas Valente, is a standing member of the Preventive Medicine faculty search committee. He, along with Andy Johnson, is also a member of the School of Dentistry faculty search committee. The School of Dentistry is currently hiring a Professor who can teach public health dentistry and operate an oral health outreach program that will be a potential practicum site for the MPH program.

f. Academic standards and policies

USC maintains very high academic standards and policies, which are outlined in the Faculty Handbook. Faculty is expected to demonstrate excellence in at least two of three areas (research, teaching, and service) and to be outstanding in the third. In the medical school, the expectations for research publication and peer reviewed grant productivity are quite high. In recent years, teaching excellence has received increased emphasis. Our faculty has been rewarded for their outstanding contributions to teaching and to community practice, as well as research. The requirements for promotion and tenure are spelled out clearly in the recently updated faculty handbook. All faculty are notified that this document is available in each department, and on the university website for review. All faculty undergo annual review in which their performance in research, teaching and service are evaluated and scored.

g. Research and service expectations and policies

The MPH program is located in a major urban School of Medicine, with a long-standing record of excellence in the community. A substantial proportion of the research is community-oriented, with an emphasis on health promotion and disease prevention. Most faculty participate in these efforts, forging linkages with community-based organizations throughout Los Angeles County. These relationships serve to strengthen the understanding and capacity of both the academic and community partners. All core MPH faculty are expected to participate in their own research and service, since none are funded 100% by the program. This research and service strengthens the quality of teaching, and is regarded by the program as a resource and opportunity for the students and graduates. No formal policies exist regarding level of research or service required, but both are assessed in the annual faculty review, and are emphasized in the MPH program goals, objectives, and values.

Teaching evaluations are reviewed every semester to assess student satisfaction with faculty performance. The MPH Program Director personally reviews both qualitative and quantitative student course evaluations. The director meets with faculty whose evaluations are less than excellent to determine what actions should be taken. Faculty teaching performance is explicitly considered in faculty review for promotion and tenure.

2. A list of standing and important ad hoc committees, with a statement of charge and composition.

To provide guidance to the MPH program and ensure that the students experience a quality program that meets the standards of the various accrediting bodies, students, faculty, staff and lead members of the public health practitioner community serve on the following committees:

- **The MPH Steering Committee** is composed of the MPH Director, Track Directors, and a representative from the county, staff and students. This committee provides oversight, vision, and planning and policy development of the MPH program. The Steering Committee meets semi-annually, and on an as-needed basis. Members include:

MEMBER	Position
Stan Azen, PhD	Biometry/Epidemiology MPH Track Director, Biometry/Epi Division Director
Michael Cousineau, PhD, MPH	MPH Faculty, Faculty member Department of Family Medicine
Tess Boley Cruz, PhD, MPH	MPH Faculty, Former MPH Director and Health Promotion Track Director
Jonathan Fielding, M.D., MPH	Director Of Health Programs, L.A. County Dept of Health Services
Michael Goran, PhD	Institute for Prevention Research Co-Director, Nutrition Track Director, Faculty, Preventive Medicine
John Hisserich, PhD	Associate VP, Community Affairs, USC School of Medicine, Committee Chair
C. Anderson Johnson, PhD	Director, Division of Health Behavior Research & Institute for Prevention Research
Thomas Valente, Ph.D.	MPH Program Director, Health Promotion Track Director
Darleen Schuster, MA, MPH, CHES	MPH Program Manager
Ginger Macias	MPH Student Representative

- The MPH Curriculum Committee provides direction, oversight, and assessment of the MPH curriculum. It is responsible for ensuring that the program meets the curriculum requirements of the University for graduate programs, the Council of Education for Public Health, and the learning objectives and values of the MPH program. It meets semi-annually. Committee members include:

MEMBER	Position
Stan Azen, PhD	Biometry/Epidemiology Track Director, Biometry/Epi Division Director, MPH Core Faculty
Michael Cousineau, DrPH, MPH	MPH Faculty, Faculty member Department of Family Medicine
Tess Boley Cruz, PhD, MPH	MPH Faculty, Former Director and Health Promotion Track Director, Committee Co-Chair
Frank Gilliland, MD, MPH	Faculty, Division of Environmental and Occupational Health (DEOH), appointee of Director, DEOH
C. Anderson Johnson, PhD	Director of Health Behavior Research Division, Committee Co-Chair
Michael Goran, PhD	Nutrition Track Director and Faculty
Elahe Nezami, PhD	Director, Health Promotion B.S. Program
Luanne Rohrbach, PhD, MPH	Faculty, Health Promotion Track
Thomas Valente, Ph.D.	MPH Program Director, Health Promotion Track Director
Ruth Ann Peters, SciD	MPH Faculty, Division of Epidemiology, Department of Preventive Medicine
Darleen Schuster, MA, MPH, CHES	MPH Program Manager
Elvira Garay	MPH Student Representative

The Internship and Practicum Committee establishes academic and field guidelines for MPH practicums including legal protocols, identification of potential sites, criteria for agencies, preceptors and projects, and evaluation instruments. Initially, the committee meets annually and also at the end of each semester to participate in the practicum presentations.

MEMBER	Position
Stan Azen, PhD	Biometry/Epidemiology Track Director, Biometry/Epi Division Director, MPH Core Faculty
Thomas Valente, Ph.D.	MPH Director, Health Promotion Track Director

Darleen Schuster, MA, MPH, CHES
 Jean Richardson, DrPH, MPH
 Elahe Nezami, Ph.D.
 Mariam Kahramanian

MPH Program Manager, Committee Co-Chair
 Faculty Health Promotion, Committee Co-Chair
 Director, Health Promotion B.S. Program
 MPH Student Representative

- **The Admissions and Recruitment Committee** establishes criteria and procedures for student recruitment and admissions, reviews all applications, and determines who will be admitted. This group is charged with maintaining the student body's high quality by implementing the criteria set forth by the University and the committee when selecting candidates for the program. In addition, it is the committee's responsibility to identify various opportunities for program staff to participate in activities for recruiting students into the program. These include: annual conferences of national Associations (i.e., the American Public Health Association), the University's international recruitment staff, and local activities throughout the County. Members include:

MEMBER

Thomas Valente, Ph.D.
 Jean Richardson, DrPH, MPH
 Michael Goran, PhD
 Tess Cruz, PhD, MPH
 Luanne Rohrbach, PhD, MPH
 Darleen Schuster, MA, MPH, CHES
 Nemesia Lockhart
 Monica Benitez

Position

MPH Director, Health Promotion Track Director
 MPH Faculty, Committee Co-Chair
 Nutrition Track Director, MPH Faculty, Committee Co-Chair
 MPH Faculty, Former MPH Dir. & Health Promotion Dir.
 Faculty, Health Promotion Track
 MPH Program Manager
 MPH Student Services Coordinator
 MPH Student Representative

- **The Community Advisory Committee** provides recommendations for student competencies, recruitment, practicums, research, and evaluation, and serves as a liaison with community-based organizations. It meets twice each year. Members include:

MEMBER

Bruce Allen, PhD
 Lourdes Baezconde-Garbanati, PhD
 Fernando Bravo, MPH
 Ron Brooks

C. Anderson Johnson, PhD
 Richardo Calderon, MD, MPH

Enrique Chiok

Zolia Dalia Escobar

Sylvia Drew Ivie
 Jonathon Fielding, MD, MPH
 Taryn Fordes

Lori Miller Nascimento, MPH

Gregory Molina, MPH
 Elahe Nezami, Ph.D.
 Marge Nicholas
 Phyllis Paxton, MS, RN, RNP
 Susan Rabinovitz, PhD

Linda Ward Russell
 Arlene Scheir

Position

Professor, Drew School of Science & Medicine
 Health Promotion Track Faculty, Committee Chair
 Sr Community Liaison, LAC+USC Medical Center
 Associate Director of the Evaluation Core, UCLA Center for HIV, Identification, Prevention and Treatment
 Director, Division of Health Behavior Research
 Area Health Officer for SPA-4, LA County Department of Health
 Pres, CEO American Lung Association, Los Angeles
 Executive Director
 Associate VP, Strategic Development & Community Support Dept, AltaMed Services Corporation
 Executive Director, T.H.E. Clinic
 Director, LA County Department of Health
 Director, Program Development, American Lung Association of LA County
 Associate Director, Center for Community Health Evaluation & Planning
 Educator, LA Unified School District
 Director, Health Promotion B.S. Program
 Director of Research & Evaluation, United Way LA
 Executive Director, JWCH
 Associate Director, Program Services, Adolescent Medicine, Children's Hospital LA
 Preg & Parenting Progs. LA Unified School District
 Director, Family Planning & Development, Adolescent Medicine, Children's Hospital LA

MEMBER

Judith Spiegel, MPH
 Betsy Swanson, MPH

Susan Uretzky, MA, MPH

Thomas Valente, Ph.D.
 Darleen Schuster, MA, MPH, CHES
 Ester Cornelis

Position

Senior VP of Programs, California Community Foundation
 Co-Director, Health Education, County STD Program, LA
 County Department of Health

Director Of Community Programs, March of Dimes
 Foundation

MPH Director, Health Promotion Track Director
 MPH Program Manager
 MPH Student Representative

- **The Self Study/Accreditation Committee** provides direction, oversight, and assessment of the CEPH accreditation criteria. It meets monthly. Members include:

MEMBER

Thomas Valente, Ph.D.

Tess Cruz, PhD, MPH
 Darleen Schuster, MA, MPH, CHES
 Bruce Missagia
 Nemesia Lockhart
 William Schreiner

Position

MPH Director, Health Promotion Track Director, Committee
 Co-Chair

MPH Faculty, Former Dir. & Health Promotion Dir.
 MPH Program Manager, Committee Co-Chair
 MPH Finance Director
 MPH Student Services Coordinator
 MPH Student Representative

3. A list, including membership, of program, school and university committees through which program faculty contribute to the activities of the program, school and university.

Each of the faculty with full-time USC appointments serves on their own departmental committees and many serve on committees in other Schools and departments across the university. In addition, some provide linkages with universities outside of USC. These committees include:

FACULTY MEMBER

Stanley Azen, PhD, MPH

Tess Boley Cruz, PhD, MPH

Lourdes-Baezcondes-Garbanati, PhD,
 MPH

Michael Cousineau, DrPH
 James Dwyer, PhD

William Gauderman, PhD

Frank Gilliland, MD, MPH
 Michael Goran, PhD

C. Anderson Johnson, PhD

Ruth Peters, DrPH, MSPH

Jean Richardson, DrPH, MPH

Luanne Rohrbach, PhD, MPH

COMMITTEES

Member, Committee on Scientific Conduct; Member, Graduate Council; Member, GCRC Scientific Advisory Committee; Member of University Advisory Group. MPH Steering, Admissions & Recruitment, and Curriculum Committees.

MPH Program Steering Committee, MPH Curriculum Committee, MPH Admissions & Recruitment Committee, MPH Self-Study Committee.

Bachelors in Preventive Medicine Committee; MPH Program Community Outreach Committee; Co-Director, Cancer Information Center, USC.

MPH Program Steering Committee, Curriculum Committee.

Chair, Faculty Search Committee, Preventive Medicine

Member, Biometry Oversight Committee; Member, Biometry/Epidemiology Curriculum Review Sub-committee.

Member, MD/PhD Committee, USC School of Medicine; Member, Student Research Committee, USC School of Medicine

MPH Steering, Admissions & Recruitment, and Curriculum Committees

MPH Steering, Curriculum, Senior and & Community Advisory Committees;

University Graduate and Professional Schools Committee; and Task Forces on Life Sciences, Urban Issues, and Communication.

Educational Policy Committee; Basic Sciences Curriculum Committee; Year I

Committee On Student Performance; Clinical Curriculum Committee; Coordinator for Preventive Medicine teaching of medical students.

MPH Program Internship & Practicum Committee.

University Graduate Advisory Council; MPH Program Curriculum Committee

FACULTY MEMBER

Steven Sussman, PhD
Jennifer Unger, PhD

Thomas Valente, Ph.D.

Anna Wu, PhD

COMMITTEES

USC Institutional Review Board
USC Institutional Review Board
MPH Steering, Admissions & Recruitment, Curriculum, Community Advisory, Practicum, and Self-Study Committees, School of Dentistry Faculty Search Committee, Preventive Medicine Faculty Search Committee, University Undergraduate Curriculum Committee, Provost's Multi-unit Committee on Health.
USC Medical Faculty Women; Medical Faculty Assembly; Medical School Admissions Committee

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

The standing committees of the MPH program have been a tremendous asset to the program. They guide program decision-making and generate support within and outside the Department and University. Responsibilities have been established for each committee, and all have met multiple times. Membership is continually modified to reflect changing roles and responsibilities within the program, department and university. Current MPH students are recruited to serve on each committee to provide a student perspective.

Policies, procedures, and opportunities for faculty recruitment, retention, and promotion are well established within the School of Medicine. The program continues to expand by forging new linkages with the many organizations in the Los Angeles area that need qualified MPH graduates.

MPH faculty is active both internally and throughout the university in key decision-making and policy planning levels. This criterion is met.

SECTION 4

Resources

IV. RESOURCES

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

1. A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last three years whichever is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major categories and explain the basis of the estimate.

USC Account 12-2147-0003 was created to record and track MPH program budget and expenditures, which are incurred for salary (faculty and professional staff), student wages (graduate student TAs), materials and services (office supplies, faculty and student recruiting costs, graduation costs, etc.), travel, telecommunications, and other miscellaneous costs. Additionally, an MPH reserve account 23-5147-4070 was established so that unspent balances could be set aside for future use. Unlike the expense account, the reserve account is permanent and allows ending balances to be carried forward from year to year. Currently, the reserve account has a budget balance of approximately \$80,000, all of which is available to meet program needs. Bruce Missagia, Financial Director, co-develops the MPH budget and monitors monthly expenditures with Dr. Thomas Valente, Program Director. Detailed spreadsheets that support the expenditures by university fiscal year in Table IV.-1 below are available in the administrative office.

Table IV.-1 Program Expenditures by University Fiscal Year (July – June)

Category	UFY 98/99 Expenditures	UFY 99/00 Expenditures	UFY 00/01 Expenditures	UFY 01/02 Expenditures (Estimate)	UFY 02/03 Planned Budget
Salaries	113,548	185,208	302,630	319,481	489,003
Fringe benefits	36,903	59,267	90,655	97,158	158,926
Student Wages	10,750	17,297	19,877	10,982	15,000
Materials and Services	45,908	32,461	33,560	24,351	56,707
Travel	4,000	8,322	5,580	4,445	10,000
Telecommunications	0	976	7,666	7,406	6,000
Other	1,998	2,311	1,650	1,554	1,000
Total	213,107	305,842	461,618	465,377	736,636

Annual budgets are based on the past year's tuition revenue and estimates for student enrollment, in addition to preliminary estimates of projected enrollment, new courses and course sections, and expanded student and program services.

MPH revenues are drawn from student tuition and recorded in account 10-0121-0020. Table IV.-2 illustrates the cost of tuition since the program's inception.

Table IV.-2: USC Graduate Student Tuition

Academic Year	Tuition (dollar per unit)	Percent Increase
1998 – 1999	\$706	4.4
1999 – 2000	\$748	5.9
2000 – 2001	\$797	6.6
2001 – 2002	\$844	5.9
2002 - 2003	\$891	5.6

Additional support comes from the DHBR/IPR operating budget, grants, gifts, and endowments, which provide direct support for faculty and students through faculty research, teaching and research assistantships, and indirect support from the university through tuition assistance. Revenue growth allows for the conversion of certain undergraduate courses to graduate level offerings, recruitment of additional faculty, expansion of the student resource center, and hiring of additional student teaching assistants.

Table IV.3. shows the tuition revenues earned by University from the MPH program for each year:

Table IV.-3. Gross and Net Tuition Revenues

Tuition Revenues	UFY 98/99 Revenues	UFY 99/00 Revenues	UFY 00/01 Revenues	UFY 01/02 Revenues	UFY 02/03 Projected Revenues
GROSS TUITION	300,478	402,407	697,020	728,722	1,021,837
Less: Facilities Improvements @ 2.87%	8,624	11,549	20,004	20,914	29,327
Less: Bad Debt @ 1.05%	3,155	4,225	7,319	7,652	10,729
Tuition before Dept Overhead	288,699	386,633	669,697	700,156	981,781
25% KSOM Departmental Overhead	72,175	96,658	167,424	175,039	245,445
NET TUITION	216,524	289,975	502,273	525,117	736,336

IPR's strong research base and numerous funded projects provide extraordinary opportunities and benefits to the MPH program. These include: 1) primary means of salary support for research faculty enabling them to teach in the MPH program, 2) theoretical and applied training provided by leading experts in many facets of public health, nutrition, epidemiology, health behavior, health promotion, and preventive medicine, and 3) various research and research assistantship opportunities for MPH students. Section 6 details research conducted by MPH faculty and students.

2. **A concise statement or chart concerning faculty resources, showing number and percent time of faculty allocated to the program and computing a student/faculty ratio for the community health/preventive medicine program. (FTE Faculty and FTE student numbers should be used and these should be consistent with FTE faculty and student numbers presented in sections VIII and IX).**

Table IV.-4 below lists faculty members who contribute to the MPH program. There are 36 faculty and 14 adjunct faculty and instructors, who provide instruction, student mentorship and advisement, supervision of research, and periodic colloquia in the MPH program. Detailed information on MPH faculty including educational background and research interests is located in [Appendix IV.1](#).

Table IV.-4 Faculty Allocation to the MPH Program

Name	Appointment Type	Percent Time Teaching and/or Mentorship for MPH	Percent Time Administration and/or Advising for MPH
Edward Avol	Associate Professor	10%	0%
Stanley Azen	Professor	20%	5%
Lourdes Baezconde-Garbanati	Assistant Professor	30%	0%
Leslie Bernstein	Professor	10%	0%
Xinguang “Jim” Chen	Assistant Professor	20%	0%
Chih-Ping Chou	Associate Professor	10%	0%
Peter Clarke	Professor	10%	0%
Michael Cousineau	Associate Professor	20%	5%
Wendy Cozen	Assistant Professor	10%	0%
Tess Cruz	Assistant Professor	30%	0%
James Dwyer	Professor	10%	0%
Carolyn Ervin	Assistant Professor	15%	0%
Susan Evans	Adjunct Professor	10%	0%
William Gauderman	Associate Professor	20%	0%
Frank Gilliland	Associate Professor	20%	0%
Michael Goran	Professor	15%	10%
Ann Hamilton	Assistant Professor	10%	0%
C. Anderson Johnson	Professor	20%	10%
Carol Kaprowski	Assistant Professor	60%	10%
Wendy Mack	Associate Professor	15%	0%
Robert McConnell	Associate Professor	10%	0%
Elahe Nezami	Assistant Professor	10%	0%
Paula Palmer	Assistant Professor	20%	5%
Mary Ann Pentz	Professor	10%	0%
John Peters	Professor	10%	0%
Ruth Peters	Professor	20%	0%
Kim Reynolds	Associate Professor	10%	0%
Jean Richardson	Professor	20%	5%
Luanne Rohrbach	Assistant Professor	30%	0%
Ronald Ross	Professor	10%	5%

Name	Appointment Type	Percent Time Teaching and/or Mentorship for MPH	Percent Time Administration and/or Advising for MPH
Harland Sather	Associate Professor	15%	0%
Kimberly Siegmund	Assistant Professor	20%	0%
Richard Sposto	Associate Professor	15%	0%
Donna Spruijt-Metz	Assistant Professor	10%	0%
Alan Stacy	Associate Professor	20%	0%
Ping Sun	Assistant Professor	15%	0%
Steven Sussman	Professor	30%	0%
Jennifer Unger	Assistant Professor	10%	5%
Giske Ursin	Associate Professor	15%	0%
Thomas Valente	Associate Professor	40%	20%
Anna Wu	Professor	15%	0%
Mimi Yu	Professor	10%	0%
Total	42 Faculty	730%	80%

In addition to the full-time faculty active in the program, there are also 14 part-time adjunct faculty and instructors, who teach and advise students, as listed in Table 4.

Table IV.-5. Instructor Allocation to the MPH Program

Name	Position	Percent Time
Afroz Afghani	Instructor	20%
Susan Ames	Instructor	20%
Ricardo Calderon	Adjunct Assistant Professor	20%
Martha Cruz	Instructor	20%
Barbara Dietsch	Adjunct Professor	20%
Cynthia Gonzalez	Instructor	20%
Anne Harris	Instructor	20%
Maya Mahue-Giangreco	Instructor	10%
Steven McKane	Adjunct Assistant Professor	20%
Anamara Ritt-Olson	Instructor	20%
Michael Roybal	Adjunct Professor	20%
Darleen Schuster	Instructor	20%
Traci Tessler	Instructor	20%
Michelle Weiner	Instructor	10%
Total	14 Adjunct Faculty and Instructors	240%

The Faculty and Instructor FTE for the MPH program is 56 Faculty, Adjunct Faculty and Instructors, equaling a total of 1050% or 10.50 FTE for teaching, advising, and administration. The average number of students for the current academic year (summer 2001/fall 2001/spring 2002) is 54 per semester, which calculates to a student/faculty ratio of approximately 5:1 (54 students/10.50 teaching FTE).

In addition to those listed above, there are several faculty at USC who either teach courses in which MPH students enroll, supervise research projects that employ MPH students, or teach portions of classes that are part of the MPH curriculum. These faculty include: Neal Baer, MD, MS, Tom Mack, MD, MPH, and Duncan Thomas, PhD. These faculty members strengthen the program and serve as valuable resources to students. Further, our practicum preceptors, as they play important roles in training our MPH students during their field training experience, could be added to this list as well. We have not included these individuals as part of our MPH Core or teaching faculty because their involvement in the integrated program is limited.

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

Table IV.-6 below lists the core administrative staff for the MPH program, their roles, dedicated percent of time, and primary responsibilities. All positions, directly or indirectly, assist current and prospective students by providing information about the program and additional assistance as needed. In addition to these core staff, part-time staff members are also available to assist with planning courses and answering student questions about the various program tracks. Further, the USC MPH program has a “buddy system” in which current students provide support to incoming new MPH students.

Table IV.-6 MPH Program Administration and Staff

Name	Role in MPH Program	Percent Time	Primary Responsibilities
Thomas Valente	Program Director	60%	Program design, policy development, administration, marketing and public relations, teaching, represent program to the university.
Darleen Schuster	Program Manager	100%	Student advisement, degree progress, teaching, career counseling, accreditation, curricula & syllabi oversight, practicum & field training supervision, student orientation, faculty teaching needs, recruitment; program promotion
Patty Pumpuang	Degree Progress Counselor	70%	Hired on 7/1/02 to assume student advisement, degree progress, MPH committee meetings; assist with MPH admissions and maintenance of student database
Nemesia Lockhart	Student Services Advisor	100%	Admissions & recruitment; event planning (graduation); program promotion; student services; student records and database maintenance, program inquiries, day-to-day office administration.
Bruce Missaglia	Financial Director	10%	Budget development in conjunction with Program Director, expenditure reviews, monthly financial forecasts and variance reports
Karyn Evaro	Payroll Technician	15%	Payroll

Name	Role in MPH Program	Percent Time	Primary Responsibilities
Annette Stoneking	Accounts Payable Technician	15%	Accounts payable, supply orders
Mariam Kahramanian	Student Assistant	50%	Assistance for other MPH personnel and students
Julian Wong	Work-Study Student	25%	Clerical Support
Michael Montes	Work-Study Student	25%	Computer Support

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

MPH students may take courses at The Division of Health Behavior Research has recently acquired a 48,000 sq. ft. facility at the Health Science's Alhambra (HSA) campus, in addition to classroom space at the Health Sciences Campus, LA (HSC) (Center for Health Professions Building and Topping Tower), and the University Park Campus. The MPH program is housed primarily in newly renovated space situated in a campus park-like setting on the HSA campus, approximately five miles from the previous offices that were housed in the Center for Health Professions (CHP) Health Sciences campus location. An area of approximately 2000 contiguous square feet was designated to house the Program Director, Manager, Student Advisor I, Degree Progress Counselor, Program Assistant and work study student. Core faculty maintain their offices in adjacent space. The MPH suite offers a student lounge, including resource materials, five computers with Internet connections, a copy and fax machine, and refrigerator. In addition, the MPH program utilizes space in the Center for Health Professions building on the HSC campus where epidemiology and biostatistics courses are taught. The main Health Sciences Library is also located at HSC. The closely affiliated BS program in Health Promotion is located in University Village on the University Park Campus. Students enrolled in the BS/MPH program take 400-level courses on that campus, as do other MPH students.

In addition, MPH students have access to a newly renovated computer lab with over 25 PC's, housed in the CHP building on the Health Science campus. Most faculty and all MPH staff are located in the Alhambra complex, the CHP building or across the street at the Norris Hospital and Cancer Research Center. Shuttles run between the USC Alhambra and Health Science Campus and between HSC and the University Park Campus every hour on weekdays. In addition, IPR maintains a mini-van to assist in inter-campus transportation.

Large and well-equipped classrooms are available on three USC campuses. Within the CHP building on the Health Science campus are two high technology lecture halls located in the baseline and ground floor. All Biostatistics/Epidemiology courses are held in this building. MPH Core, Health Promotion and Nutrition Track courses are taught on the Alhambra campus in the early afternoon or evening. Two classrooms, seating up to 30 students each, are located in the basement. As of fall 2002, other core MPH courses, which contain a greater number of students will be taught in adjacent classrooms seating up to 75 persons. These classrooms are provided by USC Department of Family Medicine in exchange for access to smaller meeting rooms. An auditorium seating with a capacity of approximately 300 is also available in the basement. The few 400-level health promotion courses are taught in classroom space on the USC University Park campus, about 20 minutes from the Alhambra campus and 15 minutes from the Health Science campus. Free shuttle buses between all three campuses run throughout the weekday and metropolitan buses connect the campuses evenings and weekends.

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

Not applicable

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

All staff and faculty have their own PC workstations. A computer facility with 25 PC's is available to MPH

students in the Division of Biometry and Epidemiology, for use when they are taking Biometry courses or working on a Biometry/Epidemiology research projects. In addition, all students have access to two computer facilities in the Norris Medical Library each with 25 computers and full-time technical staff available for consultation. Students serving as research or teaching assistants have access to additional project or course-related computers provided by their assigned faculty member.

All students are provided university e-mail accounts, and can access the university mainframe through any of the computer facilities, through the MPH Resource Center or remote access free-of-charge. A variety of word processing, office, and statistical packages are available on these computers and at student rates through the University Computer Consulting Center. Classes for program users are available to staff and students through this computer center and the Norris Medical Library located on the HSC. It is the intent of the MPH program to prepare graduates to function with a high degree of computer literacy upon completion of the program. All students in the MPH Program also have available to them in the MPH office, 4 Pentium III computers with Windows 98 or Windows ME, zip drive and CD/CD-rw drive. All computers have Internet access and either a black/white or color printer. The computers also have the following programs installed:

- Microsoft® Office Professional 2000 (Word, Excel, Outlook®, PowerPoint®, Access)
- Microsoft® FrontPage
- Microsoft® Publisher
- SAS for Windows version 8.1
- Epilog for Windows 1.1

Since the last review, a database supported communication system was developed to facilitate interaction between faculty, students, and staff, and to coordinate intramural as well as extramural training and researching activities conducted at the Institute. This communication system uses a website as an interface, and provides information tailored to users' group status (e.g. faculty, students, staff, and research projects). Featured on the website are three major components: online forum, web-based file center, and online group calendar. The online forum organizes communication messages by projects, forum boards, and topics. The messages can be presented in flat format or in threads of topic. The establishment of such online forum greatly facilitates researchers to exchange ideas, and allows students to learn from each other or to discuss various topics with faculty and experienced researchers. Web-based file center allows researchers and students to upload and download commonly interested files to a server, such file center promotes systematic organization and archives of team work, allows researchers and students to refer to the same materials and makes it possible for new staff and students to catch up on works done by others at the Institute. The online group calendar offers an efficient tool to organize seminars, meetings, and other events, as well as to manage/reserve offices, equipment and other facilities. Calendars dedicated to different research projects or training programs can be viewed separately or overlaid together. In addition to the three major categories of service, the website also offers an online library, survey, data management, and statistical analysis tools to the researchers and students at the Institute.

7. A concise statement library/information resources available for program use.

The USC libraries house nearly 3 million volumes, over a half-a-million government volumes, 3.6 million microfilms, while subscribing to more than 20,000 current journals. The largest of the USC Libraries is the Doheny Memorial Library, which houses the research collections for most of the social sciences and humanities materials. In addition to the Doheny Library, the USC libraries include a number of specialized research libraries that serve the unique research needs of the campus. Most of these are located near the school or department they serve. Three independent campus libraries are devoted to specialized collections for their respective professions: The Asa V. Call Law Library, the Eileen and Kenneth Norris Medical Library and the USC Dental Library.

Students in public health most frequently access resources found in the Norris Medical Library, located on the Health Sciences Campus. The library maintains 2100 current journal subscriptions, of which approximately 150 are in the area of public health and closely related disciplines such as preventive medicine, communicable disease, environmental medicine, and substance abuse. USC's digital library resources include a vast collection of article indexes, catalogues, dictionaries, encyclopedias, electronic journals and visual materials. Many journals are now available electronically to all USC-affiliated users from their desktops. A selected list of Web-accessible titles available through USC Norris Medical Library as of June 2002 include:

Addiction Addictive Behaviors Ageing and Society AIDS AIDS Care AIDS Education and Prevention AIDS Patient Care and STDs Alcohol Alcohol and Alcoholism Alcohol Research & Health Alcoholism: Clinical and Experimental Research American Journal of Epidemiology American Journal of Industrial Medicine American Journal of Preventive Medicine American Journal of Public Health Annals of Epidemiology Annual Review of Public Health Archives of Disease in Childhood Archives of Pediatrics & Adolescent Medicine Biometrika BMC Public Health Brain Injury California Morbidity Cancer Detection & Prevention Cancer Epidemiology, Biomarkers & Prevention Child Abuse & Neglect Community Genetics Current Problems in Pediatric and Adolescent Health Care Drug and Alcohol Dependence Emerging Infectious Diseases Epidemiologic Reviews Epidemiology and Infection Epidemiology European Addiction Research Family and Community Health Future of Children Hazardous Substances & Public Health	Health Education Research Hispanic Journal of Behavioral Sciences Injury International Archives of Occupational and Environmental Health International Journal of Epidemiology International Journal of STD & AIDS Journal of Community Psychology Journal of Epidemiology and Community Health Journal of Health Care Finance Journal of Health Communication Journal of National Cancer Institute Journal of Nutrition Journal of Occupational & Environmental Medicine Journal of Paediatrics & Child Health Journal of Pediatric Health Care Journal of Substance Abuse Treatment Journal of Toxicology and Environmental Health Journal of Urban Health Milbank Quarterly MMWR. Morbidity & Mortality Weekly Report Mutation Research: Genetic Toxicology and Environmental Mutagenesis Neuroepidemiology Occupational and Environmental Medicine Patient Education and Counseling Pediatric Research Pediatrics Preventive Medicine Psychiatric Services Public Health Reports Social Science & Medicine Statistics in Medicine Suicide and Life-Threatening Behavior Tobacco Control Toxicology and Industrial Health Tropical Medicine & International Health Vaccine
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The Norris Medical Library also purchases a wide variety of new books in the biomedical sciences. Approximately \$1500 per year is spent on specialized research monographs in support of the public health program. More than 100 standard medical texts are now available to USC users on the Web in addition to the thousands of relevant government documents available from agencies like the National Center for Health Statistics and the Centers for Disease Control.

The holdings of several other USC libraries are also highly relevant to public health and are available for loan to all USC students. They include the Von Kleinsmid Library (for health services administration and public affairs), the Gerontology Library, and the Government Documents Department of the Doheny Library.

In an effort to make relevant publications easily accessible to students, several key journals and books necessary for research and practice in nutrition, biometry/epidemiology, and health promotion have been added to the MPH Resource Center located in the Health Science Alhambra campus. This satellite library will interact through manuscript exchanges with the Health Sciences and University Park libraries.

Additional resources exist at the Population Laboratory on the Main Campus with an extension through the TTURC at the Alhambra site, the University Computing Center and IPR, all of which hold copies of various "Public User" datasets that students can utilize for their research. Included are 1990 census data, projected population data, NHANES and NHIS survey data. The Department of Preventive Medicine and IPR hold numerous other "primary" datasets, including population studies of school-aged youth, the Southern California Cancer Surveillance program, the California Tobacco Control survey, health services data for Los Angeles County, and air quality and other environmental health data for Southern California. In addition, the University is a participant of the Michigan Consortium who assists researchers in accessing data.

8. A concise statement describing field experience sites used during the last three years.

The practicum course has been held nine times (three per year) since the program's inception. The MPH program has been successful in providing a variety of outstanding field placements for student training. Agencies currently approved for USC MPH students include:

Table IV.-7 Field Experience Sites Utilized by the USC MPH Program

Agency	Location
AIDS Project Los Angeles	Los Angeles
Allergan, Inc.	Irvine
American Cancer Society	Los Angeles
American Lung Association	Los Angeles
California Family Health Council	90 placements in California, Arizona, Nevada & Hawaii
Center for Disease Control and Prevention	People's Republic of China
Children's Dental Center	Los Angeles
City Government and Public Health Bureau	Wuhan, China
Coalition for Community Health	Los Angeles
Community Outreach for Prevention & Education	West Covina, Venice
Nutrition Network Community Education Program	Los Angeles
Envisage Solutions	Los Angeles
St. Johns Cardiovascular Research Center	Harbor-UCLA County Hospital, Los Angeles
Health Research Association	Los Angeles
Hispanic-Latino Tobacco Education Network	Alhambra
Injury & Violence Prevention Program	Los Angeles
Johnson & Johnson	Los Angeles
JWCH Institute	Los Angeles
Kaiser Permanente	Pasadena, Woodland Hills
Kidshape	Los Angeles
Kerio Services	Los Angeles
Kalihi-Palama Health Center	Honolulu
Kokua Kihil Valley Maternal & Child Health Program	Honolulu
LAC-DHS* Health Assessment & Epidemiology	Los Angeles
LAC-DHS HIV/Epidemiology Program	Los Angeles
LAC-DHS Metro SPA 4	Los Angeles
LAC-DHS Immunization Program	Los Angeles
LAC-DHS Sexually Transmitted Infection Program	Los Angeles
LAC+USC Hospital Epidemiology	Los Angeles
LAC+USC Rand Schrader Clinic	Los Angeles
LA Gay and Lesbian Center	Los Angeles
LA Shanti	Los Angeles
March of Dimes	Los Angeles
Mexican American Legal Defense & Education Fund	Los Angeles
National Organization of Renal Disease	Los Angeles
OCDHS-Disease Control and Epidemiology	Santa Ana
OCDHS-Maternal and Child Health	Santa Ana
PDHS – Maternal and Child Health	Pasadena
People Assisting the Homeless	Los Angeles
Planned Parenthood	Los Angeles
Pritikin Longevity Center	Los Angeles
Transdisciplinary Tobacco University Research Center	100 schools in California, Hawaii & Wuhan, China
UCLA Dental School	Los Angeles
USC-Advanced Biotelecommunications & Bioinformatics	Alhambra
USC-Coalition for Zero Violence	Alhambra/Pasadena
USC-Chronic Headache Project	Los Angeles

Agency	Location
USC-Department of Preventive Medicine-Infectious Disease	Los Angeles
USC-Department of Preventive Medicine-Environ. Health	Los Angeles
USC-Department of Preventive Medicine-Family Medicine	Los Angeles
USC-Faculty/Staff Counseling & Consultation Center	Los Angeles
USC-Health Consumer Alliance Evaluation	Los Angeles
USC-Hospitality Services	Los Angeles
USC-Institute for Prevention Research-Project Flavor	Alhambra
USC-Institute for Prevention Research, Pacific Rim Trial	Alhambra
USC-Partnership for Health	Los Angeles
USC-Student Health Center	Los Angeles
Venice Family Clinic	Venice
WestEd	Los Alamitos

*DHS = Department of Health Services

Additionally, there are agencies that have expressed interest in serving as practicum sites for USC MPH students. The following sites are in the process of completing the necessary paperwork:

Table IV.-8 Field Experience Sites in the Process of Affiliation with the USC MPH Program

Agency	Location
BIENESTAR Human Services	Los Angeles
California Drug Consultants	Pasadena
Cal State University Northridge, Student Health Center	Northridge
Cedars Sinai Medical Center	Los Angeles
Culver City Unified School District	Culver City
Long Beach DHS	Long Beach
Homeless Health Care of Los Angeles	Los Angeles
Hubert H. Humphrey Comprehensive Health Center	Los Angeles
National Black Leadership Initiative on Cancer	Los Angeles
Pacific Institute for Women's Health	Los Angeles
State of CA-DHS Healthy Families Program	Los Angeles/Sacramento
USC-Keck School of Medicine-Cardio Thoracic Surgery	Los Angeles
USC-Keck School of Medicine-Premature Infant Follow-Up Clinic	Los Angeles
Women Alive.	Los Angeles
Westside Family Health Center	Los Angeles
World Health Organization (Non-communicable Disease Section)	Geneva, Switzerland

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

The university maintains many formal agreements between itself and its community partners, providing meaningful opportunities for collaboration for both MPH faculty and students. Field placement sites serve as the main source of resources available for instruction and training. USC maintains institutional affiliation agreements with nearly 60 public health agencies and organizations; the majority of which are located within the greater Los Angeles community. Site supervisors from these agencies have also served as guest speakers in the health behavior theory course (PM 501) to introduce students to the practice of public health in the local community.

Other community resources are available for service or research needs. For example, Lourdes Baezconde-Garbanti heads the Hispanic/Latino Tobacco Education Network that sponsors a mini-grants program where tobacco control

agencies and community organizations conduct research as part of their contract with the Network. The purpose of the mini-grant program is to: (1) support the California Department of Health and Human Services Tobacco Control Section priority areas; (2) build the capacity of local agencies, especially those who lack experience in tobacco control and/or pursuing funding opportunities; and (3) collaborate with those agencies who have access to the “hard to reach groups” in the Latino/Hispanic community. To assist agencies or potential mini-grant applicants, the Network also provides technical assistance and training (mini-grant trainings). The mini-grants and rapid action mini-grants were promoted throughout California from February 1998 to December 2000. During that time, a total of 79 mini-grant and rapid action mini-grants were submitted to the Network’s Mini-grant Program. Of these applicants, a total of 59 percent were approved for funding. The average mini-grant was for \$3200 and the rapid action mini-grants averaged around \$1500. A table listing these agencies and a description of the technical assistance provided appears in [Appendix IV.-2](#). Finally, Dr. Baezconde-Garbanti is working in formal agreement with the National Alliance for Hispanic Health, with over 3000 members organizations nationally. As part of this agreement, the Network collaborates with nine different organizations: Multicultural Area Health Education Center (Los Angeles, CA), Little Havana (Miami, FL), Hispanic Health Coalition (Chicago, IL), Alianza Dominica (New York, NY), Youth Development (Albuquerque, NM), Community Voices (El Paso, TX), Barrio Comprehensive (San Antonio, TX), Washington Association of Community and Migrant Health Centers (Kent, WA) and the Coalition of Houston (Houston, TX). MPH students have completed their practicums with the Hispanic/Latino Education Network, and one has accepted full-time employment after graduation.

USC also maintains an agreement with three Comprehensive Health Centers: Edward R Roybal, (Los Angeles, El Monte and H. Claude Hudson (Los Angeles) as a part the USC SOLAR Study, headed by Dr. Michael Goran. The study examines the basic pathophysiology and time course of changes in insulin secretion, insulin action, and type2 diabetes during puberty. Children are recruited into the study through a mechanism instituted by the study’s pediatrician/endocrinologist. Patients who are IGT impaired glucose tolerant are referred to the Diabetes Prevention Clinic which meets once a month at LAC+USC hospital. Currently, one MPH student assists the study investigators with patient management and data collection.

USC’s Institute for Prevention Research has a long history of conducting school-based research. The USC Transdisciplinary Tobacco Use Research Center (TTURC), headed by Dr. C. Andy Johnson, was formed in 1999 with grants from the National Cancer Institute and the National Institute on Drug Abuse along with additional support from the Robert Wood Johnson Foundation. It is one of seven such centers at leading universities across the U.S. In the short time it has been in existence, USC’s center has embarked on research throughout Los Angeles as well as in Hawaii, China, and Iran, and has launched an anti-tobacco use educational program in public schools in the Los Angeles Unified School District. Currently, USC has an agreement with 36 California middle schools to deliver a multicultural smoking prevention curriculum. Several MPH students have assisted with both curriculum development and delivery.

Similarly, Dr. Steve Sussman served as the principal investigator of Project Towards No Tobacco Use (Project TNT), a tobacco-use prevention and cessation project among young teens that is disseminated nationally by the Centers for Disease Control as a "Program That Works" and by the Centers for Substance Abuse Prevention as a model program. It is also recognized as a model program by the Department of Education of the State of California, and the National Institute on Drug Abuse. His other projects including Project EX, a successful adolescent tobacco-use cessation program that was tested through use of a large, true field experimental design, and Project Towards No Drug Abuse (Project TND), which is a drug abuse prevention project for older teens. Project TND is now considered a model program by the Centers for Substance Abuse Prevention, Health Canada, and the National Institute on Drug Abuse. USC has conducted numerous trainings to U.S. school officials from 1997 to the present to ensure the fidelity of curriculum delivery. Three MPH students have served as research assistants contributing to publications resulting from these programs.

10. Identification of outcome measures by which the program may judge the adequacy of its resources, along with data regarding the programs performance against those measure over the last three years. As a minimum, the program must provide data on student-to-faculty ratio, program expenditures per full-time-equivalent student, and research dollars per full-time-equivalent faculty.

The table below furnishes several outcome measures by which the MPH program may assess the adequacy of its resources in terms of finance, staff, equipment, space and community partnerships.

Table IV.- 9 Resource Outcome Measures

Resources	Measures	Outcomes/Performance
Budget/Funding	Program Expenditures per Student	FY 00: \$305,842/37.0 Students = \$8,266 FY 01: \$461,618/43.8 Students = \$10,539 FY 02: \$465,377/54.0 Students = \$8,618
Faculty Resources	Student-to-faculty ratio	FY 00: 37.0 Students/9.50 FTE = 3.89 FY 01: 43.8 Students/9.70 FTE = 4.52 FY 02: 54.0 Students/10.50 FTE = 5.14
	Research dollars per full-time equivalent faculty	FY 00: \$38,586,032/9.50 FTE = \$4,061,688 FY 01: \$33,582,047/9.70 FTE = \$3,462,067 FY 02: \$44,611,609/10.50 FTE = \$4,248,725
Program Administrative Staff	Management and administrative staff implement strategic and operational program plans	4.7 FTE management and administrative staff Staff attends 3 workshops/association meetings annually
	Staff attend in-service and continuing education activities	
Facilities and Space	Facilities and space meet the teaching and research needs of students and staff	35 faculty offices 7 conference rooms 10 classrooms 2 lounges 2 auditoriums
	Transportation resources meet student and faculty travel between campuses	Inter-campus bus and mini-van
Computer Facilities	Computer facilities meet teaching and research needs of students and faculty	Computer lab equipped with 25 PCs with CD ROM drives, Internet access and electronic mail. Includes technical support staff. Current software titles including data analysis programs (SAS, S+, Epilog) Student lounge with 4 computers of similar caliber All students are provided with free USC e-mail accounts
Library/Information Resources	Access to print & electronic information resources	Norris Medical Library (HSC): All major health science databases, plus increasing number of electronic journals
	Availability of public health resources	Doheny & Leavy Library (UPC): Social and behavioral science periodicals & journals IPR Library (HSA): Public Health periodicals and journals
Field Experience Sites	Number of sites to provide practicum placements	59 community practicum sites; 90 sites available with collaboration with California Family Health Council; 16 sites in affiliation process
	Qualifications of preceptors	All preceptors have graduate or professional degrees

Resources	Measures	Outcomes/Performance
	Learning opportunities available at placement sites Guidelines for supervisors; evaluation of students and supervisors	Field placement guidelines distributed to all prospective sites Quantitative & qualitative evaluation indicators
Community Resources	Number of community agencies and organizations with program affiliations Number of faculty and students involved with CBOs	30 community-based organizations and public service agencies serving as practicum sites for MPH students. Half of full-time faculty and all first-year students are involved with these groups.

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

To date, the School of Medicine and the University have been very supportive of the MPH program. The budget for the MPH program meets the needs of the program for salaries, supplies, equipment, recruitment, and travel. Effective fiscal year 2002, the program became self-sufficient. Additionally, a reserve account was created to roll over unspent funds to cover future program needs (e.g., training, infrastructure, continuing education, expansion). Faculty resources meet or exceed current needs.

Program enrollment continues to rise; the number of students since the last self-study report increased by 76 percent. To meet the needs of the increasing student body, plans exist to hire additional program staff and faculty. With the relocation to the Alhambra campus, we have secured additional classroom and library space.

The number of practicum sites has increased substantially with more than 40 additional sites since the last self-study report and more in the process of completing the necessary documentation. Efforts to secure additional practicum sites are ongoing. Further, the program maintains significant interaction between MPH faculty and students with community-based organizations in the areas of training, research and service.

We believe that measures are in place to assess changes over time, that criteria for resources are being met, and that plans for expansion of the program are realistic and will allow for a high-quality teaching program, given current resources.

The resource criterion is met.

SECTION 5

Instructional Programs

V. INSTRUCTIONAL PROGRAMS

Criterion V.A: The program shall offer instructional programs reflecting its stated mission and goals leading to the Master of Public Health (MPH) or equivalent professional masters degree in community health/preventive medicine or in selected areas of knowledge basic to public health. The program may offer other degrees, professional and academic, and other areas of specialization, if consistent with the mission and resources.

The areas of knowledge basic to public health include:

1. **Biostatistics – collection, storage, retrieval, analysis and interpretation of health data; design and analysis of health-related surveys and experiments; and concepts and practice of statistical data analysis.**
 2. **Epidemiology – distributions and determinants of disease, disabilities and death in human populations; the characteristics and dynamics of human populations; and the natural history of disease and the biologic basis of health.**
 3. **Environmental health sciences – environmental factors including biological, physical and chemical factors which affect the health of a community.**
 4. **Health services administration – planning, organization, administration, management, evaluation and policy analysis of health programs; and**
 5. **Social and behavioral sciences – concepts and methods of social and behavioral sciences relevant to the identification and the solution of public health problems.**
1. **Identification in matrix form of the programs degree programs, showing the areas of specialization possible and distinguishing between those considered by the program to be professional degrees and those considered to be academic degrees. If the program offers degrees in a non-traditional format, these must be included in the matrix and identified as non-traditional.**

The MPH Program at USC is committed to the study and integration of basic and applied public health theories and methods to real problems of diverse populations. Assessment, planning and evaluation are common themes in the program with concentrations in the areas of health promotion, biostatistics/epidemiology and nutrition. The program prepares public health practitioners who are committed to working with at-risk populations, particularly within the context of the social structure, community, health care systems and family units. Of particular interest is the manner in which health behaviors of individuals are affected by and interact with conditions in the social, political, cultural, physical and biological environment to influence health status. Emphasis is placed on identifying, evaluating and discouraging health-damaging behaviors and facilitating those that promote health and prevent disease. A central core of the MPH program is training for leadership in domestic and international public health practice and research concerning health problems, programs and policies. Graduates of the program are generally expected to assume positions in the planning, administration and evaluation of public health programs and policies.

The program offers one professional degree: the Master of Public Health. The program provides an opportunity for students to specialize in one of three areas or tracks: Health Promotion, Biometry/Epidemiology, or Nutrition. All three tracks reflect the mission of the program: to create healthy communities, by preparing graduates to work with organized community efforts in a variety of settings, focusing on disease prevention and health promotion among diverse populations.

The matrix below describes the 2002-2003 course requirements of the MPH program and each track:

CORE COURSES (23 - 27 units)								
PM 501			Foundations in Health Education Behavior			4		
PM 508			Health Service Delivery in the U.S.			4		
PM 510L			Principles of Biostatistics			4		
PM 512			Principles of Epidemiology			4		
PM 529			Environmental & Occupational Health			3		
PM 593			Practicum in Public Health			4 or 8		
Health Promotion Track			Biometry/Epidemiology Track			Nutrition Track**		
TRACK CORE (10 - 12 units)								
PM 525	Culture & Health	4	PM 511aL	Data Analysis (SAS)	4	PM 519	Introduction to Human Nutrition	4
PM 526	Communications in Public Health	4	PM 523* <i>or</i> PM 536*	Design of Clinical Studies <i>or</i> Program Evaluation & Research	3 4	PM 535	Nutrition in Public Health	4
PM 528	Program Planning & Evaluation	4	PM 527* <i>or</i> PM 537*	Infectious Disease Epidemiology <i>or</i> Chronic Disease Epidemiology	3 3	PM 528	Program Planning & Evaluation	4
TRACK ELECTIVES (4 - 6 units)								
HP 410	Issues in Prevention & Cessation of Drug Abuse	4	PM 511bL	Data Analysis (S+)	4	PM 540	Maternal & Child Health and Nutrition	4
HP 412	Health Promotion & Prevention Policy	4	PM 513	Experimental Designs	3	PM 541	Obesity, Metabolism & Health	4
HP 420	Gender & Minority Health Issues	4	PM 517a	Research Methods in Cancer Epidemiology	3	PM 561	Behavioral Theories in Nutrition & Fitness	4
HP 421	Violence as a Public Health Issue	4	PM 517b	Research Methods in Cancer Epidemiology	3	**Students lacking college-level biology must register for PM 530 prior to enrolling in any nutrition track core or elective courses.		
HP 422	AIDS in Society	4	PM 518a	Statistical Methods for Epidemiological Studies	3			
HP 430	Nutrition & Exercise Epidemiology	4	PM 523*	Design of Clinical Studies	3			
HP 450	Traditional Eastern Medicine	4	PM 527*	Infectious Disease Epidemiology	3			
PM 505	Training & Curriculum Design	4	PM 536*	Program Evaluation & Research	4			
PM 514	International Perspective on STDs	4	PM 537*	Chronic Disease Epidemiology	3			
PM 530	Biological Basis of Disease	4	*May not receive credit for both track core and elective category.					
PM 601	Theory & Strategies in Prevention	4						
PM 602	Theory & Strategies in Compliance	4						
PM 604	Health Behavior Research Methods	4						
OTHER TRACK ELECTIVES (at least 3 units)								
Any Nutrition or Biometry/Epidemiology Core or Elective course			Any Health Promotion or Nutrition Core or Elective course			Any Health Promotion or Biom/Epi Core or Elective course		

The MPH program has been designed to offer the core training necessary for graduates to have successful and fulfilling careers in public health. Faculty are active in both the practice and academic facets of the public health field and bring this experience to the classroom. For example, the director Thomas Valente is a member of the Institute of Medicine panel on “Assuring the Health of Public in the 21st Century.” Debates and issues raised by this panel come directly to the classroom. On the practice side, the director and several of the faculty are involved in projects designed to reduce tobacco use among adolescents in Los Angeles County. Dr. Rohrbach is an advisor to the California Department of Education and works with them in their state-mandated tobacco control program. Dr. Baezconde-Garbanati directs the Hispanic/Latin Tobacco Network that plans and coordinates tobacco control programming for Hispanics/Latinos in the state of California. Dr. Johnson is an advisor to the China CDC and the cities of Wuhan, Chengdu, Shenyang, Harbin, and Hangzhou in tobacco control and health promotion and disease prevention, and holds an appointment as Professor of Public Health at Peking University. Dr. Mary Ann Pentz is the principle investigator of the longest running community-based substance abuse prevention program in the country. She is world’s foremost expert on community coalition development and mobilization for substance abuse prevention and has recently lunched a national trial involving 24 communities to test the effectiveness of Satellite TV for training community leaders. Steven Sussman created and evaluated TNT “Towards No Tobacco” a nationally recognized and disseminated school based program for tobacco prevention. It has been recognized by the CDC as one of few evidenced-based tobacco prevention programs. Dr. Tess Cruz assists in the California statewide media anti-tobacco campaign evaluation. In that capacity Dr Cruz constantly advocates for restrictions on tobacco marketing targeted to teens and young adults. These activities and experiences are integrated into classrooms discussions. All MPH faculty have a strong portfolio of research and practice experience in which students greatly benefit.

Faculty meet regularly in small groups to discuss curriculum integration. Efforts are made to avoid duplication and enhance integration across the curriculum so that the education students receive is the best that can be offered. Substantive areas covered in courses range from women’s health including family planning and reproductive health to substance use and abuse, alcohol and tobacco use, and obesity, exercise promotion, nutrition, and countless other topics. Faculty also emphasize their experiences working in community organization, social action, and policy development and advocacy.

The curriculum has been arranged to facilitate program completion. Students are admitted in the fall only with the expectation that they will complete the program in two years. Four of the five required courses are offered in the fall so that student can complete that part of the curriculum early. It also facilitates advising as all students are expected to complete these courses before moving on to more advanced courses in their specific tracks. Thus, for many students, the curriculum is straightforward and easy to schedule, minimizing ambiguity and confusion.

2. The school bulletin or other official publication which describes all curricula offered by the program.

A description of the program’s current course offerings, requirements for enrollment eligibility and graduation is listed under the Department of Preventive Medicine on pages 668-679 of the University of Southern California’s Catalogue for 2002-2003 ([Appendix V.-1](#) and at www.usc.edu/dept/publications.) Currently, an MPH student handbook is distributed at orientation to describe the program requirements, policies and procedures in greater detail ([Appendix V.-2](#)). An orientation packet is sent to students in early June so that they may have adequate time to prepare for the graduate studies that commence in late August (available on site). An orientation day is held before classes so that students become comfortable with the environment, facilities, and staff. Information concerning the program curriculum, sequences of courses, and faculty are also available on the MPH website.

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

This criterion is met. All MPH core and track courses are developed with the program mission, goals and objectives in mind. The core courses reflect the major knowledge areas of public health while the track core and elective courses provide the content necessary to obtain competence with three areas of specialization. The program maintains a high caliber of diverse faculty/instructors and experienced public health professionals necessary to provide students with a public health education rich in theory and practice.

Criterion V.B: Each professional degree program identified in V.A., as a minimum, shall assure that each student a) develops an understanding of the areas of knowledge which are basic to public health, b) acquires skills and experience in the application of basic public health concepts and of specialty knowledge to the solution of community health problems, and c) demonstrates integration of knowledge through a culminating experience.

1. Identification of the means by which the program assures that all professional degree students have a broad understanding of the areas of knowledge basic to public health.

The MPH curriculum, last modification approved in February 2002, requires that all students take five core courses, (19 units) along with public health field training experience, known as the practicum (4 - 8 units). The core courses have been carefully selected to address the areas of knowledge basic to public health:

MPH Core Courses

PM 501	Foundations of Health Education & Behavior (4)* – focuses on behavioral and social theories and their application to health promotion and disease prevention.
PM 508	Health Service Delivery in the U.S. (4) -- covers the roles and interactions of key components in the U.S. health care system, determinants of health care utilization, policies, financing, and administration.
PM 510L	Principles of Biostatistics (4) – trains students in the use of the most common statistical procedures in research and evaluation.
PM 512L	Principles of Epidemiology (4) – prepares students to investigate the epidemiology of a specific disease.
PM 529	Environmental and Occupational Health (3) – applies principles of epidemiology to environmental and occupational health issues.

*One contact hour = 50 minutes. The number of contact hours is equivalent to the unit value. Each semester unit represents 3 hours of work – in class and out -- for 15 weeks. A 4-unit class represents 180 hours of work – about 60 hours in class and the remainder outside of class.

A description of all MPH courses is located in [Appendix V-3](#). In addition to the solid foundation in the five core disciplines, the students gain additional depth by selecting among three specializations or tracks (Health Promotion, Biostatistics/Epidemiology, Nutrition). The tracks are comprised of cores (10 – 12 units), electives (4 – 6 units) and electives from other tracks or departments (at least 3 units). Field training (4 – 8 units), known as the public health practicum, is required of all students. A final paper and presentation surrounding their practical experience serves as the culminating component of the program of study. Total required units for the MPH in all tracks is 42 – 46 semester units. A 42-unit option is available for those students with a professional/clinical degree or those possessing substantive public health experience prior to admission to the program.

Occasional modifications to curriculum are made to ensure that the curriculum meets the needs of the students and provides the requisite knowledge base. The curriculum has undergone two significant modifications since the program's inception. The most recent changes to the curriculum, approved February 2002, include the renumbering of courses (PM 500 to PM 501, PUAD 530 to PM 508); revisions to course syllabi (PM 529); development of new courses available for all three tracks (PM 525, 536, 537, 541) and an upgrading of all nutrition courses from 3 to 4 units. Current course syllabi are available on site.

MPH faculty and instructors use a multitude of educational methods: lecture, class discussion, small-group discussion, case studies, guest speakers, written individual and group projects, analysis, presentations, final exams, research papers, and community field work. These diverse methods of assessment allow MPH program faculty to train students in the many ways of communication and work required in a public health career. It also allows students who may struggle with one form of assessment to excel in another. Importantly, it provides a range of methods for staff to evaluate the performance of its students. Naturally, different courses lend themselves to

different assessment methods, with some courses preferring one type to another.

In addition to completing required and elective coursework, many MPH students serve as graduate research assistants or graduate teaching assistants. These opportunities provide an opportunity for close personal mentoring between faculty and students, establishing trusting and educational experiences for the students. Further, teaching and research assistantships enable students to further learn and appreciate public health theory and methods.

2. Description of the program's policies and procedures regarding practice placements, including criteria for selection of sites, methods for approving preceptors, approaches for faculty supervision and methods for assessment of students.

Students are required to complete 8 units of field training in a public health setting (e.g., community-based organizations; research, clinical and school based settings; federal, state, local public health agencies). Learning opportunities available through participating agencies include health assessment, program design, intervention, evaluation, policy and advocacy, data management and analysis, and community organization. The 8-unit practicum may be waived to 4 units for students who enter the program with at least 2 years of public health experience or those who possess an advanced/clinical degree. Students meet regularly in a field training course to discuss their experiences. In the seminar, students strive to solve community health problems in their own practicum sites, and work as a team to support and problem solve with other students. The seminar also provides personal and professional development activities to optimally prepare students for careers in public health. This experience, along with an emphasis throughout their core courses on using applied learning experiences, promotes student acquisition of the required skills necessary of a public health professional. Both the field training and seminar provide students with an opportunity to acquire new skills and experience in the application of the concepts and theories covered in their MPH coursework.

The policies and procedures of the practice placements (practicum) are outlined in detail in the *Practicum Manual* included in [Appendix V.-4](#), sub-appendix of this document. Project assignments are made in collaboration with the facility, the MPH Program Manager and the student, based on the student's specific field of study (Health Promotion, Biometry/Epidemiology or Nutrition). Practicum sites may be selected by USC staff/faculty who invite them to apply for participation, or the site may contact USC directly. Local, national and international sites are welcome to apply. To qualify as a training site, the agency must possess sufficient interest and resources to accommodate a student, including a qualified supervisor (i.e. graduate degree in public health or related field). USC currently maintains 59 affiliated sites, and an additional 90 sites in family planning and reproductive health available throughout California, Nevada, Arizona and Hawaii available through our collaboration with the California Family Health Council. More than 10 additional agencies have expressed an interest in obtaining USC MPH students and are in various stages of becoming eligible sites. Practicum within the USC system must meet the same standards as outside agencies, but are not required to submit the contractual legal agreement.

Agencies selected to participate must complete an application form and contractual agreement with USC prior to any student placement. They must also agree to provide:

- A comprehensive range of public health experiences with exposure to diverse populations and systems;
- A setting where the student and field supervisor can work collaboratively to create a positive learning experience, resources for students to complete the required work, and a qualified field supervisor;
- Field supervisors preferably have an MPH, PhD in Public Health or a Dr.P.H. However, individuals who work in public health and have a related graduate degree (M.D., R.N., N.P., MSW, Master in Education), or the equivalent in terms of experience, may be accepted as a field supervisor.

Near the completion of coursework, students meet with the Program Manager to fill out the Internship/Practicum and Career Counseling Form. With this background in hand, the Program Manager helps the student determine the type and location of the practicum. Following the initial identification of potential sites, the student or Program Manager communicates with the site to arrange an interview. Subsequently, the Program Manager and student meet once again to discuss whether or not the proposed sites will meet the student's needs. If so, a letter of invitation and practicum manual is sent to the proposed practicum preceptor. Supervisors then submit an *Agency Application, Internship Affiliation Agreement* along with a resume to verify qualifications. With assistance from their preceptor,

students complete the *Practicum/Internship Contract* (see Practicum Manual) that provides both a project proposal and a set of measurable student learning objectives. Once the Program Manager receives approval and the necessary paperwork, the student begins the field training experience. The duration of the practicum is 200 (4 units) or 400 hours (8 units) depending upon student qualifications. Students also participate simultaneously in the field training seminar, PM 593, where issues and problems are presented and discussed with other students and faculty. Each student is evaluated by their preceptor through the submission of a progress report along with a final paper and presentation. Students also have an opportunity to assess the extent to which they have met their learning objectives stated in the beginning of their practicum. Evaluation of participating agencies is performed through written student evaluations as well as periodic contact with the Program Manager.

3. Identification of agencies and preceptors used for formal practice placement experiences for students, over the last three years.

Appendix V.-5 displays the agencies and faculty preceptors used for MPH practicum for the past three years of the program's operation. Since the first self-study document in February 2000, the program has secured over 40 additional affiliated sites where students may complete their public health practicum.

The range of practicum sites is extraordinary. Los Angeles provides a natural laboratory given its size and diversity. Our international collaborations provide outstanding internship opportunities in international health. The MPH practicum sites reflect this diversity providing opportunities to work with government public health agencies such as Los County Department of Health Services, as well as private organizations such as Kaiser Permanente. Opportunities to participate in school-based health promotion and particularly among disadvantaged ethnic groups are available, as well working with community-based and clinic-based organizations. Internships in China have focused on developing and assessing smoking cessation programs for young adults and on developing a network linking public health practitioners with academics for tobacco use control and health promotion in China. In sum, virtually any type of public health practicum experience is available. Program faculty and staff continuously search for additional placement sites, and frequently these emerge as students begin their search. If a student finds a site that is not currently affiliated with the MPH program, every effort will be made to secure such an arrangement.

4. Identification of the culminating experience required for each degree program.

The culminating experience centers on the public health practicum. As part of their field training requirements, students meet bi-weekly with the practicum faculty member. During these meetings the instructor revisits core public health concepts and practices so that students integrate this material into their professional experiences. Students are also required to maintain a journal that documents the students' assessment of their experiences. Student journals are reviewed by the faculty member and serves as points of discussion during the seminar.

The course meetings and journal provide the foundation for the student's practicum paper and presentation. During the semester, the students write a thesis-type paper that must demonstrate knowledge and assessment of the relevant public health problem, integration of appropriate theory and practice, planning and implementation skills, and the ability to communicate conclusions to a broader audience. This paper is reviewed and critiqued by the practicum faculty member and the MPH program director.

Students must also summarize their experience in a 25-minute presentation to other students, faculty, and practicum preceptors. These presentations are video-taped and rated by the faculty members. These presentations are valuable learning and assessment tools as they most closely resemble the demands they will face in their careers.

Finally, students must also compile a notebook dossier which contains their resume, relevant practicum materials, final paper and presentation slides, and other ancillary materials as needed (e.g., reports, data outputs, brochures etc.). Including copies of work produced during their field training experiences is encouraged. Students are also encouraged to share their paper with their chosen organization.

In an effort to make this requirement more rigorous, another component will be added to students completing the practicum in fall 2002. Besides the paper that describes and evaluates the experience and related outcomes, students will be asked to identify a problem that needs addressing and compose a grant proposal designed to retain their current position. Specific requirements of this project are under development.

In summary, the practicum is a major part of the culminating experience of the USC MPH program, offering students the opportunity to integrate their newly acquired skills and tools into a practical experience.

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

The student's knowledge and skills are assessed in a variety of ways:

- a) Midterm and/or final exams or papers (core and elective courses)
- b) Evaluation assessment from the field training supervisor
- c) Participation in the practicum seminar (held every other week), and
- d) A final dossier, paper, and oral presentation.

A degree checklist is placed in each student file to monitor progress towards completion of all core courses, track requirements, and the practicum. An exit interview has been established and will be used with graduates within three months of program completion. Mechanisms are in place for tracking alumni satisfaction, sense of preparation, and job status one-year post graduation.

The curriculum committee and Program Director and Manager review the courses to determine that all basic areas of public health knowledge and practice are addressed. The Program Manager also reviews all course syllabi to determine suitability and match of program objectives to course objectives and activities.

This criterion is met.

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

1. Identification of a set of learning objectives for each program of study identified in the matrix for V.A. If individualized learning objectives are used, identification of a sample set that is typical of each program of study and which can be verified through on-site inspection.

Prior to the last MPH curriculum modification, the Program Director, Manager and Track Directors reviewed the program objectives to assess the relevancy and application for public health practice. Modifications were made to ensure the objectives were both appropriate and measurable. The current learning objectives for the MPH core and tracks are listed below.

A. Core Learning Objectives:

Upon completion of the MPH program, all students will be able to:

1. Identify and prioritize the key dimensions of a public health problem by critically assessing public health literature – both quantitative and qualitative sources.
2. Apply theoretical constructs of social and health behavior in planning community interventions.
3. Assess programs and policies designed to protect and promote environmental and occupational health by applying sound biological, chemical and physical science standards
4. Function as collaborators on public health projects with the ability to assume leadership roles in the development, implementation, and/or evaluation of programs
5. Demonstrate the ability to select, apply and interpret intermediate-level statistical techniques to the assessment of community needs and program outcomes
6. In planning community-based programs and/or program changes, demonstrate an understanding of the interactive nature of the political, organizational and economic context of public health programs; of funding patterns and priorities; and the possibility of multiple agendas and conflicting goals

In addition to the core competencies, students in each track should be able to:

B. Health Promotion Track

1. Incorporate understanding of cultural, socioeconomic, and demographic factors into community health education, health policy and health service strategies to improve the health status of a community.
2. Demonstrate understanding of the key process steps in the development, implementation, and evaluation of community health promotion programs.
3. Function as a community resource person by demonstrating the skills needed to: listen attentively and purposefully to a group; perform needs assessments based on both first-hand and appropriate secondary sources; and to integrate community objectives into verbal, written, and/or mass-media communications.
4. Prepare clear and concise health education materials tailored appropriately to diverse audience segments.
5. Apply behavioral science, health education, and communication theories and methods to the analysis of community health problems and the development of effective health promotion strategies.
6. Develop and carry out an effective process and outcome evaluation of a community based health promotion program.

C. Biostatistics/Epidemiology Track

1. Provide expert advice to fellow investigators on design, conduct and data analysis for studies in the health sciences
2. Serve as data coordinators, managers and analysts for projects involving analysis of large data bases such as those arising from multi-center clinical trials, government surveys, outcomes databases and the decennial census
3. Formulate a coherent study objective and study hypotheses related to a public health problem and define the study aims necessary to fulfill the study objective
4. Demonstrate an understanding of the most important risk factors for major chronic diseases
5. Demonstrate an understanding of the most important risk factors for major infectious diseases
6. Assist in the investigation of an infectious disease outbreak
7. Determine the appropriate study design to analyze a community health problem.
8. Locate and access existing sources of data including vital statistics records, disease registries, and clinic and hospital records, that might bring light to the problem
9. Use data management and statistical software to analyze the basic relationships between risk factors and outcome data
10. Know who to contact when needing additional biomedical, statistical, and computing assistance
11. Interpret the results with a focus on public health and/or policy implications
12. Understand potential or real biases that alter the study findings
13. Write the results in a coherent report that can be used to guide public policy

D. Nutrition Track

1. Assess nutritional needs and available resources of individuals, groups, and communities and correlates the plan with other health care.
2. Use appropriate behavioral theories to assist individuals and families in achieving improved diet, food selection, and economic solutions.
3. Provide nutrition consultation to community groups to prioritize nutritional care and service delivery within different segments of the community and at different stages throughout the life span.
4. Prepare nutritionally related educational material for different segments of the community and at different stages throughout the life span.
5. Conduct or participate in nutrition related in-service, education, and consultation with professional staff and supporting personnel of community based organizations.
6. Demonstrate the ability to plan, conduct, and evaluate nutritional epidemiology studies for primary, secondary, and tertiary prevention programs.
7. Evaluate nutrition claims and popular literature for accuracy, reliability, and practical implications to the community and nutrition behaviors.

8. Identify and describe appropriate federal, state, and local governmental structures and the processes involved in the development of public nutrition policy, legislation, and regulations that influence nutrition and health services.

2. A description of the manner in which learning objectives are developed, used and made available to students.

The learning objectives provided under criterion V.C. document the preparation of students in both the core areas of public health and in the specializations of health promotion, biostatistics/epidemiology and nutrition. The specific learning objectives are based upon recommendations of the MPH Curriculum Committee, MPH Director and Track Directors to support the mission and goals of the program. To develop the learning objectives, members of the committee consulted training guidelines specified in *The Public Health Workforce: An Agenda for the 21st Century* (U.S. Department of Health and Human Services, Public Health Service, 1998) and *A Competency-Based Framework for the Professional Development of Certified Health Education Specialists* (National Commission for Health Education Credentialing, 1996). These documents were utilized as a guide to construct the core and track objectives.

Program goals and objectives are reviewed periodically by the MPH program Advisory Committee, by individual faculty, and at faculty meetings. Changes and suggestions regarding these goals are considered by the Program Director in conjunction with discussion with MPH program staff. If agreement is reached on the need to change goals or objectives, others are drafted and circulated back to the Advisory Committee and faculty for further review and approval. The revised goals and objectives are then included in publications and manuals for the next academic year.

Additionally, each faculty member or instructor has the responsibility to develop objectives and related educational activities into the course(s) taught. Course objectives are reviewed by the MPH Program Manager and finally members of the MPH Curriculum Committee to be certain they describe relevant, comprehensive and measurable learning objectives. The review of syllabi also identifies which program objectives they support, and areas in which new courses or objectives are needed. Program goals and objectives are available for review, and are circulated to students at orientation. Learning objectives are made available to students through the dissemination of course syllabi. Finally, program mission, goals and objectives are described on the program's web page, available to all prospective, current and former students.

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

Each course for the MPH program has developed a syllabus that is distributed to students. The content covered in the required courses adequately covers the areas of public health principles, concepts, skills and values that have been set as goals for this program, and as CEPH criterion for instruction. However, our first year review of these syllabi indicated that not all syllabi clearly described the relevant comprehensive and measurable learning objectives to our satisfaction. To improve the quality of syllabi, the MPH Program Manager developed a syllabus-writing guide ([Appendix V.-6](#)) for both MPH faculty and instructors based upon recommendations set forth in the Curriculum Handbook compiled by the USC Graduate and Professional Studies Committee. This manual was distributed to all faculty and they were instructed in its use. The faculty incorporated the guidelines. Close monitoring indicates that syllabi now contain measurable objectives and appropriate unit credit allotment.

<p>Criterion V.D: There shall be procedures for assessing and documenting the extent to which each student has attained these specified learning objectives and determining readiness for a community health/preventive medicine career.</p>

1. Description of the procedures used for monitoring and evaluating student progress in meeting stated learning objectives.

Several methods have been developed for monitoring student progress and achievement. All students meet with the Program Manager and if they wish, a faculty advisor, approximately once a semester to discuss plans and progress

towards graduation. Students are provided with appropriate feedback so that they may tailor their program accordingly. Degree checklists are kept of each encounter and reviewed at the next visit.

In addition to monitoring overall program progress, students participate in many evaluative activities listed in table V.-1 below.

Table V.-1 Opportunities to Evaluate Student Progress

Form of Evaluation	Examples of MPH Curriculum	Expected Student Competency
Written examination	PM 501, 508, 510, 511a, 511b, 512, 513, 514, 517a, 518a, 519, 523, 526, 527, 528, 529, 530, 535, 536, 537, 540, 604 HP 410, 412, 420, 421, 422, 430, 450	Express in written form public health concepts, theory and knowledge
Oral presentation	PM 501, 508, 517b, 519, 525, 526, 527, 528, 529, 530, 535, 537, 540, 541, 561, 593, 601, 602, 604 HP 421, 430	Transmit information verbally on a health topic or issue.
Research papers	PM 508, 517b, 514, 519, 525, 527, 529, 537, 540, 541, 561, 593, 601, 602, 604 HP 412, 420, 421, 422, 430, 450	Conduct a literature review; synthesize and present health information
Class participation	PM 501, 508, 514, 517a, 517b, 519, 525, 526, 529, 530, 535, 541, 561, 593, 601, 602, 604 HP 410, 420, 421, 430, 450	Express and support opinions; appreciate alternative points of view; lead and contribute to class discussions
Group projects	PM 508, 512, 525, 526, 528, 601	Collaborate and problem solve with others; demonstrate leadership ability
Community involvement & service	PM 501, 525, 528, 593	Interview key informants; assess organizational strengths and weaknesses; provide thoughtful recommendations; apply knowledge to community health problems
Empirical projects	PM 510, 511a, 511b, 512, 517a, 518a, 536, 541, 593	Select appropriate data analysis techniques; draw implications and acknowledge limitations; use valid research methodology
Field Experience	PM 593	Apply knowledge to health-related programming; develop own program component

The paper and presentation required of the practicum students provides information of the student's grasp of key public health concepts and skills, and their ability to integrate these in an applied setting. Students also receive evaluations from their preceptors at the conclusion of their field training.

Most courses require midterm and final exams and written papers or data analyses, to measure achievement of course objectives.

2. Identification of outcomes which serve as measures by which the program will evaluate student achievement, and presentation of data assessing the programs performance against those measures of the last three years.

Student achievement is monitored in four ways using a multitude of data. First, student performance and achievement of learning objectives in the MPH core and tracks is measured through satisfactory course grades. A database is maintained of all students, their grades, and courses completed. Data from our past year's student

coursework has been compiled and GPA's are presented in Section IX, which follows. Progress is routinely monitored, and students are informed of their achievement during annual advisement meetings. Any student not making satisfactory progress receives written notification from the Program Director ([Appendix V.-7](#)). The student then receives academic counseling from both the Director and Program Manager.

Second, student progress and achievement of student learning objectives is assessed through practicum preceptor and student evaluations. Students experiencing difficulty performing in their field training sites may meet with the Program Manager to discuss the situation. If no resolution can be obtained, the student has the opportunity to switch to a more suitable site. Similarly, the Program Manager keeps in contact with the practicum preceptors to assess student performance both during and at the conclusion of the placement.

Third, achievement of objectives is also monitored through student surveys and focus groups. The MPH program is currently administering surveys this academic year to students and alumni to assess student and program performance. The *current* student survey, taken at the conclusion of the student's first year, measures student variables and program satisfaction with regards to instruction, advising, facilities, resources and policies. MPH *exit* survey, distributed at the conclusion of the program, measures overall program satisfaction and the degree of student's perception of competency with MPH core and track objectives. The MPH *alumni* survey, disseminated approximately one year after graduation, revisits competency with the MPH core learning objectives and assesses post-graduate professional activities. A focus group is held at the final meeting of the student association each year. Copies of survey results and summaries are located in [Appendix V.-8](#).

Four, professional achievement is assessed through an examination of post-graduate professional activities. Indicators include job placements, affiliations with professional associations and the achievement of related certifications or degrees. The MPH website maintains an alumni page where a listing of current positions of our graduates exists. In addition, the MPH alumni survey examines many aspects of the professional careers (e.g., job title, time spent on job search, starting salary) and activities (e.g., education/certifications, professional associations). Table V.-2 illustrates the types of positions acquired by our graduates.

Table V.-2: Post-Graduation Placements

<p>Rowan Amarasuriya ('00) Medical School as of Fall 2001</p>	<p>Michael Carbuto ('01) Physician Student Health Center Cal State University, Los Angeles</p>	<p>Arash Bakhtari ('00) D.D.S. candidate USC School of Dentistry</p>
<p>Michelle Besaw ('01) Doctoral Candidate, Anthropology University of Southern California</p>	<p>Wendy Hayward-Garland ('01) Project Coordinator Epidemiology Analyst HIV Epidemiology Program LA County Department of Health</p>	<p>Casi Cason (00) Program Manager for the Southern California Region of the Crohn's and Colitis Foundation of American, Inc.</p>
<p>Nairy Ghazourian ('00) CHES Senior Health Education Specialist Healthnet</p>	<p>Christina Holler ('00) CHES Health Promotion Director US Navy</p>	<p>Abi Janakiraman ('01) Ross University in Dominica Medical School, Fall 2001</p>

<p>Pooya Jazayeri ('00) M.D. Program, Medical College of Wisconsin</p>	<p>Parasto Jouharzedehe ('00) Project Specialist Time Project Institute for Prevention Research University of Southern California</p>	<p>Kun H. Kim ('00) Mercy School of Dentistry University of Detroit</p>
<p>James Minnis (00) Meharry Medical School Nashville, TN</p>	<p>Terry Huang (01) Assistant Professor Department of Preventive Medicine University of Kansas Medical Center</p>	<p>Tiffany Pang ('01) Health Educator Kaiser Permanente Pasadena, California</p>
<p>Patric Nelson ('00) Clinical Research Associate Allergan Pharmaceuticals</p>	<p>Wendy Paredes ('00) Statewide Health Education Specialist Hispanic/Latino Tobacco Education Network Institute for Prevention Research University of Southern California</p>	<p>Gitane Patel ('02) Chicago Medical School</p>
<p>Kathy Salcedo (02) Study Coordinator Childrens Hospital Los Angeles</p>	<p>Silvana Skara (01) Research Assistant Ph.D. Candidate Institute for Prevention Research University of Southern California</p>	<p>Hong Zheng (00) Research Associate WestEd Los Alamitos, CA</p>
<p>Dennis Trinidad ('01) Post-Doctoral Fellow University of California, San Diego</p>	<p>Thalida Em Arpawong ('01) Public Policy Researcher Flow Health</p>	<p>Elika Derek ('01) Research Assistant LA County Dept of Health</p>
<p>Elvira Garay ('01) Resident Services Manager Many Mansions</p>	<p>Dawn Ginzl ('01) Programmer Analyst I Dept of Preventive Medicine USC Keck School of Medicine</p>	<p>Wendy Hayward-Garland ('01) Project Coordinator Epidemiology Analyst HIV Epidemiology Program LA County Depart of Health</p>

<p>Sondos Islam ('02) Doctoral Candidate Institute for Prevention Research University of Southern California</p>	<p>Deborah Kim (01) Project Coordinator Children's Health Study II University of Southern California Keck School of Medicine Department of Preventive Medicine</p>	<p>Maria Lara ('01) Health Education Coordinator Community Outreach & Prevention Education</p>
<p>Janet Okamoto ('01) CHES Health Education Coordinator California Drug Consultants</p>	<p>I-Pei Liu ('01) M.S. Candidate in Biostatistics University of Southern California</p>	<p>Patchereeya Pumpuang ('01) Degree Progress Counselor USC MPH Program</p>
<p>Kimberly Yamahara ('01) CHES Project Specialist TIME Project USC Institute for Prevention Research</p>	<p>Ralph Zaichik ('01) Research Assistant Children's Health Study II USC Department of Preventive Medicine</p>	<p>Van Ta ('01) VIDA Program Coordinator San Fernando Valley Neighborhood Legal Services Coalition for Community Health</p>

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

Since the program's inception, (12 semesters), student grade point averages are relatively high, with the mean ranging from 3.35 to 3.78 for part-time students and 3.40 to 3.75 for full-time students. This indicates that students grasp the basic concepts and competencies required to perform well in the required courses, and that this criterion is being adequately met. Faculty evaluation of practicum papers and presentations indicate that students have mastered the material necessary for careers in public health and that MPH program is meeting its objectives. Reports from practicum preceptors further demonstrates the quality training our students receive (see commendation letters in appendix X.-2) that our graduates are well trained. Further, preliminary results from student exit and alumni surveys indicate that perception of MPH core and track specific competencies is high. At least 80% of both alumni and graduating students responded that they are competent or somewhat competent on each of the core and track learning objectives. Eighty nine percent of the alumni students are currently employed, with 65% working in full time jobs. It took the students an average of 0.6 months to secure a job after graduation. Of those students employed, 88% are employed in some area related to public health, and have an average of 2.85 years of public health experience. Overall, 16% of the alumni students are CHES certified and 47% are affiliated with a professional public health association.

Overall, student achievement, both during and after the program, is high as evidenced by grade point averages, attainment of learning objectives, student perceptions, practicum preceptor reports and post-graduate professional activities.

This criterion is met.

Criterion V.E: If the program also offers curricula for academic degrees, then students pursuing them shall have the opportunity and be encouraged to acquire an understanding of public health problems and generic public health education. These curricula shall cover as much basic public health knowledge as is essential for meeting their stated learning objectives.

1. Identification of all academic degree programs. The matrix in V.A. may be referenced for this purpose.

Not Applicable. The degree offered by the program is a professional degree, not an academic degree.

2. Identification of the means by which the program assures that students in research curricula have the opportunities and are encouraged to acquire a public health orientation.

Not applicable.

3. Identification of the culmination experience required for each academic degree program.

Not applicable.

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

Not applicable.

Criterion V.F: If the program offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.
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1. Identification of joint degree programs offered by the program and a description of the requirements for each.

Currently, there are five joint degree programs, approved by the USC Graduate and Professional Studies Committee, available to qualified and interested students. A brief description of each follows.

- **MD/MPH:** Approved May 2001, this program spans five years (four years of medical school and 1 calendar year of public health courses). Students begin the core MPH courses following the successful completion of the first two years of medical school. The last two years of the program are devoted to clinical clerkships of the School of Medicine and to the completion of the elective courses and practicum (field experience) of the MPH program. At the conclusion of the joint degree program, students will have completed 46 units in the MPH program and four years of instruction in the School of Medicine. Joint MD/MPH students may pursue any track in the MPH.
- **PharmD/MPH:** Also approved May 2001, this program spans five years. Students spend their first year at the School of Pharmacy on the Health Science campus where they complete the first year of PharmD course work. Beginning in their second year students take MPH courses in the Department of Preventive Medicine at the Health Science Campus and Health Science Alhambra campus. Students then return to the School of Pharmacy for the remaining three years. During their final three years, students are required to finish MPH course work in addition to their PharmD coursework so that they will complete 144 units of PharmD coursework and 33 units of MPH course work at the end of the fifth year. Students may pursue any track in the MPH.
- **Ph.D. (Clinical Psychology)/MPH:** Approved March 2002, this program combines the knowledge of clinical psychology research and practice with an understanding of health from a population perspective. The student enrolls primarily in the clinical psychology doctoral program. During the second and subsequent years, coursework is taken in both programs. The dissertation is undertaken through the Department of Psychology. The program requires a total of 91 units to graduate. Students may pursue any track in the MPH.
- **B.S. (Health Promotion)/MPH:** Approved April 2002, this program enables students to receive both a Bachelor of Science in Health Promotion and Disease Prevention and a MPH degree in five years. The dual degree is available for students pursuing the health promotion track in the MPH. Students apply in their junior year and take graduate level courses beginning their 4th year. To qualify for the BS/MPH degree undergraduate students must apply in the junior year and have a

cumulative GPA of 3.5 or better and have scored at least 1100 on the GRE exam. A total of 163 units is required to complete the degree with 129 units devoted the B.S. and 34 units towards the MPH.

- **D.P.T. (Doctor of Physical Therapy)/MPH:** Approved May 2002, this program offers the opportunity for physical therapy clinicians to pursue a doctoral-level education in combination with an integrated approach to health care. The addition of the MPH degree will allow physical therapists to deliver effective health education to help prevent dysfunction of the locomotor system and critically analyze the health science literature to develop a better understanding of physical therapy research and its application to clinical settings. The program spans four years with a total of 68 units. Students begin the first one to two years completing MPH core and elective coursework in the Department of Preventive Medicine, while the remaining years are devoted to program requirements in Physical Therapy. Students may pursue any track.

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

The MD/MPH and PharmD/MPH were offered in the fall of 2001, but the degree requirements were not reflected in that year's catalogue. Currently, there is one MD/MPH student. The other three dual degrees will be made available and included in the University catalogue beginning the 2002-2003 academic year.

These criteria are met.

Criterion V.G: If the program offers degree programs using non-traditional formats or methods, these programs must be a) be consistent with the mission of the program and with the program's established area of expertise; b) be guided by clearly articulated student learning outcomes which are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the program and university are, and d) provide planned and evaluated learning experiences which take into consideration and are responsive to the characteristics and needs of adult learners. If the program offers non-traditional programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The program must have an ongoing program to evaluate the academic effectiveness of the format, to assess teaching and learning methodologies and to systematically use this information to stimulate program improvements.

1. Identification of all degree programs that are offered in a non-traditional format. The matrix in V.A. may be referenced for this purpose.

Not applicable.

2. Description of the non-traditional degree programs, including an explanation of the model or methods used, the program'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 the manner in which it evaluated the format and methodologies.

Not applicable.

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

Not applicable.

SECTION 6

Research

VI. RESEARCH

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

1. A description of the program’s research activities, including policies, procedures and practices that support research and scholarly activities.

The Keck School of Medicine has five departments whose total federal research funding places them in the Top 30 nationwide; Preventive Medicine is ranked No. 1 among KSOM departments in peer reviewed support and number 1 among departments of preventive medicine nationwide. IPR is ranked number 2 among USC Organized Research Units, second only the Norris Comprehensive Cancer Center. The Department of Preventive Medicine faculty are consistently among the most productive at USC. Peer reviewed research in the current year totals approximately \$48 million for the Department of Preventive Medicine’s 60 full-time faculty, compared to \$143 million for the 960 full-time Medical School faculty, and \$356 million for the total 3,560 USC faculty. This translates to \$800K in federal research funding per Preventive Medicine faculty, \$149K per Medical School faculty, and \$100K per USC faculty. Per capita Division support is about the same as for the department as a whole.

Most of the MPH faculty members are either tenured, tenure track, or full time research track. As such, an ongoing research agenda is a necessary part of their faculty review and promotion. Research is supported through interdisciplinary research retreats, circulation of funding notices, encouragement of collaboration among faculty, support staff and facilities provided by the University, and by core groups that are housed at IPR, such as the Population Dynamics Core, that support research.

There is great emphasis on collaborative transdisciplinary or interdisciplinary research within the USC Department of Preventive Medicine. IPR was created in 1980 expressly to establish an interdisciplinary center for health promotion research. The Transdisciplinary Tobacco Use Research Center, the Norris Comprehensive Cancer Center, the Southern California Environmental Sciences Center, the Children’s Health Center, , and the Neurogenetics Institute, all NIH-funded, exemplify this cross-disciplinary emphasis. New centers of excellence in research have been targeted in substance abuse prevention, childhood obesity, and cancer communications. Program faculty members comprise the Principal Investigators and Project and Core Leaders for these centers. Students at all levels, from baccalaureate to postdoctoral, participate in these research programs. MPH students are encouraged to take advantage of this opportunity to gain hands-on research experience and may receive either course credit and/or a stipend for their participation.

2. 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.

The table below lists research projects or community collaboration projects currently underway for MPH faculty. Many of these are described in further detail in the next section, which details contracts and grants funded for research.

Table VI-1: Current Faculty Community-Based Research Activities

FACULTY MEMBER	COMMUNITY AFFILIATION
Stanley Azen	Los Angeles Latino Eye Study (LALES): Prevalence and risk factor survey of ocular disease in 6,500 Latinos residing in La Puente, CA. South Bay Heart Watch Study (SBHW): Prospective community-based cohort study designed to appraise the value of coronary calcium and risk factor assessments for predicting coronary outcomes in asymptomatic adults.

FACULTY MEMBER	COMMUNITY AFFILIATION
Lourdes Baezconde-Garbanati	Latino Council for Alcohol and Tobacco; Coalition of Hispanic Health and Human Services (COHHHSMO); Hispanic/Latino Tobacco Education Network
Tess Boley Cruz	California Department of Health Services Tobacco Control Project SMART \$: gathers data from community groups statewide to identify tobacco- marketing violations. Technical Assistance Legal Center: advisory group to determine anti-tobacco uses of tobacco settlement funds. California Hispanic/Latino Tobacco Education Network.
Michael Cousineau	Health Consumer Alliance, Bresee Foundation, LA Metro Strategies, Neighborhood Legal Services, National Health Law Program; LA County Dept. of Health Services, Community Health Councils of LA, REACH 2010, African Americans Building a Legacy of Health, The San Diego Business Health Connection, Insure the Uninsured Project
C Anderson Johnson	Collaboration with Los Angeles Public Schools to study tobacco use in Pacific Rim youth. Collaboration with Chinese National Center for Disease Control and Prevention involving the following seven cities: Chengdu, Hangzhou, Harbin, Kunming, Qingdao, Shenyang, and Wuhan.
Luanne A. Rohrbach	U.S. Center for Substance Abuse Prevention; California Department of Education; Coalition for Zero Violence (Pasadena, CA); City of Pasadena Department of Public Health; Pasadena Unified School District; Los Angeles Unified School District
Steven Sussman	Drug Use Prevention Programming in Continuation Schools in California. Collaboration with Rancho Los Amigos National Rehabilitation Center (RLANRC)
Thomas W. Valente	Collaboration with Los Angeles Public Schools to study tobacco use in Pacific Rim youth. Collaboration with community coalition groups in 24 communities to create substance abuse prevention programming. Consultant to SAMHSA to improve substance abuse treatment.

3. A list of current research activity, including amount and source of funds, over the last three years.

Table VI.-2 contains a list of detailed research activities of the faculty involved and accessible to the MPH program. There is considerable additional research conducted within the department of Preventive Medicine and in the Keck School of Medicine, and in other departments in the Keck School as well as other units of the University of Southern California not detailed here but which contribute substantially to the MPH program. The table presented here lists currently active research projects being conducted by MPH faculty. The volume and variety of research activities present a rich intellectual environment for the MPH program. Further, most if not all of these projects seek to discover new information that will benefit the health of individuals locally and nationally.

Table VI.-2: Current Research Activity over the Last Three Years

MPH Principle Investigator	Project Title	Sponsor	Start	End	Directs Awarded	Indirects Awarded	Total Awarded
Avol, Edward	Effects of Volcanic Air Pollution on Respiratory Youth	University of Hawaii at Manoa	9/1/2001	8/31/2002	19,032	11,895	30,927

MPH Principle Investigator	Project Title	Sponsor	Start	End	Directs Awarded	Indirects Awarded	Total Awarded
Avol, Edward	Environmental Justice: Partnerships for Communication "Clean Air for Barrio Children's Health"	Environmental Health Coalition	6/1/2000	7/31/2002	96,109	24,027	120,136
Azen, Stanley	Progression of Coronary Calcium	Research and Education Institute	9/1/2000	8/31/2002	79,663	50,587	130,250
Baezconde-Garbanati, Lourdes	National Hispanic Leadership Network for Tobacco Control	National Alliance for Hispanic Health	9/30/2001	9/29/2002	28,444	7,111	35,555
Baezconde-Garbanati, Lourdes	Communications Component for the Transdisciplinary Tobacco Use Research Center	Johnson (Robert Wood) Foundation	10/10/2001	9/30/2002	110,892	9,980	120,872
Baezconde-Garbanati, Lourdes	Hispanic/Latino Tobacco Education Network	California Department of Health Services	7/1/2001	6/30/2002	339,061	60,593	399,654
Bernstein, Leslie	Tamoxifen: Risk of MI, Stroke and Venous Thromboembolism	National Cancer Institute	9/1/1997	6/30/2003	340,544	139,289	479,833
Bernstein, Leslie	Breast Cancer, Radiation Exposure, and ATM Gene	Mt. Sinai School of Medicine	9/1/2001	8/31/2002	171,740	107,338	279,078
Bernstein, Leslie	Postmenopausal Breast Cancer: Obesity, Leptin & OB-R Pilot	University of California, Regents	7/1/1999	6/30/2002	74,938	47,586	122,524
Boley-Cruz, Tess	Tobacco Industry Monitoring Evaluation, RFP #01-102	California Department of Health Services	7/1/2001	6/30/2002	460,364	89,513	549,877
Chen, Xinguang	Ethnic Differences in Cigarette Smoking Dynamics Among Youth	UC Berkeley - Tobacco-Related Disease Research Program	7/1/2001	6/30/2002	97,083	60,677	157,760
Cozen, Wendy	Marijuana Use and the Risk of Lung and Other Cancers	University of California, Los Angeles	4/1/1999	3/31/2003	26,400	16,500	42,900

MPH Principle Investigator	Project Title	Sponsor	Start	End	Directs Awarded	Indirects Awarded	Total Awarded
Dwyer, James	Smoking and Ecogenecity of the Arterial Intima	UC Berkeley - Tobacco-Related Disease Research Program	7/1/2001	6/30/2002	28,749	17,968	46,717
Dwyer, James	Intimal Thickening and Antioxidants in Hispanics and Anglos	National Heart, Lung, and Blood Institute	3/1/2000	2/28/2003	492,883	308,052	800,935
Gilliland, Frank D.	Factors in Childhood Lung Susceptibility to Pollution	National Heart, Lung, and Blood Institute	9/1/1999	8/31/2002	314,391	196,494	510,885
Goran, Michael	Intra-Abdominal Fat and Risk of Disease in Adolescents	National Institute of Child Health and Human Development	8/1/1999	5/31/2003	252,264	157,875	410,139
Goran, Michael	Prevention of Obesity in Children	National Institute of Child Health and Human Development	6/1/2000	5/31/2002	294,251	160,991	455,242
Goran, Michael	Type 2 Diabetes in Hispanic Adolescents	National Institute of Diabetes and Digestive and Kidney Diseases	9/30/2000	8/31/2002	436,923	273,077	710,000
Goran, Michael	Mentor-Based Postdoctoral Fellowship	American Diabetes Association	7/1/2001	6/30/2002	35,000	0	35,000
Goran, Michael	Mentor-Based Summer Internship	American Diabetes Association	7/1/2001	6/30/2002	3,000	0	3,000
Hamilton, Ann	Breast Cancer Susceptibility Genes in High Risk Women	U.S. Army Medical Research and Development Committee	7/1/2000	7/30/2003	225,370	141,600	366,970
Hamilton, Ann	An Innovative Assessment of Endogenous Estrogen Activity in Persons with Different Habits of Exercise	U.S. Army Medical Research and Development Committee	9/1/1997	8/31/2002	219,243	78,668	297,911

MPH Principle Investigator	Project Title	Sponsor	Start	End	Directs Awarded	Indirects Awarded	Total Awarded
Johnson, C. Anderson	Cancer Control and Epidemiology Research Training Grant	National Cancer Institute	8/1/2001	7/31/2002	201,928	15,370	217,298
Johnson, C. Anderson	Transdisciplinary Tobacco Use Research Center	National Cancer Institute	9/1/2001	8/31/2002	1,522,124	951,327	2,473,451
Johnson, C. Anderson	Lowering Smoking and ETS Risks in Immigrant Pacific Rim Youth	UC Berkeley - Tobacco-Related Disease Research Program	1/1/2002	12/31/2002	86,388	54,681	141,069
Mack, Thomas [Ursin, Giske (Co-Inv.)]	Mammographic Density, HRT and Hormonal Activity Genes	University of California, Regents	7/1/2001	6/30/2002	223,570	139,731	363,301
Mack, Wendy	Physical Fitness/Cardiovascular Mortality-Firefighters	National Heart, Lung, and Blood Institute	7/1/1999	5/31/2002	71,840	45,559	117,399
Pentz, Mary Ann	Drug Abuse Prevention in Early Adolescence	National Institute of Drug Abuse	2/1/1996	8/31/2002	500,806	246,953	747,759
Pentz, Mary Ann	The Multi-State Prevention Teleconference Trial	National Institute of Drug Abuse	4/1/2000	3/31/2003	662,000	304,863	966,863
Peters, John	Epidemiologic Investigation to Identify Chronic Health Effects of Ambient Air Pollutants in California (Phase IIIB)	California Air Resources Board	8/20/2001	7/31/2002	394,322	91,895	486,217
Peters, John	Environmental Exposures, Host Factors, and Human Disease	National Institute of Environmental Health Sciences	4/1/2001	3/31/2006	949,674	512,296	1,461,970
Peters, John	Magnetic Fields and Breast Cancer Risk	National Institute of Environmental Health Sciences	9/8/1994	8/31/2002	282,042	183,327	465,369
Peters, John	Epidemiologic Investigation to Identify Chronic Health Effects of Ambient Air Pollutants in California (Longitudinal Study - Phase III)	California Resources Board	5/15/1995	12/30/2003	4,728,631	1,287,310	6,015,941

MPH Principle Investigator	Project Title	Sponsor	Start	End	Directs Awarded	Indirects Awarded	Total Awarded
Peters, John	Southern California Center for Airborne Particulate Matter	University of California, Los Angeles	6/1/1999	5/31/2005	83,983	61,859	145,842
Peters, John Avol, Edward Gauderman, William Gilliland, Frank McConnell, Robert	Genetics, Air Pollution, and Respiratory Effects in Children and Young Adults	National Institute of Environmental Health Sciences	6/1/2002	5/31/2007	2,000,000	1,114,000	3,114,000
Richardson, Jean	Brief Safe Sex Intervention in High Risk Persons	National Institute of Mental Health	4/1/1997	3/31/2003	96,761	61,443	158,204
Ritt-Olson, Anamara	The Effect of Depression and Peer Influences on Smoking Initiation	UC Berkeley - Tobacco-Related Disease Research Program	7/1/2001	6/30/2002	30,000	0	30,000
Rohrbach, Louise	Implementation of Tobacco Programs in California Schools	UC Berkeley - Tobacco-Related Disease Research Program	7/1/2001	6/30/2002	178,138	111,336	289,474
Ross, Ronald	Dietary Factors in the Etiology of Cancer in Shanghai	National Cancer Institute	9/1/1996	6/30/2002	693,870	367,037	1,060,907
Ross, Ronald	Breast and Other Cancers in the California Teachers Cohort (California Teachers Study)	Public Health Institute	4/1/1999	3/31/2003	1,491,534	931,012	2,422,546
Ross, Ronald	Molecular Determinants of Prostate Cancer Progression Across Race-Ethnicity	Department of Defense Medical Research Acquisition Activity	4/15/2000	5/14/2003	1,469,007	731,884	2,200,891
Ross, Ronald	Genes and the Estrogen Effects on Endometrial Cancer	National Cancer Institute	1/1/2002	12/31/2002	591,505	155,981	747,486
Ross, Ronald	Iatrogenic Causes of Cancer (Program Project Grant)	National Cancer Institute	4/1/1999	1/31/2004	2,345,766	1,470,925	3,816,691
Ross, Ronald	Continuation of a Population-Based Surveillance Epidemiology and End Results (SEER) Registry in Los Angeles County	National Cancer Institute	8/1/1996	7/31/2003	3,378,131	1,971,607	5,349,738

MPH Principle Investigator	Project Title	Sponsor	Start	End	Directs Awarded	Indirects Awarded	Total Awarded
Ross, Ronald	COX-2 Expression and Risk Factors for Bladder Cancer	National Institutes of Health	7/1/2001	6/30/2002	210,533	126,655	337,188
Spruijt-Metz, Donna	Physical Activity and Weight Concerns in Early Adolescent Girls	National Institute of Diabetes and Digestive and Kidney Diseases	7/1/2001	6/30/2002	83,500	6,680	90,180
Stacy, Alan	Implicit & Explicit Cognition in Alcohol Advertising	National Institute of Alcohol Abuse and Alcoholism	9/1/1998	8/31/2002	438,303	273,941	712,244
Sussman, Steven	Drug Use Prevention Programming in Continuation High Schools	National Institute of Drug Abuse	7/1/1997	6/30/2002	344,067	223,644	567,711
Sussman, Steven	Project Towards No Drug Abuse Component Analysis	National Institute of Drug Abuse	7/1/2001	8/31/2002	250,000	156,250	406,250
Unger, Jennifer	Susceptibility to Smoking Among Adolescent Never Smokers	UC Berkeley - Tobacco-Related Disease Research Program	7/1/2000	6/30/2002	24,756	15,754	40,510
Ursin, Giske	Oral Contraceptives, Hormonal Risk Factors and BRCA-1	University of California, Regents	7/1/2000	6/30/2002	400,021	251,082	651,103
Ursin, Giske	BRCA1, Oral Contraceptives, and Hormonal Risk Factors	National Cancer Institute	5/1/1999	2/28/2003	233,062	145,664	378,726
Wu, Anna	Hormonal Responses to Low Fat and High Soy in Postmenopausal Women	Komen (Susan G.) Breast Cancer Foundation	11/1/1999	10/31/2002	198,838	49,710	248,548
Wu, Anna	Study of Molecular Mechanisms in a Controlled Dietary Intervention Study	Komen (Susan G.) Breast Cancer Foundation	10/1/2000	9/30/2002	198,459	49,615	248,074
Wu, Anna	A Multiethnic Study of Ovarian Cancer in Los Angeles County	Dept. of Health Services-CA Cancer Research	7/1/2001	6/30/2002	223,319	139,575	362,894

MPH Principle Investigator	Project Title	Sponsor	Start	End	Directs Awarded	Indirects Awarded	Total Awarded
Wu, Anna	Smoking, Microsatellite Instability and Gastric Cancers	UC Berkeley - Tobacco-Related Disease Research Program	7/1/2001	6/30/2002	146,331	91,457	237,788
Wu, Anna	Estrogen-Metabolizing Genes, Soy and Breast Cancer in Asians	University of California, Regents	7/1/2001	6/30/2002	357,913	223,696	581,609
Yu, Mimi	Singapore Cohort Study of Diet and Cancer	National Cancer Institute	8/1/1999	5/31/2004	715,474	134,729	850,203
Total					29,952,940	14,658,669	44,611,609

4. Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the programs performance against those measures over the last three years.

Our main measures of research success are the record of faculty in obtaining competitive peer-reviewed research grants and peer reviewed research publications. Eighteen different core faculty are PI's and/or Center Core/Project leaders on 59 different research or research center grants totaling approximately \$45 million dollars for the current fiscal year. Most of this research is community based. Peer-reviewed publications stemming from this research is another measure of research productivity and these are extensive. Faculty vitae and sample publications will be available on site for review. Appendix VIII.-1 reports the number of peer reviewed faculty publications.

MPH faculty receive research funding as Principal Investigators or Co-Investigators, most are research grants related to community health. The table described for sub-section 3 indicates this criterion has been met. Publications stemming are monitored regularly, and annual reviews are conducted for all faculty in late spring and early summer. All MPH faculty are authors on at least one peer-reviewed article related to public health, each year.

5. A description of student involvement in research.

There are multiple opportunities for MPH students to become involved in research. First, all Biometry/Epidemiology track students assist at various stages of applied, community -based research projects, as they progress through the program. Second, they can participate through their class projects, practicum, and papers. All students may approach faculty to work on publications underway or planned. Several large public health datasets exist for students interested in conducting secondary data analysis with faculty guidance. Table 3 describes current MPH student involvement in research projects at USC.

Table VI.-3 Summary of MPH Student Involvement in Research

Student	Research Area or Project (Faculty Advisor)	Activities
Besaw, Michelle	TTURC Project 1: Tobacco Use Across Cultures (Andy Johnson)	Conducted ethnographic studies of Asian and Hispanic families in the Los Angeles area to complement our ongoing work on culture and health; investigated the role between health practices and cultural beliefs in first and second generation immigrant families to determine

Student	Research Area or Project (Faculty Advisor)	Activities
		whether culture might be protective in preventing or delaying smoking initiation or in affecting other health related behaviors. The information gleaned was used to tailor interventions in our school-based multicultural curriculum entitled FLAVOR, which was subsequently delivered to 1000 middle school children in our longitudinal study of tobacco use in Pacific Rim immigrants.
Booker, Cara	Transdisciplinary Tobacco University Research Center (TTURC) Project 1 (Jennifer Unger)	Conducting literature searches, entered data; writing a paper on daily life stressors and tobacco initiation; wrote the protocol and conducting literature searches for the Inglewood project.
Cornelis, Ester	IPR Advertising Project (NIAAA) (Alan Stacy)	Input data from store surveys that determining whether stores follow tobacco advertising regulations.
De Calice, Paride	Project TND (Towards No Drugs) (Steve Sussman)	Data analysis, program development, implementation, evaluation and dissemination of Project TND.
Challoner, Kathryn	The state of emergency medicine in West Africa; toxicology - drugs of abuse; herbal toxicity; trauma in women (pregnancy); police weapons.	Teaches on and also publishes the LAC+USC Medical Center; currently working on publication on the state of emergency medicine in West Africa, involving the nations of Ghana and Liberia; conducts medical missions in West Africa twice a year.
Fosados, Raquel	Children's Health Study 2 (CHS2). (Frank Gilliland)	Assist in data collection for Children's Health Study 2, a longitudinal study focusing on environmental, genetic, and nutritional impacts on respiratory health. Conduct tracking of study participants. Enter, edit, and clean data from various questionnaires. Review Children's Health Study literature and summarize findings in a newsletter. Currently developing a map of Southern CA with the 12 communities and their pollution levels. Also collected data from the field for CHS I. This is a 10-year longitudinal and cross-sectional study that looks at the effects of air pollution on children's respiratory health. This research study includes children who reside in 12 communities within Southern and Central California. The study involves pulmonary function testing, collection of dietary and health information, and collection of buccal samples from study participants.
Galacgac, Romalyn	Bright STARS study (officially called Drug Abuse Prevention in Adolescence and Early Adulthood I) (Mary Ann Pentz)	Bright Stars Study: Tested a classroom curriculum aimed at improving 4 th and 5 th grade students' social and academic competence; managed the data collection process for the study's local replication; activities included administering surveys in the schools; creating data codebooks; cleaning and coding surveys; and collection of archival data. Multi-State Prevention Teleconference Project (STEP Project): testing the dissemination of evidence-based drug abuse prevention programs through the use of satellite videoconferences in 25 communities; assisted in the preparation of training manuals for site facilitators; researched U.S. Census data on prospective participating communities; assisted with data collection; and performed data entry.
Garay, Elvira	Tobacco Industry Monitoring Evaluation (TIME) (Tess Cruz)	Mapped six tobacco corporate web sites; prepared a report on the findings which included website information on tobacco marketing strategies, corporate philanthropy efforts, and general tobacco-related business practices; summarized tobacco documents, journal articles and reports on tobacco marketing aimed at Latinos; conducted a

Student	Research Area or Project (Faculty Advisor)	Activities
		literature search for articles and abstracts on tobacco marketing practices in the U.S.; prepared a case-study proposal to investigate the business relationships between Philip Morris and AOL-Time Warner; Identified the major youth smoking prevention initiatives of each of the major tobacco corporations; sent letters to each tobacco corporation requesting their specific youth campaign materials; tracked corporate activities that violated the Master Settlement.
Ginzl, Dawn	Learning the Importance of Family and Environment (LIFE) study (Giska Ursin)	Helped modify protocol for mammogram requesting and scanning. Requested mammograms from facilities and participants. Scanned mammograms into the computer. Returned and tracked mammograms. Trained beginning research assistants on scanning and protocol.
Guo, Qian	TTURC Project 1; TND project (Towards No Drugs); China Seven Cities Study (CSCS) (Andy Johnson & Steve Sussman)	TTURC Project 1: Assisted with survey protocol development, data analysis, questionnaires modification and documentation, coordination of project activities. TND project: Assisted with data management and analysis. (CSCS): Coordinator of CSSC; help to recruit seven cities into the project according to the study design; establish and maintain the relationship with the CDC authorities of the recruited cities; participate in the 3rd and 4th Planning Meeting; organize the CSCS; pilot survey; develop survey protocols and questionnaires; track the progress within each city; write and release CSCS weekly.
Kendall, Adam	Surviving Breast Cancer Study: Study of quality of life in a cohort of breast cancer survivors- specifically relationship between physical activity and quality of life (Leslie Bernstein)	Currently completing the data cleaning portion of a follow-up study of surviving breast cancer survivors; addressing the hypothesis that those women who exercise more also have higher quality of life many years after diagnosis- this is intended to shed some light on what public health and medical interventions related to exercise may be of interest in the future; work involves data analysis using SAS software as well as manuscript writing.
Leitner, Bill	Tobacco Industry Monitoring Evaluation (TIME) (Tess Cruz)	Attend tobacco-sponsored events, photograph and document different types of tobacco advertising; analyze advertising campaigns to determine prominent tobacco-advertising themes; assisted in a study to determine connection between AOL/Time-Warner and Philip Morris and also to determine to which companies tobacco companies donate funds.
Magallanes, Maria	Institute for Prevention Research Advertising Project (NIAAAA) (Alan Stacy)	Coding data and tobacco advertisements in magazines
Montes Michael	Multi-State Prevention Teleconference Project (STEP Project) (Mary Ann Pentz)	Testing the dissemination of evidence-based drug abuse prevention programs through the use of satellite videoconferences in 25 communities; cleaned and coded surveys, conducted data entry; assisted in the creation and design of a web site; and helped prepare conference presentations.
Nelson, Patric	INtra-abdominal fat and diabetes risk in children and adolescents (Michael Goran)	Collected data on clinical research studies on obesity and diabetes risk in children.
Nguyen, Selena	Transdisciplinary Tobacco University Research Center (TTURC) & Pacific	Coded and entered data, and ran data analyses.

Student	Research Area or Project (Faculty Advisor)	Activities
	Rim Trail (IRP) Smoking Curriculum; Additional research on the role of psychosocial factors as they impact health and illness behavior. (Jennifer Unger)	
Ortega, Enrique	Transdisciplinary Tobacco University Research Center (TTURC) Project I: Preventing Tobacco Use Across Cultures; Additional research on the role of culture and immigration patterns on smoking behavior (Lourdes Baezconde)	Assisted in the assessment of culturally tuned approaches to preventing tobacco smoking and exposure to smoke among the youth of different cultures (Chinese, Filipino, Hawaiian, Mexican, and Central American) in a variety of cultural settings.
Schreiner, William	Transdisciplinary Tobacco University Research Center (TTURC) Project 4, "Finding the Very Underserved: Anti-Tobacco Media Exposure in Diverse California Populations" (Tess Cruz)	Use SAS and SPSS Answer Tree software to evaluate the three waves of data from the Independent Evaluation of the California Tobacco Program (1996, 1998 and 2000) to identify four groups in California--teenagers and adults--who are not being reached by the current media campaign, and who are being reached by pro-tobacco advertising; includes running Answer Tree to identify target groups; writing the literature review for the first paper of the study; writing the IRB proposal and ancillary paperwork; and liaising with an outside contractor to coordinate the focus groups that will take place in Phase II of the program in the upcoming months.
Sehgal, Ajay	Learning the Importance of Family and Environment (LIFE) study (Giska Ursin)	Scanning and requesting of mammograms.
Skara, Silvana	Tobacco, alcohol, and other drug abuse prevention interventions (Luanne Rohrbach)	Conducted research on school- and community-based tobacco, alcohol, and other drug abuse prevention interventions, prediction of substance use behaviors, and theory-based evaluation of health promotion programs.
Sokol, Rebecca	NIH-supported research in the area of the effects of heavy metals on the reproductive axis; awarded Senior Investigator from the NIEHS/NIH to study the effects of air quality On sperm quality. (John Peters)	Effects of heavy metals on the reproductive axis: Clinical research in the areas of male and female reproduction and androgen replacement in men and women. NIEHS/NIH to study the effects of air quality on sperm quality:
Steinberg, Jill	Prediction, prevention, and cessation of tobacco (Jill Steinberg)	Conducted research in the prediction, prevention, and cessation of tobacco and other drug abuse and in the utility of empirical program development methods.
Teran, Lorena	Folic Acid Education Strategies for a Low Literacy Hispanic Population (Lourdes Baezconde)	The project seeks to develop an effective health communication tool to increase knowledge of folic acid among low income Latina women in the area surrounding both the USC Health Science Campus and University Campus. The education tool will be fotonovela style, and will contain health messages that are culturally sensitive and appropriate for this population. In addition, it will be developed

Student	Research Area or Project (Faculty Advisor)	Activities
		specifically for low literacy Latinos. Is currently conducting the focus groups and the evaluation of the intervention.
Trinidad, Dennis	1) Modified Project SMART; 2) Multiple Intelligences & Learning Styles; 3) Integrated Research Program (IPR); 4) School-Based Tobacco Prevention Interventions (Andy Johnson)	1) Tobacco prevention curriculum for various ethnicities for Integrated Research Program (IPR) grant. Completed analyses of Family Harmony as a protective factor against smoking in Chinese adolescents in Wuhan, China; 2) Conducted and lead research on multiple intelligences and learning styles across culture/ethnicity. Modified tobacco prevention curriculum to take into account varying learning style preferences across cultures. Supervise undergraduate students; 3) In charge of stratification and randomization of schools in the IPR's main trial using principal components analysis. Assist with curriculum construct validation for TTURC/IRP tobacco prevention program. Conducted path analyses, regressions, correlations on stress indicators, depression, anxiety, and various smoking behaviors using Wave 1 (7th grade) data from USC IRP-Wuhan, China collaboration; 4) Analyze data for research on maximizing school and student participation in school-based tobacco prevention interventions. Continue dissertation on emotional intelligence and adolescent smoking.
Watkins, Michael	Solar Study: Study of Latin-Americans for risk of diabetes (Michael Goran)	Assist to establish diabetes prevention clinics for Hispanic children and adolescents and LA county and affiliated hospitals
Zaichik, Ralph	Children's Health Study 2 (CHS2) (Frank Gilliland)	Developed a newsletter; developed and created forms for participant mailing package; collected data via phone interviews and via dissemination of questionnaires at school sites; translated Russian medical journals; tracked down lost participants through Experian and internet search engines; and assisted with general office work.
Zheng, Cindy	Pacific Rim Trial & Transdisciplinary Tobacco University Research Center (TTURC) (Andy Johnson)	Conducted research on smoking behavior among adolescents in China

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

Research activity and experience in the USC MPH program is extensive as demonstrated by the extraordinary volume of research funding, the supportive policies and resources within the School of Medicine, and by student opportunities to be involved in research. Through their involvement in the many research projects at the Institute, students are exposed to various research methodology, thereby developing an appreciation for transdisciplinary research. The program now has an established system to collect and review faculty publications, and with the advent of the new student database, the tools to monitor student publications will be in place.

This criterion is met.

SECTION 7

Service

VII. SERVICE

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

- 1. A description of the programs service activities, including policies, procedures and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.**

The USC MPH program was created in part to address community needs for a local MPH program that created graduates who could create, implement and evaluate community-based health promotion programs. The mission of the USC MPH program embodies a commitment to community service to achieve public health goals. This service takes direct form in advising, consulting and participating in community based health promotion efforts. For example, faculty and students in the USC MPH program are actively engaged in providing smoking prevention programs to students in middle schools in southern California.

This service is also indirect as many USC faculty provide consulting and advice to community coalitions on the creation of the health promotion efforts. This service is also national as many USC faculty provide service to national organizations, review the latest science in public health, and advocate policy positions that advance public health goals. In short, service to the mission of public health is an integral part of the USC MPH program. The service mission occurs on local, regional, and national levels, and occurs both through service provision and advising.

Faculty: Service is a high priority for MPH faculty. It is the policy of the MPH Program that all faculty should provide service to the community and should actively engage in work with the community. Faculty are evaluated on their service activities and it is part of the promotion process. Since most, if not all, of the research conducted by MPH faculty involves applied public health activities, MPH faculty generally conduct service activities as part of their research. All faculty engage in research that attempts directly or indirectly to improve the health of the public we serve. All program faculty conduct applied research, most of it designed to create and evaluate school-based, community-based, and mass media-based public health interventions. One of our faculty and the Chair of our Community Advisory Committee, Dr. Lourdes Baezconde-Garbanati provides an excellent example of the public health commitment to community service and the opportunities provided for student involvement. She is the director of the Latino/Hispanic Tobacco Education Network which works closely with 68 local lead agencies tied to county health departments, 11 regional linkages programs and 72 state funded competitive grantees, mostly community based organizations; 3 other ethnic networks, 4 public relations agencies and 1 advertising agency to improve the health of Hispanic populations in California. The network provides quarterly information to 680 other agencies which include: clinics, hospitals, media, marketing and advertising agencies, public relations agencies, social services departments, and other non-governmental agencies. They also work with 2 national coalitions, the Latino Council for Alcohol and Tobacco and Coalition of Hispanic Health and Human Services Organizations (COSSMHO) that in turn disseminates information to an additional 3,000 organizations nationwide. Current and former MPH students work with the network on community interventions, needs assessments, materials development and community mobilization.

Students: There is an active service program available for students through the USC Volunteer center, University, school and departmental programs engaged in community service, and via participation with individual faculty who are involved with community programs. The MPH program is physically located near East Los Angeles and near County-USC hospital and so provides access to many service activities. All students are encouraged to participate in community public health projects either through these mechanisms, or through course assignments that require contact and brief assessments or interventions in community projects.

Formal contracts and agreements: USC has formal contracts with numerous agencies such as the Los Angeles Unified School District (one of the largest school districts in the country) to provide health promotion and consulting services. USC also has contracts to run the County hospital, one of the largest public health hospitals in the country serving traditionally underserved populations. Formal agreements are on file with 59 agencies that support practicum experiences for MPH students.

2. A list of the program’s current service activities, including identification of the community groups and nature of the activity, over the last three years.

The following table represents the current community service commitments in place through the faculty. These activities provide opportunities for both enhancing community health, as well as for students to gain practice in community settings.

Table VII.-1: Community Service among MPH Faculty/Instructors

Faculty & Instructors	Community Service
<p>Afroz Afghani, PhD Instructor, Research Associate Preventive Medicine</p>	<p>Professional Associations: American College of Sports Medicine; American Society for Bone & Mineral Research.</p>
<p>Stanley Azen, PhD Leader, TTURC Core 3 – <u>Statistics</u>, Professor & Director Biometry Division, Director, Statistical Consultation & Research Center, Director, Graduate Programs in Biostatistics and Epidemiology, Preventive Medicine</p>	<p>Community Organizations: UCLA School of Public Health Alumni Association, Vice President, Board of Directors, 1997-present; Lehman Engle Musical Theater Workshop, Secretary, Board of Directors, 1997-present Committees/Associations: Biometric Society (WNAR Program Chairman),1999-present; American Public Health Association; Society for Clinical Trials; International Association for Statistical Computing; American Statistical Association. Journal Review Service: Founding Editor and Editor-in-Chief, <u>Computational Statistics and Data Analysis</u>, 1981-present. Official journal of the International Association of Statistical Computing as of 1991. <i>Note: many research articles are motivated by public health issues or applications.</i> Consultantships: Member, Data and Safety Monitoring Committee, UCLA, Exercise Training in Heart Failure Trial, 1999-present; Member, Data and Safety Monitoring Committee, Amgen, Filgrastim-SD/01, 1999-2000; Member, Data and Safety Monitoring Committee, UCSD, A Clinical Trial of Shared Epitope Peptides in Rheumatoid Arthritis, 2000-present; Member, Data and Safety Monitoring Committee, Abgenix, Phase II/III Trial of ABX-CBL in Patients with Steroid Resistant Acute Graft Versus Host Disease.</p>
<p>Lourdes Baezconde-Garbanati, PhD Principal Investigator, TTURC Pilot 2 – <u>Social Resources Utilization and Tobacco Use by Hispanic/Latino Youth</u> Leader, TTURC Core 4 – <u>Community Outreach and Education</u> Co-Principal Investigator, Cancer Information Services, Norris Comprehensive Cancer Center Principal Investigator Hispanic/Latino Tobacco Education Network Assistant Professor for Research Preventive Medicine</p>	<p>Local Community Organization Presentations: June 8, 2001, Community Outreach, Education & Recognition Forum, Marina del Rey, CA; Feb 14-15, 2002, First National Hispanic/Latino Conference on Tobacco Prevention Control, Los Angeles, CA; April 2001, Barriers to Breast Cancer Screening for medically underserved South Asians., San Francisco, CA; April, 2001,Developing Community University Partnerships: The Case of the South Asian Communities & AANCART, Oakland, CA; May, 2001, NCI Resources, HMOs & Clinical Trials Presented to LA Community Care Advisory Council; May 2001, Health Needs of South Asians in S. California, Barriers to Breast Cancer Early Detection, UCI's School of Social Ecology; June 2001, Clinical Trials, How They Work and How to Access Them, w/ LA Breast Cancer Alliance; June 2001, Using a Partnership Model to Help Multicultural communities., Los Angeles, CA; Cervical Cancer & Asian Pacific Islanders, Los Angeles, CA; Trials, How They Work and How to Access Them, w/ UCLA; September 2001, Using the Internet to access High Quality Cancer Information; October, 2001, Barriers to Breast Cancer Screening for medically underserved South Asians., San Francisco, CA; December 2001, Cervical Cancer Early Detection, and Treatment, USC Norris Cancer Center. Committees/Associations: American Public Health Association; Natl. Latino Council on Alcohol & Tobacco Prevention; Natl. Alliance for Hispanic Health; External Program Steering Committee Member of the Cooperative Planning Program for Comprehensive Minority Institution Cancer Center Partnership Between UCSD and SDSU; Director, Latino/Hispanic Tobacco Education Network Media subcommittee Member on Hispanic Advertising for Ad Americas (Developers of the Tobacco Control Media Campaign for the State of CA); American Lung Association Government Relations Advisory Committee, Sacramento, CA; Next Generation – Robert Wood Johnson Foundation Tobacco Program, Advisory Committee Member, Sacramento, CA; Tobacco Education and Research Oversight Committee, State of CA – Appointee of CA House of Representatives – Speaker of the House; California Smoker’s Helpline Advisory Committee, California Dept. of Health Services, Tobacco Control Section and University of California, San</p>

Faculty & Instructors	Community Service
	<p>Diego; Hispanic Convener and Member of Steering Committee of 1998 Multiethnic Tobacco Education Youth Summit, California Dept. of Health Services Joint Ethnic Network Conveners; Youth Access Work Group – CA Dept. of Health Services, Cancer Control Branch, Tobacco Control Section (Committee member); Hispanic Convener for California’s Youth Leaders CLEAN project of the Joint Tobacco Education Networks, California Dept. of Health Services, Tobacco Control Section, Joint Ethnic Networks; Smart Money – CA Tobacco Sponsorship Work Group – CA Dept. of Health Services, Cancer Control Branch, Tobacco Control Section; Hispanic Health and Education Working Group on Considerations for National Tobacco Control Policy – Latino Council on Alcohol and Tobacco, Washington, DC; Over 50 Task Force – Breast Cancer among aging Hispanic Women, Royball Gerontology Center, CA State University LA.; Latina Health Leadership Council, Latino Coalition for a Healthy California; Partnered for Progress – Steering Committee Member of the Breast Cancer and Early Detection Regional Partnership for Los Angeles, Public Health Foundation and Dept. of Health Services, Cancer Control Branch; National Hispanic Women’s Health Initiative, Coalition of Hispanic Health and Human Services Organizations; National Hispanic Women’s Task Force on Breast and Cervical Cancer, COSSMHO;</p> <p>Consultantships: Nova Research Company; Natl. Institutes of Health Project Cope; UCLA Cultural Competency Training Program</p> <p>Editorial Boards: Ensuring Health Access for Latinas Report – Latina Health Policy Project Editorial Board, L.A. County Women’s Health Status Report (Editorial Board), LA County Commission on Women, Hispanic Youth Health Assessment Report – LA County (Chair, Technical Editorial Advisory Board). Multicultural Area Health Education Center, Salud, Hispanic Women’s Health Guide.</p> <p>Expert Testimony (before Congress): Health Status of Hispanic Women. Invited testimony before the California Senate Health and Human Services Committee, at hearing on Health Access for Latinas (1999); Hispanic tobacco education needs. Testimony before the U.S. Committee on Commerce, Subcommittee on Health and the Environment, regarding National Tobacco Policy, U.S. House of Representatives, US Congress (1998); Prevention and cessation research and educational needs in the Hispanic community. Invited Testimony before the U.S. Latino Caucus, House of Representatives (1998).</p>
<p>Ricardo Calderon, MD, MPH Visiting/Adjunct Faculty, Preventive Medicine, Area Health Officer Metropolitan Service Planning Area, San Gabriel Valley Service Planning Area LAC Department of Health Services</p>	<p>Community Organizations: Partnership for the Public's Health, Public Health Institute; Health Care Access Improvement of Mesoamericans, Clinica Monseñor Oscar Romero; Limited English Proficiency Initiative, Community Health Councils; Faith-Based Health Care Initiative, QueensCare; Mental Health Initiative, LAC Department of Mental Health; Service Integration Project, Los Angeles Free Clinic; Nutrition & Physical Activity Project, California Nutrition Network; Homeless Health Care & Well-being, People Assisting the Homeless; Leaders Encouraging Activity & Nutrition, LAC Office of Education Head Start-State Preschool Division; William Mead Housing Initiative, California State Health Department; Pacific Asian Language Services (PALS) for Health; SPA 4 Children's Planning Council; SPA 3 Children's Planning Council; Coalition for Community Health; Hathaway Family Resource Center; Asian Pacific Health Care Venture; Children's Hospital Los Angeles; Community Health Councils; Para Los Ninos; Los Angeles Free Clinic; People's Core; Breese Foundation; Los Angeles Homeless Service Authority</p> <p>Committees/Associations: Guatemala Association of Public Health Physicians; American Public Health Association; UCLA School of Public Health Alumni Association; Monitoring the AAIDS Pandemic (MAP) Network; National Council for International Health; Inter-Action Development Association; Civil-military Alliance to Combat HIV/AIDS.</p> <p>Journal Review Service: Editor in Chief, <u>Best Practice Collection</u>, LAC/DHS Metropolitan Service Planning Area</p> <p>Consultantships: -Los Angeles Hispanic Health Improvement Initiative Advisory Board, Pfizer Health Solutions.</p> <p>Senior Advisor and Regional Coordinator, Latin America and the Caribbean: Civil</p>

Faculty & Instructors	Community Service
	<p>Military/Alliance to Combat HIV/AIDS, New Hampshire, Vermont, (1998-1999); Team Leader, HIV/AIDS & Reproductive Health: United Nations Fund for Population Activities, New York & Dominican Republic (1998); Participation in Multi-Disciplinary Teams & Working Groups: Team Leader, HIV/AIDS & Reproductive Health: United Nations Fund for Population Activities (UNFPA) Thematic Evaluation on HIV/AIDS interventions within the Dominican Republic Reproductive Health Program (1998).</p>
<p>Xinguang Chen, PhD Principal Investigator, TTURC Project 3 -- <u>Smoking Progression Among Culturally Diverse Youth</u> Investigator, TTURC Project 1 – <u>Preventing Tobacco Use Across Cultures</u> Assistant Professor of Research Preventive Medicine</p>	<p>Local Community Organization Presentations: Los Angeles Tobacco Control Among Asian Americans, KSCI Channel 18, April 2002 Community Organizations: Imelda Wong’s Communication Group; Asian Youth Center Committees/Associations: APHA; SPR; SBM; SRNT; Executive Member, Hubei Provincial Health Statistics Association - China (through 1998). Consultantships: Public Health Advisor, Bureau of Wuhan Public Health, Wuhan Metropolis, China Core member, Expert Consultation Committee, Health VIII Project of the World Bank/Ministry of Public Health of China. Journal Review Service: <u>American Journal of Public Health; Journal of Medicine and Society; Nicotine & Tobacco Research; Preventive Medicine; Social Science & Medicine; SPR</u> (Review of Conference Abstracts)</p>
<p>Chih-Ping Chou, PhD Co-Leader, TTURC Core 2 -- <u>Statistics</u> Associate Professor of Research Preventive Medicine</p>	<p>Community Organizations: Chinese Language School in Southern California as a coach to promote physical activities. Committees/Associations: American Educational Research Association; American Evaluation Association; American Psychological Association; American Public Health Association; American Statistical Association. Journal Review Service: <u>American Journal of Public Health; British Journal of Mathematical and Statistical Psychology; Journal of Educational Statistics; Journal of Consulting and Clinical Psychology; Journal of Health Psychology; Multivariate Behavioral Research Psychological Methods.</u> Consultantships: UCLA Integrated Substance Abuse Programs; USC Department of Occupational Therapy; USC School of Gerontology; USC Annenberg School for Communication</p>
<p>Michael Cousineau, Dr. P.H. Research Associate Professor of Public Administration, Family Medicine</p>	<p>Committees/Associations: Culver City Youth Health Center (Co-chair Steering Committee 1995-1998), Valley Organized in Coalition Efforts, National Health Law Program, Service Employees International Union; LA County Dept. of Health Services Measurement and Evaluation Committee, Health Care Consortium of Central LA, LA County Dept. of Health Services Community Health Councils, LA (Member of Board of Directors 1994-present), Children Now (professional advisory board) Options for Health Insurance for Children in California (1996-present), LA Health and Mental Health Coalition.</p>
<p>Martha Cruz, PhD Instructor & Research Associate Preventive Medicine</p>	<p>Professional Associations: American Diabetes Association (ADA)</p>
<p>Tess Cruz, PhD, MPH Principal Investigator: <u>Tobacco Industry Monitoring Evaluation</u> Principal Investigator, TTURC Project 4 - <u>Countering Tobacco Advertising in Diverse Populations</u> Assistant Professor, Preventive Medicine</p>	<p>Local Community Organization Presentations: Cruz TB. Tobacco sponsorship in California after the Master Settlement Agreement, Legal Tools for Tobacco Partnerships Conference, La Jolla, California, May 2002; Cruz TB. Tobacco promotions in California and China, 2002 Trans-cultural Perspectives on Tobacco Use and Health Promotions Conference, University of Southern California, April 2002; Cruz TB, Tools for Tracking Tobacco Industry Marketing Violations, Swedish Delegation of Tobacco Control Practitioners, Los Angeles County Hospital, June 2002; Cruz TB, Tobacco marketing in California 2000 2001, California Tobacco Education and Research Oversight Committee, Los Angeles, March 2002; Cruz TB, Jouharzadeh P, Where we are today: Tobacco sponsorship in California 2000 – 2001, California Tobacco Control Program Project Directors Annual Meeting, November 2001, Squaw Creek, California; Cruz TB, Portugal C, Baezconde-Garbanati L, From rumours to policy change: multiple measures and methods to track tobacco industry funding of Hispanic groups, California Tobacco Control Program Project Directors Annual Meeting, November 2001, Squaw Creek, California. Cruz TB, Ma H,</p>

Faculty & Instructors	Community Service
	<p>Countering tobacco advertising in diverse populations. Phase I: Tobacco media exposure, Community Outreach and Education Exchange Forum, Hispanic/Latino Tobacco Education Network, Los Angeles, June 2001; Cruz TB, Tobacco industry sponsorship of local communities, Pasadena Community Coordinating Council, December 2000; Cruz TB, The new tobacco industry, Los Angeles Tobacco Control Region Annual Awards Meeting, July, 2000, Los Angeles, California; Cruz TB, Tobacco marketing to young adults, Legal Tools for Tobacco Control Advocacy Conference, June 2000, Emeryville, California; Cruz TB, Tobacco marketing to youth and young adults in California, Plenary Speaker, Youth 2K and Beyond Conference, April, 2000, San Diego, California.</p> <p>Professional Associations: APHA, SOPHE</p> <p>Committees/Associations: Evaluation Chair, Hispanic/Latino Tobacco Education Network; Swedish Match Tobacco Settlement Advisory Committee; Steering Committee of Project SMART (Sponsorship Mission: Avoid Reliance on Tobacco) Money; , Project SMART Money Statewide Workgroup; Point of Sale Statewide Workgroup; Steering Committee, Y2K Youth and Tobacco 2000 and Beyond Statewide Conference; Racing and Tobacco Sponsorship California Publications Development Committee, and Rodeo Sponsorship Publications Committee, California Tobacco Education Clearinghouse.</p> <p>Journal Review Services: <u>Tobacco Control</u></p> <p>Consultantships: Attorney General’s Office, Department of Justice, State of California; Reviewer for California Department of Health Services Tobacco Control Section Competitive Grant Review Process; Reviewer for Hispanic/Latino Caucus, APHA Annual Meeting Review; Reviewer for Swedish Match Tobacco Settlement Fund Proposals.</p>
<p>Barbara Dietsch, PhD Adjunct Assistant Professor, Preventive Medicine</p>	<p>Committees/Associations: American Heart Association: Beat the Odds Risk Reduction Committee, chair, (1988 to present); Los Angeles Tobacco Control Advisory Council, (1990-present); Los Angeles Tobacco Linkage Project, Governing Board, (1992-present); Tobacco-related Disease Research Program, Scientific Advisory Committee, University of California, (1993-present).</p>
<p>James Dwyer, PhD Professor, Preventive Medicine</p>	<p>Committees/Associations: Scientific Advisory Committee, Prevention Research Institute, University of Washington, member. Epidemiology Council; American Heart Association, Fellow, Society for Epidemiological Research, member; Society for Pediatric Epidemiology, member; International Epidemiological Association, member.</p> <p>Consultantships: Center for Chronic Disease Prevention, CDC; National Center for Health Statistics, National Research Council, Center for the Study of Addiction, University of North Texas, College of Medicine, University of Vermont; school of Public Health, Honolulu Heart Program; Buck Foundation, Marin, California; Institute for Epidemiology, Federal Institutes of Health, Berlin; Department of Health, State of Hamburg, Germany; Industrial Relations, University of Bern, Switzerland.</p> <p>Journal Review Service: <u>American Journal of Epidemiology, American Journal of Public Health.</u></p> <p>Community Service: Blood Pressure Screening in Pasadena Schools.</p>
<p>Carolyn Ervin, Dr.P.H, MPH, M.S. Instructor</p>	<p>Committees/Associations: American Public Health Association; Mathematical Association of America.</p>
<p>Frank Gilliland, M.D., Ph.D. Associate Professor, Preventive Medicine</p>	<p>Committees/Associations: University Clinical Research Committee, USC, 2000 – present; Departmental Academic Review Committee, Department of Preventive Medicine, Keck School of Medicine, USC, 2000; Member MD/PhD Committee, USC Keck School of Medicine, 1999 – present; Member Student Research Committee, USC Keck School of Medicine, 1999 – present; National American Public Health Association, 1989-present; American College of Occupational and Environmental Medicine, 1990-present; Society for Epidemiology Research, 1990-present; American Association for Cancer Research, 1992-present; American Association for the Advancement of Science, 1992-present; American College of Epidemiology, 1999-present; International; International Genetic Epidemiology Society, 1991-present; International Society for Environmental Epidemiology 2000-present.</p>

Faculty & Instructors	Community Service
	<p>Journal Review Service: <u>American Journal of Epidemiology; American Journal of Respiratory and Critical Care Medicine; American Journal of Kidney Diseases; Cancer Causes and Control; Cancer Cytopathology; Cancer Epidemiology, Biomarkers and Prevention; Environmental Health Perspectives; Epidemiology; Epidemiology Reviews; European Journal of Epidemiology Pediatrics; Preventive Medicine Science; Urology Journal of Urology</u></p>
<p>Cynthia Gonzalez, Ed.D., M.S., RD Instructor</p>	<p>Community Organizations: Project Angel Food; Meals on Wheels Committees/Associations: Santa Monica College Academic Senate; Faculty Association of Community Colleges; American Dietetic Association; California Dietetic Association; Los Angeles Dietetic Association Journal Review Service: Nutrition textbook reviews for Thompson Learning</p>
<p>Michael Goran, PhD Senior Faculty, TTURC Core 5 – <u>Training & Career Development</u> Associate Director & Professor Preventive Medicine</p>	<p>Local Community Organization Presentations: April 2002: "Obesity and Health Risk," Los Angeles County Task Force on Childhood Obesity; March 2002: "Diabetes community health seminar, USC" Community Organizations: Los Angeles County Hospital, Diabetes Prevention Clinic Committees/Associations: NAASO, AJCN, ADA Journal Review Service: Obesity Research, American Journal of Clinical Nutrition Consultantships: www.weightlossforchildren.com; Solutions for Parents of Overweight Children</p>
<p>Anne Harris, MPH, RD Instructor Preventive Medicine</p>	<p>Local Community Organization Presentations: March 27, 2002, "Every Child is Special: Nutrition Strategies to Meet a Variety of Needs", Sacramento, CA, for the California WIC Association Annual Meeting Community Organizations: Childrens Hospital affiliation. Committees/Associations: American Dietetic Association (ADA); California Dietetic Association - Los Angeles District Consultantships: Local WIC programs in Los Angeles county; Regional Centers and Family Resource Networks in Los Angeles County; Los Angeles Count Dept. of Health, CCS program</p>
<p>Carl Anderson Johnson, PhD Sidney Garfield Professor of Health Sciences Professor, Preventive Medicine Director, Institute for Health Promotion & Disease Prevention Research Director, Division of Health Behavior Research</p>	<p>Local Community Organizations: Board of Directors, Day One (Pasadena Community Drug Abuse Action Group), 1996-present. National and International Organizations: Committees/Associations: American Association for the Advancement of Science, 1975-present; American Public Health Association, 1975-present; Society of Behavioral Medicine, 1978-present; Society for Prevention Research, 1999-present; Society for Epidemiological Research, 1996-present Consultantships: Board of Directors, Day One, 1996-present; California Department of Health Services, 1989-present; Robert Wood Johnson Foundation, National Advisory Committee, "Fighting Back," 1989-present; Monitoring the Future National Advisory Panel, 1997-present; Advisor in Health and Education to the City of Wuhan, China, 1999-present.</p>
<p>Carol Koprowski, PhD, Assistant Professor Preventive Medicine</p>	<p>Local Community Organization Presentations: CSUN Nutrition/Fitness Presentations to Parents of Head Start Children (Sherwood Head Start Center, Van Nuys, CA) on the following dates: 3/21/02, 4/4/02, 4/18/02, part of Vitality Across the Lifespan Project funded by the State Dept of Public Health. Committees/Associations: SER; American Association of Diabetes Educators; American Dietetic Association; American College of Nutrition; will be joining APHA Journal Review Service: American Journal of Public Health</p>
<p>Wendy Mack, PhD Associate Professor & Associate Director Preventive Medicine</p>	<p>Committees/Associations: Member, External Data and Safety Monitoring Board, "Statins and noncardiovascular endpoints", National Center for Research Resources, June 2001 to present; Member, National Alzheimers' Disease Coordinating Center (NACC) Scientific Review Committee, March 2001 to present; Biometric Society, 1988-present; Society for Clinical Trials, 1990-present. Journal Review Service: <u>American Journal of Cardiology; American Journal of Epidemiology; Annals of Epidemiology; Annals of Internal Medicine; Annals of Medicine; Archives of General Psychiatry; Arteriosclerosis, Thrombosis and Vascular Biology; Cancer Causes and Control;</u></p>

Faculty & Instructors	Community Service
	<p><u>Cancer Letters; Cardiovascular Drugs and Therapy; Circulation; Contraception; Diabetes Care; Epidemiology; International Journal of Cancer; International Journal of Epidemiology; Journal of Clinical Oncology</u></p>
<p>Robert McConnell, PhD Associate Professor Occupational & Environmental Health</p>	<p>Local Community Organization Presentations: Community GIS Work Shop, May 2002; Long Beach Asthma Coalition, June 2002, CHLA Grand Grounds, November, 2001. Community Organizations: Environmental Health Coalition (San Diego); Various Wilmington community groups interested in air pollution (as part of our revamped HP441 course); Esperanza Community Housing Corporation; Hathaway Family Services Committees/Associations: ISEE; ATS Journal Review Service: AJIM, Lancet, IJOEH Consultantships: SOH Study Section; Advisory committee to CDHS asthma and traffic study; External advisory committee to Seattle Children's Environmental Health Center</p>
<p>Donna Spruijt-Metz, PhD Investigator-TTURC Assistant Professor of Research</p>	<p>Community Organizations: Kids in Sports (KIS) Committees/Associations: American Psychological Association (APA); Society for Prevention Research (SPR); American Public Health Association (APHA); American College for Sports Medicine (ACSM) Society for research on Adolescence (SRA); Society of Adolescent Medicine (SAM); California Association for Gifted Children; National Association for Gifted Children; North American Association for the Study of Obesity (NAASO); North American Society for Pediatric Exercise Medicine (NASPEM); International Association for Cross-Cultural Psychology (IAAP); European Association for Research on Adolescence (EARA); International Association for Adolescent Health (IAAH); Association for the Study of Pleasure (ARISE) Journal Review Service: <u>Journal of Adolescence; American Journal of Health Promotion Health Education Research: Theory and Practice; American Journal of Clinical Nutrition Journal of Adolescence; Obesity Research</u> Consultantships: KIS; American Phytotherapy Research Lab (APRL)</p>
<p>Elahe Nezami, PhD Principal Investigator, TTURC Pilot 1 -- <u>Psychosocial Predictors of Smoking Across Cultures</u> Clinical Assistant Professor of Research, Preventive Medicine Director of Undergraduate Training in Health Promotion & Disease Prevention Studies</p>	<p>Community Organizations: Executive Board Member for Association of Suicide Prevention Committees/Associations: Board member: Association of Professors and Scholars of Iranian Heritage; Board member: Intl Society of Health Psychology Researchers</p>
<p>Paula Healani Palmer, Ph.D. Assistant Director, TTURC and the <u>Institute for Prevention Research</u> Assistant Professor, Preventive Medicine</p>	<p>Committees/Associations: APA; Society for Personality Assessment Consultantships: Centers for Disease Control and Prevention, Chengdu, China</p>
<p>Ruth Peters, PhD, Sc.D. Professor, Clinical Preventive Medicine Director of Medical Education Preventive Medicine</p>	<p>Community Organizations: Faculty Advisor to the USC Medical Student's Community Outreach Program. Committees/Associations: APHA, SER, ACE, ASPO, ATPM. Journal/Manuscript Review: <u>American Journal of Epidemiology; American Journal of Public Health; Cancer, Cancer Causes and Control.</u></p>
<p>Jean Richardson, Dr.P.H. Investigator, TTURC Pilot 2 – <u>Social Resource Utilization & Tobacco Use by Hispanic/Latino Youth</u> Professor, Preventive Medicine</p>	<p>Local Community Organization Presentations: The Partnership for Health Program. The Partnership for Health (PfH) program is a clinic-based prevention. Program teaching providers how to talk with HIV-positive patients about safer sex and disclosure. Our goals are to: 1) reduce new infections and re-infections of HIV among HIV-positive patients and their sex partners 2) improve patient/provider communication about safer sex and disclosure. This program is funded through the Health Resources & Services Administration (HRSA) and sponsored by the Pacific AIDS Education & Training Center, USC. The clinic intervention is based on the research and work of Jean Richardson DrPH, IPR/Preventive Medicine/Keck School of Medicine, USC.</p>

Faculty & Instructors	Community Service
	<p>Dr. Richardson is currently a trainer for the 2-day train the trainer workshop as well. The 2-day train the trainer workshop is a practical interactive session that presents the PfH program and teaches HIV clinic representatives how to train providers at their own clinics to use this prevention program. The workshop format includes lecture, small group discussion, role-plays and practice presentations.</p> <p>Workshops conducted in 2001: Los Angeles: Number of participants--11 Participating clinics—AIDS Healthcare Foundation; CARE Clinic/St Mary's Medical Center, Long Beach, CA; Children's Hospital, Los Angeles; Harbor UCLA Medical Center; Northeast Valley Health Care Corporation; Venice Family Clinic; Veteran's Administration; New York City (in collaboration with New York/Virgin Islands AIDS Education & Training Center): Number of participants—12.Participating clinics--Veteran's Administration, Bronx & New York Harbor (Brooklyn) facilities; AIDS Program, Albany, NY; Project STAY, Columbia University; Columbia University HIV Mental Health Training Project; Adolescent AIDS Program, Montefiore Medical Center, Bronx; AIDS Education & Resource Center, SUNY, Stony Brook, NY; Workshops conducted in 2002: Los Angeles: Number of participants—24. Participating clinics--AIDS Education & Training Center, Tampa, FL; AltaMed--Pomona Blvd & Whittier Blvd. facilities; El Proyecto del Barrio HIV Services, Arleta, CA; Harbor UCLA Medical Center--HIV Mental Health Services and N-24 Clinic; Hubert H. Humphrey Comprehensive Health Center, Main Street/HIV Clinic (County of Los Angeles); Los Angeles County Sheriff's Department/Jail Health Services; LAC-USC Maternal Child Clinic; San Bernardino Department of Public Health, HIV/AIDS Clinic; T.H.E./HIV Clinic, Los Angeles; 5P21/RAND-Schrader HIV Outpatient Clinic, Los Angeles. San Diego, CA (conducted in collaboration with UC San Diego AIDS Education & Training Center): Number of participants—15. Participating clinics-- CASA/San Ysidro Health Center, San Ysidro, CA; Clinicas de Salud del Pueblo, Brawley, CA; Comprehensive Health Clinic, San Diego, CA; Desert AIDS Project, Palm Springs, CA; Department of Health & Human Services, Long Beach, CA; UCSD Anti-Viral Research Center; UCSD Mother/Child/Adolescent HIV Program; Veteran's Administration, San Diego. Oakland, CA (May 8 & 9, 2002)(conducted in collaboration with East Bay AIDS Education & Training Center): Registrations not final at this time. Number of participants expected--25-30 Participating clinics--from throughoutNorthern California region.</p>
<p>Louise Rohrbach, Ph.D., M.P.H. Associate Professor of Research Preventive Medicine Director of Graduate Training Program in Health Behavior Research</p>	<p>Local Community Organization Presentations: Rohrbach, L.A., Unger, J.B., & Dent, C.W. (1999; November). Results of the school-based Tobacco Use Prevention Education program. Presentation at the Annual Meeting of the Tobacco Control Program Project Directors, Lake Tahoe, CA; Rohrbach, L.A., Howard-Pitney, B., Cruz, T.B., Unger, J.B., & Dent, C.W. (2000; April). Findings from the Independent Evaluation of the California Tobacco Control Program. Presentation at the Youth 2K Conference, San Diego, CA; Rohrbach, L.A. (2001; December). Ethnic variation in exposure to the California Tobacco Control Program. Presentation at the Annual Meeting of the Tobacco Related Disease Research Program, Los Angeles, CA.</p> <p>Community Organizations: Coalition for Zero Violence, Pasadena, CA.;Los Angeles Unified School District.</p> <p>Committees/Associations: American Psychological Association, 1984-; American Public Health Association, 1984-; Society of Behavioral Medicine, 1987 Society for Prevention Research, 1993-</p> <p>Journal Review Service: Health Education Research: Theory and Practice, 1988-present; Journal of Adolescent Medicine, 1991-present; Preventive Medicine, 1995-present; International Journal of Behavioral Medicine, 1996; Journal of Adolescent Health, 1998-present; Prevention Science, 2001-present; American Journal of Preventive Medicine, 2001-present</p>

Faculty & Instructors	Community Service
	<p>Consultantships : Pasadena Unified School District, Program Evaluation Consultant, 1991-1999; City of Pasadena Health Department, Program Evaluation Consultant, 1996-1999; Coalition for Zero Violence, Program Evaluation Consultant, 2001-present; RAND, Prevention Curriculum Consultant, 1997-present</p> <p>Conrad F. Hilton Foundation, Prevention Program Consultant, 2000-present; Healthy Kids Survey Advisory Committee, California Department of Education, 1997- present; Getting Results in School-based Tobacco Prevention Advisory Committee; California Department of Education, 1998-present; Youth Tobacco Survey Advisory Committee, California Tobacco Control Section; Department of Health Services, 2000-present; Expert Panel, School-based Approaches to Prevent Substance Abuse, Center for Substance Abuse Prevention, 1998-present.</p>
<p>Darleen Schuster, M.A. M.P.H., CHES Doctoral Student, Preventive Medicine (Health Behavior Research), MPH Program Manager and Instructor</p>	<p>Professional Associations: American Public Health Association; American Association for Health Education; Association of Teachers of Preventive Medicine.</p> <p>Consultantships: The City of Long Beach Department of Health and Human Services</p>
<p>Kimberly Siegmund, PhD Assistant Professor Preventive Medicine</p>	<p>Professional Associations: American Statistical Association; American Society of Human Genetics; International Genetic Epidemiology Society.</p>
<p>Alan Stacy, PhD Co-Investigator, Project 1 – <u>Preventing Tobacco Use Across Cultures</u> Associate Professor, Preventive Medicine</p>	<p>Committee/Associations:American Psychological Association; Psychonomic Society; Research Society on Alcoholism.</p> <p>Journal Review Service– Some years below reflect multiple reviews in the same year): <u>Addictive Behaviors; Alcoholism; Cognitive Research and Therapy; Experimental and Clinical Psychopharmacology; Journal of Studies on Alcohol; Journal of Abnormal Psychology; Journal of Applied Social Psychology; Journal of Personality and Social Psychology; Psychology of Addictive Behaviors; Psychological Bulletin; Society for Research on Nicotine and Tobacco.</u></p> <p>Editorial Service: Consulting Editor - Psychology of Addictive Behaviors (1998, 1999,2002).</p> <p>Consultantships: Cornell University (School of Medicine, Institute for Prevention Research); Arizona State University (Dept. of Psychology); University of Washington (Alcohol and Drug Abuse Research Institute), University of Alaska (Dept. of Health Studies).</p>
<p>Steven Sussman, PhD Investigator, TTURC Project 1 – <u>Preventing Tobacco Use Across Cultures.</u> Professor, Preventive Medicine and Psychology</p>	<p>Committees/Associations: NEW HONOR Fellow of American Academy of Health Behavior (FAAHB), 2001; USC Comprehensive Cancer Center (1984-present) Salemi Collegium, Keck School of Medicine; USC (1986-present), National Association for the Advancement of Behavior Therapy (1980-present); Member, Divisions on Addictive Behaviors and Child and School-Related Issues, American Psychological Association (1980-present); Member, Division on Addictions (#50); local representative (1998); Society for Prevention Research (1993-present); Sigma Xi (1984-present); Society of Behavioral Medicine (1993-present); British Association of Social Psychiatry (1983-1991), Western Region membership representative for Division #50 (Addictions); American Psychological Association, (1998); Advisory Board of Applied Behavior Science Press, (1996-present); Advisory Board of ELITE Project (article base for health faculty), (1997-present); Group Alcohol Treatment Expert Panel, Alcohol Research Group; Western Consortium for Public Health, (1996-present) Program Committee.</p> <p>Speaking Engagements/Reviews: Thirty-first Presenter and co-organizer of Project TNT Training of Trainers, sponsored by CDC and Panel member of the Epidemiology and Prevention Research Subcommittee, NIDA, IRG, (1997 – 1999); Reviewer for Nineteenth Annual Meeting of the Society of Behavioral Medicine, New Orleans, (1998) Speaker on Project TNT at the Eastern States ASSIST conference, Detroit, Michigan, (1988); Speaker on Project TNT at the International American Lung Association Conference, Chicago, Illinois, (1998); Research expert in tobacco use prevention education, Health & Education Communication Consultants and California Department of Education, (1998); Speaker on Project TNT at the Campaign for Tobacco-Free Kids/ Christian Faith Communities; Meeting, Washington, DC, (1998); Committee, Plank 4, Prevention Services Division, Department of Alcohol and Drug Programs, State of California, (1999-present); Research to Classroom – Expert Evaluation Panel on Tobacco Prevention, CDC, Atlanta, (1999); Track leader of the Skills Building Workshop committee for</p>

Faculty & Instructors	Community Service
	<p>the 11th World Conference on Tobacco OR Health, Chicago, (2000).</p> <p>Consultantships: University of Wisconsin Comprehensive Cancer Center, 2000-present; Research Advisory Board, Interactive, Inc., The Life Skills Training Program Prospects for National Adoption, 2000-present; Consultant for Nova Research Company, 2000-present; Research Advisory Board, Wisconsin Tobacco Control Monitoring and Evaluation Program, 2001-present; Message Concept Advisory Group, Mass Media Interventions to Reduce Youth Smoking, 2000-present; Consultant for Danya, International, 2000-present; Sociometrics Corp., (1997-present); Innovative Training Systems, Inc., (1997 – present); School of Nursing, Wayne State University, (1998-present) School of Medicine, Stanford University, (1999-present); Mayo Clinic, (1999-present).</p> <p>Journal Review Service: <u>Journal reviewer for Rep. Res. Soc. Psychology.</u> (outside review board), <u>J. Applied. Behavior Anal.</u>, <u>J. Pers. & Soc. Psychology</u>, <u>Addictive Behavior</u>, <u>Preventive Medicine</u>, <u>Health Education Res.</u>, <u>J. Exp. Social Psychology</u>, <u>J. Comp. Health Care</u>, <u>Amer. J Health Behavior</u>.- formerly <u>Health Values</u> (currently Associate Editor), <u>Psychology. Bull.</u>, <u>J. Abnormal Psychology.</u>, <u>J. Behav. Med.</u>, <u>Health Educ. Q.</u>, <u>Am. J. Preventive Medicine</u>, <u>Tobacco Control: An Int. J.</u>, <u>Am. J. Pub. Health</u>, <u>Am. J. Drug Alcohol Abuse</u>, <u>Ambulatory Child Health</u>, <u>Addiction</u>, <u>Nicotine & Tobacco Res.</u>, <u>Substance Use & Misuse</u>, <u>Eth. & Health</u>, <u>Preventive Science</u>, <u>Psych. Addictive Behavior</u>, <u>Health Psychology</u>, <u>Drug Alcohol Dep.</u>, <u>J. Psychopath. Behavioral Assessment</u>, <u>Biomed Central</u>, <u>Tobacco Induced Diseases</u> (currently on editorial board), 1982 - present</p> <p>Other Professional Activity (Non-consulting) Track leader of the Skills Building Workshop committee for the 11th World Conference on Tobacco OR Health, Chicago, 2000; RWJF Youth Cessation Survey Planning Grant Advisory Board, Chicago, October, 2000-present; CDC Planning Committee, Effective Youth Tobacco Youth Cessation Programs, November, 2000-present; Planning Committee, Youth Tobacco Cessation Program Consensus Conference, NCI, Health Canada, CDC, 2001</p>
<p>Giske Ursin, PhD Associate Professor Preventive Medicine</p>	<p>Committees/Associations: Member of Program Planning Committee for Research Conference on Women’s Health, Office of Women’s Health, Los Angeles County Department of Health Services, (1999); Lecturer at National Breast Cancer Coalition workshop for breast cancer advocates, Project LEAD, (1999).</p>
<p>Thomas Valente, PhD Investigator TTURC Core 5 – <u>Training & Career Development</u> Associate Professor, Preventive Medicine Director, <u>Master of Public Health Program</u></p>	<p>Associations: Member, Institute of Medicine Panel. Assuring the Health of the Public in the 21st Century (November, 2000-March, 2002). Preventive Medicine Faculty Search Committee; School of Dentistry Faculty Search Committee; Provost’s Multi-Unit Committee on Health; Task Force for the Multi- Unit Committee on Health.</p> <p>Positions: Substance Abuse and Mental Health Agency (1998-present); Practice Research Collaboratives (1999- present)</p> <p>Connections: Official Journal of the International for Social Network Analysis (1999–present) Journal Reviewer: <u>AIDS</u>, Review Board, <u>AIDS Education and Prevention</u>, <u>American Journal of Sociology</u>, <u>American Sociological Review</u>, <u>Communication Research</u>, <u>Communication Theory</u>, <u>Computational and Mathematical Organization Theory</u>, <u>Demography</u>, <u>Human Communication Research</u>, <u>International Family Planning Perspectives</u>, <u>Journal of Applied Communication Research</u>, <u>Journal of Communication</u>, <u>Journal of Health Communication</u>, <u>Lancet</u>, <u>Organizational Science</u>, <u>Public Opinion Quarterly</u>, <u>Science</u>, <u>Science Communication</u>, <u>Social Biology</u>, <u>Social Networks</u> ; NIH grant reviewer.</p> <p>Expert Testimony (before Congress): Testified for Maryland House Bill 540 in Support of Needle Exchange Programs</p>
<p>Michelle Weiner, Ph.D. MPH Instructor</p>	<p>Associations: Society for Prevention Research</p>

3. A list of the continuing education programs offered by the program, including number of students served, over the last three years.

The MPH program faculty and students provide many educational presentations and materials and guidance to public health practitioners and service providers throughout California as described above. However, the program itself does not yet offer formalized continuing education courses at this time. The MPH program does seek students who are mid-career professionals interested in pursuing a public health career as well as those working individuals interested in extending their professional careers into the public health arena. To enable these students to obtain their degrees, almost all of the core courses are offered in the early evening. Also, all courses meet one day per week over an extended time period reducing the amount of travel to and from classes. As classes are added, they too are offered to accommodate this group. Further, we do not discourage students who wish to enroll part-time, thus allowing them to take one or two courses per semester while maintaining their current employment.

Most of the faculty conduct workshops and trainings available for continuing education units. The activities, both local and national, serve to extend the educational efforts of the MPH program into the community. For example, the Hispanic/Latino Health Education Network has conducted 18 workshops training 1014 people in public health concepts such as media literacy, health promotion program implementation and evaluation, and media advocacy. Thomas Valente, the Director, has conducted four workshops on using network analysis techniques to promote healthy behavior. Finally, USC participates in the California Distance Learning initiative.

In addition, many of the faculty are engaged in health promotion projects that specifically include training community members in health promotion. For example, Steve Sussman has created an evidenced-based substance abuse prevention program that is federally recognized and promoted. Schools that adopt the program are trained in administering substance abuse curriculum, thereby improving the health of our school children. Mary Ann Pentz provides training to community leaders on creating and sustaining community coalitions for substance abuse prevention. These trainings are conducted via satellite television in 16 communities across the nation as a pilot test to more widespread dissemination.

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

One indicator of our program service is the amount of community-based research funding obtained by MPH faculty. These data show considerable success in acquiring research funding most of which is directly dedicated to public health promotion. Specifically, MPH faculty research dollars during the past 3 years were \$38,586,032 (UFY 2000), \$33,852,047 (UFY 2001), and \$44,611,609 (UFY 2002).

A second indicator is the approximate number of individuals that have participated in any CEU-eligible activities during the past three years. Accordingly, these data indicate increases in the number of persons receiving some form of training from USC-MPH program faculty.

Table VII-2 Participants in CEU-Eligible Courses or Presentations

Faculty/Instructor	Number of C.E. Workshops (1999-2002)	Number of Attendees (1999-2002)	Number of Conference Presentations (1999-2002)
Afroz Afghani, PhD	N/A	N/A	5
Stanley Azen, PhD	NA	N/A	16
Lourdes Baezconde-Garbanati	18	500	11
Xinguang Chen, PhD	N/A	N/A	9
Tess Cruz, PhD. MPH	N/A	40	5
Carl Anderson Johnson, PhD	N/A	N/A	10
Mary Ann Pentz, PhD	4	200	10
Ruth Peters, Sc.D.	N/A	N/A	3
Jean Richardson	N/A	N/A	16

Faculty/Instructor	Number of C.E. Workshops (1999-2002)	Number of Attendees (1999-2002)	Number of Conference Presentations (1999-2002)
Luanne Rohrbach, PhD	N/A	N/A	15
Donna Spruijt-Metz, PhD	14	1400	14
Steve Sussman, PhD	4	640	4
Giske Ursin, PhD	1	80	6
Thomas Valente, PhD	6	430	14
Michelle Weiner, PhD	N/A	N/A	8

Similarly, training for the delivery of Project Towards No Tobacco Use (Project TNT), a tobacco-use prevention and cessation project among young teens, have been provided by USC MPH faculty on 31 occasions to trainers and school officials since 1997.

The MPH Program Manager recently met with the Director and Chief of Operations of the post-graduate division at the USC Keck School of Medicine to explore possible collaborations. This office manages continuing medical education. The result of that meeting is the establishment of an agreement with the Community Hospital Network whereby the MPH program provides speakers on topics of interest. Plans are underway to work with the office to assess public health education needs of physicians who attend continuing education courses to determine appropriate offerings from our curriculum. Similarly, this topic of continuing education for public health workers will be discussed with at the next MPH Community Advisory meeting to determine offerings for community health workers. Further, the program is the process of applying to become a designated provider of continuing education credits for certified health education specialists.

Although the USC MPH program has not, as yet, created distance education programs, we are actively collaborating with other units of the university to provide instruction in public health. For example, we have an active collaboration with Children's Hospital Los Angeles which currently teaches 10 courses on child and adolescent health (Appendix VI-1). We anticipate in the new future converting this core expertise and these existing courses to a track in Child and Adolescent Health.

5. A description of student involvement in service.

MPH students are encouraged to work with community groups in several of their course assignments, and in their practicum. For example, students enrolled in PM 501, a core MPH course, are required to make contact with a local agency (not-for-profit or for-profit) in the greater Los Angeles area that addresses a health issue of interest to them. Students volunteer at events, attend meetings, and conduct interviews of key informants and leaders of the agency. They evaluate their notes from interviews and the agency media materials in light of the full range of theoretical foundations and concepts of health education presented in class. At the end of the semester, students share their papers with the organization. This project serves to introduce MPH students to the multitude of public health agencies and issues in the community as well as offer insight and assistance to the organizations they contact. Students often return to these organizations in search of a practicum site and/or permanent employment. The following table illustrates the organizations selected by students in PM 501 for the fall 2001 semester:

Table VII-3 Selected Agencies for PM 501 (Fall 2001)

MPH Student	Local Agency
Jasmine Akter	El Monte Comprehensive Health Center
Crystal Balthrop	Positive Source
Monica Benitez	Maternal Child Health Access
Ester Cornelis	Breastfeeding Task Force of Greater Los Angeles
Mohammad El-Shahawy	LA County DHS Office of STD/HIV AIDS
Genaro Fernandez	Midnite Mission
Joshua Floro	Pediatric Cancer Research Center
Michelle Gazmen	LA Nutrition Network (5 a day Powerplay Campaign)
Kellie Hawkins	LA Shanti

MPH Student	Local Agency
Hsiao-Feng Huang	Asian Pacific Health & Healing Center
Shigeo Irimajiri	Asian/Pacific AIDS Intervention Team
Adam Kendall	Mental Health Services, Kaiser Sunset
Kari-Lyn Kobayakawa	Asian Pacific Center
Ginger Macias	CRAK (Children Requiring a Caring Kommunity)
Bill Leitner	Red Cross (Pasadena Chapter)
Maria Magallanes	AltaMed HIV Services
Judy Mao	Children's Oncology Group
Wazim Narain	Epilepsy Foundation of LA, San Bernardino & Ventura Counties
Jamilla Small	LA County DHS Health Education Unit in STD Program
Nicole Stroud	Peace Offerings
Dalal Suliahim	Autism Society of America
Jennifer Wong	Planned Parenthood of Los Angeles

The MPH program fosters a strong sense of the importance of community service. Many students are connected with community groups or on committees professionally, at USC, or in community-based settings. These commitments may begin before they start at USC and we encourage students to continue them after graduation. Here is a list of types of service activities or committee memberships currently underway:

Table VII.-4 MPH Student Community Service

MPH Student	Description of Service
Arash Bakhtari	Community Presentations: August 1999, Youth Dental Care, Children's Dental Center, Inglewood, CA.
Kathryn Challoner, MD	Community Presentations: Community Hospitals on Toxicology & Emergency Medicine September 2001- present. Community Organizations: Works with All Saints Episcopal Church, Pasadena, CA. Membership in Professional Associations: CALACEP.

<p><u>Aurora Flores</u></p>	<p>Community Presentations: USC – Norris Comprehensive Cancer Center NCI’s Cancer Information Service Trainings and Technical Assistance Activities in California, New Mexico and Washington, D.C. from September 2001 – May 2002: 1) Breast and Cervical Cancer presentation– provided a presentation in Spanish to a Latino community based organization;2) Cervical Cancer Training-provided a presentation in Spanish on cervical cancer screening, diagnosis and treatment to Promotoras; 3) Digital Divide Training– provided information to conference participants on how to navigate the Internet to obtain cancer-related information; 4) Mini-grant Training – provided information and technical assistance to Guamanian community based organization on grant writing and funding sources; 5) Program Development Presentation.</p> <p>Community Organizations: Community Tool Box, Adelanto, CA; LA County, BCEDP Program-Latina Task Force; Orange County BCEDP Program- Latina Task Force; Sons and Daughters of Guam, San Diego, CA; Los Angeles Women’s Foundation; Redes En Accion, San Diego State University; Riverside County BCEDP Program (Desert Sierra Partnership)- Asian/Pacific Islander Task Force</p> <p>Consultantships: National Latino Council on Alcohol & Tobacco (LCAT), Washington, D.C.</p>
<p><u>Raquel Fosados,</u></p>	<p>Membership in Professional Associations: Associate Member of NCLR; National Hispanic Society; APHA; SOPHE; MANA.</p>
<p><u>Elvira Garay</u></p>	<p>Community Presentations: 1) November 1999, Consumer Advocacy (in Spanish), Tarzana Treatment Centers, Tarzana, CA; 2) April-June 2001, Project Flavor (tobacco prevention), Los Angeles Unified School District.</p> <p>Community Organizations: Tarzana Treatment Centers: drug & alcohol treatment center; USC-Project Flavor; USC Time Project; Los Angeles Department of Health Services: Maternal, Child, & Adolescent Programs.</p>
<p><u>Wendy Garland</u></p>	<p>Community Presentations: 1) Garland, W.H. Topical Microbicides: Moving Beyond Condoms in STI/HIV Prevention. The 19th Annual Women’s Health Update, November 2000, San Jose, California; 2) Garland, W.H. The Latest News on Microbicides. The 21st Annual Reproductive Health Symposium, May 2001, Los Angeles, California; 3) Cole, M. & Garland, W.H. An Incentive-Based Model for Retention in a Teen Pregnancy Prevention Program. The California Alliance Concerned with School Age Parenting and Pregnancy Prevention, April 2001, Sacramento, California. 4) Posters/Booth: The Latest News on Microbicides. The Annual Meeting of the Southern California Public Health Association, May 2001, Alhambra, California.</p> <p>Community Organizations: The California Family Health Council, Inc., Los Angeles, CA; LA County Department of Health Services, HIV Epidemiology Program.</p>
<p><u>Jeffrey Goad, Pharm.D.</u></p>	<p>Community Presentations: “The Future of Vaccines,” Orange County Immunization Coalition, April 2002.</p> <p>Community Organizations: Los Angeles and Orange County Immunization Coalition.</p> <p>Membership in Professional Association: AACP; APHA; ASHP; CSHP; CPHA; ACCP.</p>
<p><u>Margaret Hawkins</u></p>	<p>Community Presentations: PflH and Health Families/Inland Agency Activities, 2001-02; Partnership for Health: Los Angeles: Number of participants—11; Participating clinics—AIDS Healthcare Foundation; CARE Clinic/St Mary’s Medical Center, Long Beach, CA; Children’s Hospital, Los Angeles; Harbor UCLA Medical Center; Northeast Valley Health Care Corporation; Venice Family Clinic; Veteran’s Administration; New York City (in collaboration with New York/Virgin Islands AIDS Education & Training Center): Number of participants—12.Participating clinics--Veteran’s Administration, Bronx & New York Harbor (Brooklyn) facilities; AIDS Program, Albany, NY; Project STAY, Columbia University; Columbia University HIV Mental Health Training Project; Adolescent AIDS Program, Montefiore Medical Center, Bronx; AIDS Education & Resource Center, SUNY, Stony Brook, NY; Workshops conducted in 2002: Los Angeles: Number of participants—24. Participating clinics—AIDS Education & Training Center, Tampa, FL; AltaMed--Pomona Blvd & Whittier Blvd. facilities; El Proyecto del Barrio HIV Services, Arleta, CA; Harbor UCLA Medical Center--HIV Mental Health Services and N-24 Clinic; Hubert H. Humphrey Comprehensive Health Center, Main Street/HIV Clinic (County of Los Angeles); Los Angeles County Sheriff’s Department/Jail Health Services; LAC-USC Maternal Child Clinic; San Bernardino Department of Public Health, HIV/AIDS Clinic; T.H.E./HIV Clinic, Los Angeles; 5P21/RAND-Schrader HIV</p>

	<p>Outpatient Clinic, Los Angeles. San Diego, CA (conducted in collaboration with UC San Diego AIDS Education & Training Center): Number of participants—15. Participating clinics-- CASA/San Ysidro Health Center, San Ysidro, CA; Clinicas de Salud del Pueblo, Brawley, CA; Comprehensive Health Clinic, San Diego, CA; Desert AIDS Project, Palm Springs, CA; Department of Health & Human Services, Long Beach, CA; UCSD Anti-Viral Research Center; UCSD Mother/Child/Adolescent HIV Program; Veteran's Administration, San Diego. Oakland, CA (May 8 & 9, 2002) (conducted in collaboration with East Bay AIDS Education & Training Center): Registrations not final at this time. Number of participants expected--25-30, Participating clinics--from throughout Northern California region.</p> <p>Membership in Professional Association: APHA; SCPHA.</p>
Parasto Jouharzadeh	Consultantships: Charles Drew Child Development Corporation.
Kun Kim	Community Presentations: August 1999, Youth Dental Care, Inglewood Children's Dental Ctr.
Ginger Macias	Membership in Professional Association: APHA; SCPHA.
Daisye Orr	Membership in Professional Association: ACHA.
Patty Pumpuang	Community Presentations: July 2001, API Hepatitis B Outreach Project, Rosemead Adult School.
Bill Schreiner	<p>Membership in Professional Association: SCPHA, The Comparative and International Education Society (CIES).</p> <p>Community Presentations: 1) 1999-2000, USC Presidential Fellows Presentation on Resume Writing and Job interview skills, Rehabilitation Facility, Los Angeles, CA; 2001, Job Fair Presentation on International Teaching & Peace Corps Training, Fernando Bravo High School, Los Angeles, CA.</p> <p>Community Organizations: Catalyst for Care, Board Member (2002). Catalyst for Care has brought students into Children's Hospital for performances, and has organized the community painting of the Jefferson Street overpass of the 110 freeway, a painting that included children in the community, artists at USC, and graduate students collaborating to create an uplifting work of art the length of the overpass.</p>
Sharon So	<p>Community Presentations: 1) May 10, 2002: Hepatitis B Prevention and vaccination for Chinese-speaking parents. Ramona Elementary School, Alhambra, CA; 2) -May 23, 2002: Hepatitis B prevention and vaccination for Chinese-speaking students at adult school. Rosemead Adult school.</p> <p>Community Organizations: 1) COPE (Community Outreach of Prevention and Education); 2) Asian Youth Center, San Gabriel.</p>
Rebecca Sokol, MD	<p>Community Presentations: March, 2001, Lead Symposium." Effects of lead exposure on reproduction"; Childhood Lead Poisoning Prevention Program, Los Angeles, CA.</p> <p>Community Organizations: American College of Physicians American Society of Reproductive Medicine Pacific Coast Reproductive Society American Society of Andrology; Endocrine Society; Society for Male Reproduction and Urology.</p> <p>Consultantships: American College of Physicians; American Society of Reproductive Medicine; Pacific Coast Reproductive Society; American Society of Andrology; Endocrine Society; Society for Male Reproduction and Urology.</p>
Lorena Teran	Community Organizations: Madres del Este de Los Angeles & Santa Isabel, CA.
Dennis Trinidad	Community Organizations: WestEd, Los Alamitos, CA.
Ralph Zaichik	Community Organizations: The Inn On The Boulevard, Activity Coordinator; Braille Institute, Telephone Reader for visually impaired.

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

Community service is an established part of the university's expectations, promotional criteria, and faculty priorities, and there are methods in place to track this criterion among faculty, using the CV's required annually for their reviews. These data indicate a trend toward increased community service and substantial efforts by USC MPH faculty and students to improve the health of this and other communities throughout the US. Student experiences begun in the MPH program create a life of professional and personal commitment to public health service. These data indicate that this criterion is met.

SECTION 8

Faculty

VIII. FACULTY

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

- 1. Identification in table or chart of faculty to support the degree programs offered by the program, indicating at least professional rank, tenure status, percent time devoted to the program, earned degrees, universities at which degrees were earned disciplinary area of degree, area of teaching responsibility, area of research interest, and selected demographic data (gender, ethnicity).**

The USC MPH faculty is a highly qualified, interdisciplinary, and cohesive group of scholars committed to excellence in teaching and research. See MPH faculty/instructor background in [Appendix IV.1](#). The faculty has a rich history of collaborative research, and an excellent reputation for its academic training program. The establishment of an MPH training program within the division takes advantage of these talents and resources. The faculty is diverse, but continues to attempt to hire new faculty that reflect the communities surrounding USC. We acknowledge this problem and have endeavored to correct it, recognizing that this is also a problem that has plagued other institutions.

Faculty generally teach one course per year with the rest of their effort devoted to research. With this environment, there are more than enough faculty to teach the courses needed for the program. It is anticipated that a few more courses will be offered as the program grows providing more teaching opportunities for interested faculty and the hiring of new faculty. Faculty who teach in the MPH program come primarily from the Division of Health Behavior Research (DHBR). Division faculty are evenly distributed across faculty ranks (6 Professor, 6 Associate Professors, and 7 Assistant Professors) all tenured track. Non-DHBR faculty who teach are also evenly distributed across ranks with their efforts complemented by Instructors who have considerable public health experience. MPH faculty are also drawn from a number of different disciplines appropriate to the courses they teach.

- 2. Description of the manner in which the faculty complement integrates perspectives from the field of practice.**

The faculty represent approximately 15 different disciplines, with research interests that range from health communications to tobacco control to chronic disease prevention. Despite their wide-ranging interests, there is a very high priority placed on interdisciplinary, team approaches to research and teaching. Research and training interests of the faculty consist primarily of applied, practice research. Research projects generally have large teams of co-investigators and researchers since the projects involve a multi-disciplinary community/collaborative approach to public health. For example, the Transdisciplinary Tobacco Use Research Center grant helps support 15 MPH faculty in the program who work together on the research and practice projects spawned by this grant.

The disciplines represented include faculty who study individual, community, and population level behavior; thus, the focus is one involving an ecological approach to public health practice. Faculty programs follow health planning models that call for considerable community involvement and collaboration in order to create successful programs, and insist on formative research so that programs are sensitive to community needs. Finally, the MPH program makes extensive use of its community advisory board and disseminates the minutes of those meetings to the faculty. In short, most faculty are engaged in research and practice activities that are substantially oriented to public health practice. In addition, the faculty are active in the American Public Health Association by contributing to the conference program, the journal and being active in the association affairs.

- 3. Identification of outcome measures by which the program may judge the qualifications of its faculty complement, along with data regarding the performance of the program against those measures over the last three or more years.**

Outcome measures to judge faculty complement include: (1) number of peer-reviewed journal publications; and that

specifically in public health journals; and (2) size of overall research budget for MPH faculty. See Appendix VIII.-1 for list of faculty publications.

Table VIII.-1 Faculty Complement Measures

	2000	2001	2002
Peer-reviewed journal publications (#)	36	41	6
Peer-reviewed publications in PH journals (#)	13	21	5
Research budget per MPH program faculty (\$)	4,061,688	3,462,067	4,248,725
MPH program faculty (FTE)	9.50	9.70	10.50
Overall MPH faculty research budget (\$)	\$38,586,032	\$33,852,047	\$44,611, 609

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

The MPH program consists of a highly qualified and multi-disciplinary faculty. These faculty have extensive research and practice experience, and are characterized as having a strong commitment to applied, community-based health promotion research. They have strong linkages with local and national community organizations and have a shared vision on the importance of applied public health practice and research. Their publication success is noteworthy in that they have published a high rate of peer reviewed articles as well as reports, monographs and books.

This criterion is met.

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

1. Inclusion of a faculty handbook or other written document which outlines faculty rules and regulations.

The Faculty Handbook, updated in 2001, is available in each department and on the USC website. It covers policies and procedures related to the following issues: faculty government, committees, academic practices and policies, faculty rights and responsibilities, appointments and promotion, evaluation, grievance procedures, research, outside activities, benefits, leaves of absence, compensation, faculty/student relations, registration, grading and exam policies, advisement, documentation of academic records, course disputes, academic integrity, degree requirements, student counseling, faculty benefits, and tuition assistance.

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

Regardless of track, all faculty members in Preventive Medicine are reviewed annually by Dr. Anderson Johnson, Chair Division of Health Behavior Research, and by the Department of Preventive Medicine's Appointments and Review Committee, and mentored accordingly. The process occurs in four parts. First, in the spring of each year every faculty member reports on his/her progress in four areas: teaching, publications, peer-reviewed grants, and service. Standardized quantitative scores are computed department-wide and these, together with division head evaluations of performance form the basis for annual merit review and salary raises. The results and reasons for high or low scores are discussed with the faculty member. This review process was implemented in the Division of Health Behavior Research (DHBR) five years ago and was adopted by the entire department last year. Second, in the early spring of each year the department Appointments & Promotions Committee reviews each faculty person, totally separate from the quantitative review. The division heads present the faculty members in their respective divisions. Dr. Johnson presents those for non-tenure track faculty teaching in the all programs. Updated vitae and evidence of teaching performance are reviewed. Committee members comment on progress toward promotion,

areas of obvious strength, and potential weaknesses. Consensus is reached regarding feedback to be given to the faculty member, and that feedback is delivered by the division head, usually in writing as well as orally. Third, all junior faculty are assigned senior mentors. These mentors meet with the junior faculty periodically. Typically they are engaged in similar areas of research and much of the mentoring occurs around research activity which typically involves students. Fourth, after teaching evaluations come in each semester, the MPH program director meets with individual faculty to go over the written evaluation and, importantly, the summary of impressions about the course and teaching gained in student counseling sessions throughout the year. This process has resulted in a number of course revisions, program modifications, teacher training, and in a couple of instances, reassignment of course responsibilities.

Research development funds are available from center grants (TTURC, Environmental Health Sciences, Children’s Hospital, and the Cancer Center Core) and from IPR sources to support innovative research ideas. Several junior faculty members have received these awards to start their research career. For example, Dr. Donna Spuijt-Metz received a K01 award from NIH, mentored by Michael Goran and Alan Stacy, to investigate "Physical activity and weight concerns in early adolescent girls." This study proposes: 1) an in-depth study of the determinants of physical activity in adolescent girls as well as an investigation of the mechanisms that link physical activity to various outcomes, focusing on how girls interpret the meanings of physical activity, and 2) the development of a culturally sensitive intervention to improve physical activity in Hispanic and Caucasian adolescent girls.

MPH program faculty members are highly collaborative and work in a division and department that are highly supportive of collaborative research. The research programs of senior faculty, supported by NIH and other sources, are frequently used to support the development of research programs for junior faculty. The history of collaboration and success of this faculty has resulted in relatively stable or increasing research budgets over the past 20 years. This has enabled junior faculty to establish research careers of their own and in turn obtain further research funding.

Teaching is expected and junior faculty are given these opportunities along with valuable feedback on their methods. Over time all faculty are expected to contribute to the teaching of each of our degree programs: MPH, BS, and PhD. But in any given year a faculty member may teach in only one, possibly two of the programs. The University sponsors a Center for Teaching Excellence that furnishes workshops and individual assistance to faculty. Full-time faculty appointments are available to qualified persons from Instructor to Full Professor for those on tenure, research, and clinical tracks. Part-time appointments include Adjunct (Instructor to Full Professor) and Lecturer. While the majority of instruction is conducted by full-time faculty, outstanding experts are recruited from the community to teach specific courses. Examples include Stephen Uranga McKane, DDS, MPH, the former CEO for the California Endowment; Neal Baer, MD; Former Writer, Director, and Producer for “ER”; and, Ricardo Calderon, MD, MPH, Director of Public Health for the LA Metropolitan Region, and former Director of USIA HIV/AIDS programs in Latin America.

Table VIII.-2 Faculty/Instructor Teaching Assignments (All Training Programs)

Faculty/Instructor	Course Number	Course Title	Training Program		
			B.S.	MPH.	Ph.D.
Afroz Afghani	PM 535 HP 320	Nutrition in Public Health Biological and Behavioral Basis of Disease		X	
Susan Ames	HP 410	Issues in Prevention and Cessation of Drug Abuse	X	X	
Edward Avol	PM 529 HP 411	Environmental Health Health Promotion in the Workplace	X	X	
Stanley Azen	PM 510L	Biometry Principles		X	X
Lourdes Baezconde	PM 525 HP 420	Culture & Health: International Perspective Gender & Minority Health Issues	X	X	
Leslie Bernstein	PM 590	Directed Research		X	X
Richardo Calderon	PM 514	International Perspectives on STDs		X	
Xinguang “Jim” Chen	HP 450	Traditional Eastern Medicine & Modern Health	X	X	
Chih-Ping Chou	PM 603	Factor Analysis		X	X

Faculty/Instructor	Course Number	Course Title	Training Program		
			B.S.	M.P.H.	Ph.D.
	HP 350L	Health Behavior Research Methods	X		
Peter Clark	HP 443	Health Communication Strategies & Evaluation	X	X	
Martha Cruz	PM 519	Introduction to Human Nutrition		X	
Michael Cousineau	PM 508 HP 412	Health Service Delivery in the U.S. Health Promotion & Prevention Policy	X	X	
Wendy Cozen	PM 527	Epidemiology of Infectious Disease		X	X
Tess Cruz	PM 526 HP 420	Communications in Public Health Gender and Minority Health Issues	X	X	
Barbara Dietsch	PM 561	Behavioral Theories in Nutrition & Fitness		X	
James Dwyer	HP 442	Chronic Disease Epidemiology	X	X	
Carolyn Ervin	PM 523	Design of Clinical Studies		X	X
Susan Evans	HP 443	Health Communication Strategies & Evaluation	X	X	
William Guaderman	PM 511aL	Data Analysis		X	
Frank Gilliland	PM 529	Environmental Health		X	
Cynthia Gonzalez	PM 519 PM 535 HP 431	Introduction to Human Nutrition Nutrition in Public Health Behavior & Intervention Strategies for Nutrition & Fitness	X	X X X	
Michael Goran	PM 541	Obesity, Metabolism and Health		X	X
Ann Harris	PM 540	Maternal and Child Health and Nutrition		X	
Ann Hamilton	PM 590	Directed Research		X	X
C. Anderson Johnson	HP 200 PM 590	Introduction to Health Promotion & Disease Prevention Directed Research	X	X	X
Carol Koprowski	HP 430	Nutrition and Exercise Epidemiology	X	X	
Wendy Mack	PM 518a	Statistical Methods for Epidemiological Studies		X	X
Maya Mahue- Giangureco	PM 537 PM 510L HP 442 HP 320	Chronic Disease Epidemiology Biometry Principles Chronic Disease Epidemiology Biological and Behavioral Basis of Disease	X X	X X	X X
Robert McConnell	HP 441	Health Promotion in the Workplace	X		
Steven McKane	PM 501	Foundations in Health Education Behavior		X	
Elahe Nezami	HP 340L HP 400 HP 490	Health Behavior Statistical Methods Culture, Lifestyle & Health Directed Research	X X X	X	
Paula Palmer	PM 590 HP 200	Directed Research Introduction to Health Promotion & Disease Prevention	X	X	
Mary Ann Pentz	PM 601	Basic Theory & Strategies in Prevention		X	X
John Peters	PM 590	Directed Research		X	X
Ruth Peters	PM 512	Epidemiology Principles		X	X
Kim Reynolds	HP 200 PM 756	Introduction to Health Promotion & Disease Prevention Research Seminar	X		X
Jean Richardson	PM 602 HP 422	Basic Theory and Strategies in Compliance AIDS in Society		X X	X X
Anamara Ritt-Olson	HP 300	Theoretical Principles of Health Behavior	X		
Luanne Rohrbach	PM 528 HP 411 HP 421 PM 756	Program Design and Evaluation Program Design and Evaluation Violence as Public Health Issue Research Seminar	X X	X X	X

Faculty/Instructor	Course Number	Course Title	Training Program		
			B.S.	MPH.	Ph.D.
Ronald Ross	PM 590	Directed Research		X	X
Michael Roybal	HP 200 PM 530	Introduction to Health Promotion & Disease Prevention Biological Basis of Disease	X	X	X
Harland Sather	PM 513	Experimental Design		X	X
Darleen Schuster	PM 501 PM 526 PM 593 HP 480	Foundations in Health Education Behavior Communications in Public Health Public Health Practicum Internship in Health Promotion & Disease Prevention	X	X X X	
Kimberly Siegmund	PM 511bL	Data Analysis		X	X
Richard Sposto	PM 523	Design of Clinical Studies		X	X
Donna Spruijt-Metz	HP 421 HP 460	Violence as a Public Health Issue Adolescent Health	X X	X	
Alan Stacy	PM 604	Health Behavior Research Methods		X	X
Ping Sun	PM 599	Web-Based Data Management		X	X
Steven Sussman	PM 500 HP 410	Foundations of Health Behavior Issues in Prevention and Cessation of Drug Abuse	X	X	X
Traci Tessler	PM 593 HP 480 HP 412	Public Health Practicum Internship in Health Promotion & Disease Prevention Health Promotion and Prevention Policy	X X	X	
Jennifer Unger	HP 300 PM 599 PM 590	Theoretical Principles of Health Behavior Advanced Health Behavior Research Methods Directed Research	X	X X	X X
Giske Ursin	PM 517b	Research Methods in Epidemiology		X	X
Thomas Valente	PM 501 PM 536 PM 599	Foundations in Health Education Behavior Program Evaluation and Research Introduction to Social Networks		X X X	X X
Michelle Weiner	HP 421	Violence as a Public Health Issue	X	X	
Anna Wu	PM 517a	Research Methods in Epidemiology		X	X
Mimi Yu	PM 590	Directed Research		X	X

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

Faculty members are reviewed annually by annually by Dr. C. Anderson Johnson, Chair, Division of Health Behavior Research, and by the Department of Preventive Medicine's Appointments and Promotions review committee. Prior to the annual review, faculty present an updated CV and, as appropriate, a written statement summarizing specific accomplishments or circumstances relevant to the review. The review includes consideration of the contents of the CV and other documentation of scholarship, teaching evaluations for each course taught, faculty's written statements, and input from Dr. Johnson. Faculty are given feedback and recommendations from the review. The MPH program director reviews student evaluations of courses at the end of each semester and discusses them, when appropriate, with each faculty member.

The primary criteria for appointment, retention, promotion, tenure, and merit salary increases are excellence and creativity in: (1) teaching (including librarianship, preparation, advisement, and the direction of research); (2) scholarly research, professional activity, and peer-reviewed publications; and (3) University and community service.

A faculty member is promoted in rank by the President upon the recommendation of his/her department and dean, acting upon the advice of appropriately constituted committees of colleagues, and of the University Committee on

Appointment, Promotion, and Tenure. Conforming to minimum performance standards will not necessarily assure an individual's promotion.

4. A description of student course evaluation process and/or evaluation of teaching effectiveness.

Course evaluations are provided by USC and administered at the end of every course, independent of the instructor. The form is included in Appendix VIII.-2. The form requests students to evaluate the content of the course, strengths, and areas needing improvement. An exit survey is also conducted with all MPH students to assess their satisfaction with instruction and general comments with regard to specific courses. The following table summarizes the average course evaluation scores for MPH courses. Note that the majority of courses received above average to excellent mean scores, indicating a high level of satisfaction.

Table VIII.-3 Summary of MPH Course and Instructor Ratings

Course Number	Course Title	Overall Rating of Course (mean)									Mean										
		Poor (1)			Below Avg. (2)			Avg. (3)				Above Avg. (4)			Excellent (5)						
		1999	2000	2001	1999	2000	2001	1999	2000	2001		1999	2000	2001							
PM 500*	Foundations of Health Behavior Research																				
PM 501	Foundation of Health Education Behavior			2.9				4.32											4.33		3.85
PM 510L	Biometry Principles	4.08	3.72	4.04	3.72	4.08	4.62	4.14	3.82	4.74											4.11
PM 511a	Data Analysis (SAS)	4.41			4.77				4.35												4.51
PM 511b	Data Analysis (S+)			4.16				4.33											4.31		4.27
PM 512	Principles of Epidemiology			4.07				4.08											3.67		3.94
PM 513	Experimental Design								4.6												4.60
PM 514	International Perspectives on STDs						4.75												4.78		4.77
PM 517a	Research Methods in Cancer Epidemiology				4.5																4.50
PM 517b	Research Methods in Cancer Epidemiology			4.67																	4.67
PM 518a	Statistical Methods for Epid Studies				3.3					4.22											3.76
PM 523	Design of Clinical Studies			3.28					3.59										1.1		2.66
PM 525	Culture & Health: An Intern Perspectives																		4		4.00
PM 526	Communications in Public Health				3.43					4.53											3.98
PM 527	Infectious Disease Epidemiology			3.67	4.86			4.71													4.41
PM 528	Program Design & Evaluation				3					4.45											3.73
PM 529	Environmental Health				4.35					4.29											4.32
PM 530*	Biological Basis of Disease																				
PM 552	Statistical Methods in Clinical Trials				4.73																4.73
PM 593	Public Health Practicum			5	1.5	4.83	5	4.55	4.55	4.33											4.25
PM 599	Obesity, Metabolism & Health							4.43											3.29		3.86
PM 601*	Theory & Strategies in																				

Number	Title	Spring	Summer	Fall	Spring	Summer	Fall	Spring	Summer	Fall	
PM 500*	Foundations of Health Behavior Research										
PM 501	Foundation of Health Education Behavior			3.37			4.52			4.38	4.09
PM 510L	Biometry Principles	4.31		4.24	3.56	4.31	4.78	4.29	3.71	4.81	4.25
PM 511a	Data Analysis (SAS)	4.63			4.91		4.44	4.52			4.63
PM 511b	Data Analysis (S+)			4.16			4.44			4.77	4.46
PM 512	Principles of Epidemiology			4.17			4.24			3.67	4.03
PM 513	Experimental Design							4.64			4.64
PM 514	International Perspectives on STDs					4.75			4.89		4.82
PM 517a	Research Methods in Cancer Epidemiology				4.75						4.75
PM 517b	Research Methods in Cancer Epidemiology			4.67							4.67
PM 518a	Statistical Methods for Epid Studies				3.45			4.26			3.86
PM 523	Design of Clinical Studies			3.56			3.18			0.99	2.58
PM 525	Culture & Health: An Intern Perspectives									4.46	4.46
PM 526	Communications in Public Health				4.07			4.18			4.13
PM 527	Infectious Disease Epidemiology			4			4.57				4.29
PM 528	Program Design & Evaluation				3.64			4.5			4.07
PM 529	Environmental Health				4.4			4.24			4.32
PM 530*	Biological Basis of Disease										
PM 552	Statistical Methods in Clinical Trials				4.91						4.91
PM 593	Public Health Practicum				4.5	4.83	5	4.17	4.91	4.83	4.71
PM 599	Obesity, Metabolism & Health						4.29			3.75	4.02
PM 601*	Theory & Strategies in Prevention										
PM 602	Theory & Strategies in Compliance					3.33					3.33
PM 603*	Factor Analysis										
PM 604*	Health Behavior Research Methods										
PUAD530	Problems & Issues in the Health Field			4.54			3.92			4.29	4.25
HP 400	Culture, Lifestyle & Health			4.24			4.86			3.73	4.28
HP 410	Issues in Prev & Cess of Drug Use	3.9			4.55			4.5			4.32
HP 411	Drug Inter Program Design & Evaluation				3.64						3.64
HP 412	Health Promotion & Prevention Policy	4			4.67						4.34

HP 420	Gender and Minority Health Issues			4.73			4.63			4.35	4.57
HP 421	Violence as a Public Health Issue						4.9			4.71	4.81
HP 422	AIDS in Society	4.17		4.35				4.5			4.34
HP 430	Nutrition & Exercise Epidemiology						4.56				4.56
HP 431	Behavior & Edu Strat for Nutrition & Fitness	4.86		4.71							4.79
HP 441	Health Promotion in the Workplace			4.21							4.21
HP 442	Chronic Disease Epidemiology			3.78				5			4.39
HP 443	Health Comm Strategies & Evaluation	3.4		4.64						4.93	4.32
HP 450	Traditional Eastern Med & Modern Health	4.6		4.3							4.45
PHNU523	Nutrition in Public Health (now PM 535)									3.44	3.44
PHNU527	Intro to General Nutrition (now PM 519)			4.86	4.8			2.5			4.05
PHNU531	Nutrition Assessment (now PM 531)							2			2.00
PHNU532	Rsrch Methods in Nutrition (now PM 532)										
PHNU540	Maternal, Child Health & Nut (now PM 540)							4.67			4.67
PHNU542	Nutritional Epidemiology (now PM 542)			4							4.00
PHNU561	Behav Theories & Nutrition (now PM 561)						5			4	4.50
Total											4.50

*Doctoral courses utilize separate evaluation methods. Means not available. Future evaluations will use same format.

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

USC and the department take pride in their community involvement and accomplishments. There are outstanding examples of this in our MPH faculty. During the annual evaluations conducted with each member of the faculty, there is weight given to publications, teaching excellence, university and community service. Faculty with excellent records of community leadership are given special consideration in the appointment and tenure process.

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

USC has well defined policies to acknowledge, motivate and ensure faculty performance. Annual reviews are conducted to assess teaching and service performance of each faculty member. Systems are in place to obtain and review course evaluations soon after the end of each semester. Once received, the MPH Director reviews the evaluations and provides summary copies to the instructors. Problems areas are discussed at that time, if not already raised during the semester.

This criterion is met.

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

1. Demographic data on the programs faculty.

A description of the demographics for each faculty member is listed in the table at the end of Section VIII, Criterion VIII.A. A summary of the demographics for the MPH faculty and instructors follows:

Gender:

43% Male

57% Female

Ethnicity:

72% Caucasian

13% Latino

11% Asian/Pacific Islander

2% American Indian

2% African American

2. Description of policies and procedures regarding the program's commitment to providing equitable opportunities without regard to age, sex, race, disability, religion or national origin.

The University of Southern California is proudly pluralistic and firmly committed to providing equal opportunity for outstanding men and women of every race, creed and background. The University is also firmly committed to complying with all applicable laws and governmental regulations at the federal, state and local levels which prohibit discrimination, or which mandate that special consideration be given, on the basis of race, religion, national origin, gender, age, Vietnam veteran status, disability, sexual orientation, or any other characteristic which may from time to time be specified in such laws and regulations. This good faith effort to comply is made even when such laws and regulations conflict with each other.

USC strives to build a community in which each person respects the rights of other people to be proud of who and what they are, to live and work in peace and dignity, and to have an equal opportunity to realize their full potential as individuals and members of society. To this end, the University places great emphasis on those values and virtues that bind us together as human beings and members of the USC family.

The University of Southern California is committed to maintaining an environment that is conducive to learning and scholarship and free from sexual harassment. To this end, a formal written policy (Sections 2-14 of the Faculty Handbook) has been developed that specifies certain behaviors by faculty and employees of the University, acting under the aegis of the University, which fall within the definition of sexual harassment and which are therefore subject to sanction. In addition, even though students are not covered by the public laws on this subject, behavior by students that falls within the definition of sexual harassment is also subject to sanction by the University.

3. Identification of outcome measures by which the program may evaluated its success in achieving a demographically diverse faculty complement, along with data regarding the performance of the program against those measures over the last three or more years.

Faculty demographic details can be evaluated annually from curriculum vitae and personal communications with the faculty. The evaluation criteria are based on demographic data of the faculty and its correspondence with the demographics of Southern California. Primary measures include ethnicity and gender, and a secondary measure is age.

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

Demographic data on gender and ethnicity is available for all faculty and reported above. Data on age are not kept; however, the number of faculty who completed their doctoral/postdoctoral training in the last five years is small. Currently, in the Division of Health Behavior Research there are 6 tenured faculty, and 5 tenure track faculty not yet tenured. The ethnic diversity of the faculty does not adequately represent the diversity of the surrounding Southern California region, but this is not for lack of trying. During two years of faculty search and recruitment, there were no applicants of Hispanic/Latino or African American ethnicities. This has been exceedingly frustrating in spite of our efforts to specifically seek out qualified candidates. This appears to be a national trend. The Institute is working to train a diverse student body, especially on the doctoral level, so that they may assume academic positions in the future.

The MPH program offers opportunities and mechanisms for recruiting, training, and promoting diverse faculty. Given the under-representation of Latino and African American faculty, the MPH Program Director will continue to work closely with the faculty search and advisory committees to locate and recruit a diverse profile of faculty in the future.

This criterion is met, but acknowledged to be an ongoing concern.

SECTION 9

Students

IX. STUDENTS

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

1. Description of the programs recruitment policies and procedures.

The MPH program trains individuals who are committed to becoming public health researchers and practitioners by providing excellence in education, mentorship, research and service opportunities. Students are actively recruited nationally and internationally from among undergraduate, graduate, and professional students potentially interested in studies in public health, as well as persons already engaged in public health practice. Special recruitment is for health practitioners and community workers in the immediate region, as well as USC undergraduates, staff, and faculty, and students in related professional programs at USC who desire training in Public Health. When the program is operating at practical capacity it is anticipated that 50-60 new students will matriculate each year for what is essentially a two-year program.

A number of materials and services have been produced for recruitment purposes including:

- a. MPH program brochure ([Appendix III.-1](#))
- b. Web site that stands alone and is also linked to the University's website under the USC Keck School of Medicine (see Section 18, Appendix H and www.usc.edu/medicine/mph)
- c. In-depth program description listed in Petersons online and graduate book publications
- d. A table-top (8' x 5') and booth display for exhibition at local and national conferences and school fairs
- e. Printed summaries of faculty/instructor profiles
- f. Printed summaries of dual degree programs
- g. Promotional pens and business card holders
- h. Promotional bags
- i. Program banner

The program staff participates in various recruitment activities both on and off campus including careers days and the American Public Health Association annual national conference. In addition, USC national recruiters have been provided materials to distribute to students as they meet with college juniors and seniors throughout the country. We also recruit from public agencies in locales and countries where we are actively engaged in public health research. Faculty who attend local, state, national and international conferences are given program brochures to distributed to interested persons.

As the Program receives requests for information, the administrative office immediately responds by mailing out a packet with program brochures and USC Graduate Application ([Appendix IX.-1](#)). As applications are received, acknowledgement letters and email messages are sent to inform applicants of their application and admissions status. Efforts are made to meet with prospective applicants in person to respond admission and program inquires, tour the campus and speak to current students.

2. Statement of admissions policies and procedures.

The Program will consider applicants who satisfy all requirements for admission to the Graduate School including:

- Cumulative Grade Point Average (GPA) of 3.0 or higher;
- Satisfactory completion of the Graduate Record Examination (GRE) – 1000 V/Q combined;
- A bachelor's degree from an accredited college or university;
- English language skills – Applicants whose native language is not English are required to submit a score on the Test of English as a Foreign Language (TOEFL).

Applicants not meeting these requirements may be conditionally admitted with approval of the Graduate School. Regular standing is contingent upon achieving a grade of B or better in each course for the first 12 units of graduate studies. These include the MPH core courses PM 501, PM510L and PM 512.

To apply, an applicant must send to the administrative office: three letters of reference; a completed USC Graduate Application; a statement of interest; a supplemental application; a curriculum vita or resume; and official transcripts of all colleges and institutions attended. To be considered for the fall admission, applicants are encouraged to apply by March 1. These early applicants receive preferential consideration for teaching and research assistantships. Later applications may be received up to June 1.

Once complete, the applicant's file is circulated to members of the admissions committee. Each member reviews the file and recommends the applicant be: (1) admitted; (2) admitted conditionally; (3) further reviewed; or (4) rejected. Each reviewer is blind to the decisions of the other reviewers. The majority decision takes precedence and applicants are notified via email and letter once a decision has been rendered. Students who are rejected may write a letter of appeal to the Director who will take this to the admissions committee. Applicants not meeting the university requirements, but whom the Director or admissions committee believe to be qualified may be admitted conditionally. This requires a petition by the MPH director to the graduate school.

3. Quantitative information on the number of applicants, acceptances and admissions, over the last 3 years.

Admissions have been limited to fall semester beginning this year. Conditional acceptance indicates students who were admitted with conditions to complete. These may include enrolling in an assisted language course, completing twelve units of core courses with a "B average or better", or providing official scores above 1000 of the GRE before the fall semester.

Table IX.-1 MPH Program Admissions Summary

Semester	# Applicants	# Accepted	# Conditional Acceptance	# Admitted	Total # Enrolled
Fall 1998	34	22	4	26	21
Spring 1999	9	4	5	9	8
Fall 1999	49	24	16	40	16
Spring 2000	7	3	1	4	2
Fall 2000	90	63	27	60	25
Spring 2001	1	1	0	1	1
Fall 2001	134	80	10	92	36

4. Quantitative information on the number of students enrolled in each degree program identified in criterion V.A., including a headcount of full-time and part-time students and full-time equivalent conversion.

The following table presents the total number of new and continuing students enrolled in the MPH program each semester. In December 1999, the first two students completed all course requirements for graduation.

Table IX.-2: MPH Program Student Enrollment

<i>Indicators</i>	Fall '98	Spr '99	Fall '99	Spr '00	Fall '00	Spr '01	Fall '01	Spr '02
	# Enr.	# Enr.	# Enr.	# Enr.	# Enr.	# Enr.	#Enr.	#Enr.
<i>Concentration</i>								
Bios/Epi Track	6	6	9	11	17	17	19	19
HP Track	15	20	27	25	32	27	48	36
Nutrition Track	0	0	3	5	5	5	5	5
Undecided	0	0	0	0	1	0	1	0
Double Track	0	0	0	0	0	0	1	1
<i>Time commitment</i>								
Full-time	15	21	34	34	49	24	50	35
Part-time	6	5	5	7	6	25	22	24
Full-time Equivalent (FTE)	18	23.5	36.5	37.5	51	36.6	61	47

Full-time students are defined as those who enroll in at least 12 units of upper division undergraduate and graduate-level courses, or in at least 8 units of graduate level courses during a semester. Part-time are those who enroll in less than the minimum for full-time. Currently there are 50 FTE students in the MPH program. The projected enrollment for Fall 2002 is 55 new and 41 continuing students.

This table demonstrates steadily increasing FTE's per academic year, since the program's inception in fall 1998. We anticipate the enrollment figures to level off after the fall of 2003.

5. Identification of outcome measures by which the program may evaluate its success in enrolling a qualified student body, along with date regarding the performance of the program against those measures over the last three years.

The table below describes measures by which the program may evaluate its success in enrolling the most appropriate students to the program. These measures include mean GPA for all MPH students in the program each semester categorized by part-time and full-time course load, and average test scores before admission.

Table IX.-3 MPH Program Admission Outcome Measures

Semester	Mean GPA at end of each term	Mean GPA at end of each term	Range G.P.A. for part-time students.	Range G.P.A. for full-time students.	Average GRE Equivalent
	Part-time	Full-time	Part-time	Full-time	Enrollees
Fall 1998	3.66	3.65	3.0 – 4.0	3.0 – 4.0	1199
Spring 1999	3.70	3.66	3.7 – 3.7	2.5 – 4.0	1163

Semester	Mean GPA at end of each term	Mean GPA at end of each term	Range G.P.A. for part-time students.	Range G.P.A. for full-time students.	Average GRE Equivalent
	Part-time	Full-time	Part-time	Full-time	Enrollees
Fall 1999	3.35	3.60	3.0 – 4.0	3.17 – 4.0	1100
Spring 2000	3.65	3.62	3.0 – 4.0	2.65 – 4.0	1118
Fall 2000	3.43	3.47	3.0 – 4.0	3.0 – 4.0	1086
Spring 2001	3.78	3.75	3.17 - 4.0	3.12 – 4.0	1100
Fall 2001	3.53	3.40	2.7 – 4.0	2.0 – 4.0	1080
Spring 2002	3.52	3.50	1.54 – 4.0	2.85 – 4.0	N/A

For those students who's GRE's were not required, the following values were substituted:

- Foreign trained MD's, GRE=1100;
- Domestically trained MD's, GRE=1200;
- MCAT=30, (GRE=1150);
- GMAT=730, (GRE=1500)

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

Admission policies and procedures have been set by the university and followed by the MPH Admissions and Recruitment Committee, with special policies established for conditional students. It is the intent of the Committee to exceed USC's minimum admission standards. Recruitment strategies have been developed and have been highly successful.

As illustrated in the table 3 above, students maintain a fairly high overall GPA, well over the threshold required for admission. Standardized test scores of those who enroll are also above the threshold standard. The program is attracting many high quality applicants, and these students are able to perform well academically. We have made a special effort to achieve student diversity and recruit students from Southern California communities who may return to serve the high need communities from which they come.

The program has enjoyed wide appeal to a diverse, talented and qualified applicant pool. Many of the students are practicing health professionals. The current MPH student body is diverse in every sense of the word. Further, we are now receiving applicants who apply because someone they know enrolled in the program and has high praise for it.

This criterion is met.

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

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

The University of Southern California is committed to providing equal opportunity for outstanding men and women of every race, creed and background as well as complying with all applicable laws and governmental regulations at the federal, state and local levels which prohibit discrimination, or which mandate that special consideration be given, on the basis of race, religion, national origin, gender, age, Vietnam veteran status, disability, sexual orientation, or any other characteristic which may from time to time be specified in such laws and regulations. This good faith effort to comply is made even when such laws and regulations conflict with each other.

In addition, the MPH Admissions committee has developed a mechanism for “conditional acceptance” of applicants who may not meet all the requirements for admittance but have other qualities as expressed by the individual’s recommending them to the program as well as through their own statements of interest. These students are admitted with the condition that they receive a “B or better” in the first 12 units of their course work of which the units be from three core classes -- PM 501, PM 510L, and PM 512. In addition, their faculty advisor, aware of their status, offers extra assistance to the student, should they seek it.

2. Quantitative information on the demographic characteristics on the student body, including data on applicants and admissions.

The following table is reflective of the diverse population of the community of Los Angeles. The large portion of Asian and Pacific Islanders is a result of students from these countries being attracted to USC because of its international reputation and the research efforts of the Institute in the Pacific Rim.

Table IX.-4 MPH Program Student Demographics

<i>Indicators</i>	Fall '98	Spr '99	Fall '99	Spr '00	Fall '00	Spr '01	Fall'01
	Enrollees N=21	Enrollees N=8	Enrollees N=16	Enrollees N=2	Enrollees N=25	Enrollees N=1	Enrollees N=36
<i>RACE/ETHNICITY</i>							
African							
African American	0%	0%	6%	0%	2%	0%	1%
Asian/Pacific Is.	0%	0%	6%	0%	4%	0%	5%
Caucasian	43%	63%	25%	0%	40%	0%	36%
Latino	38%	13%	50%	100%	43.6%	100%	38%
Native American	10%	25%	6%	0%	11%	0%	19%
Other	0%	0%	0%	0%	0%	0%	0%
	10%	0%	6%	0%	0%	0%	0%
<i>GENDER</i>							
Female							
Male	67%	75%	63%	50%	20%	100%	58%
	33%	25%	38%	50%	80%	0%	42%
<i>Average Age at Application</i>	29	29	29	29	29	37	27
<i>USC Faculty/Staff</i>	57%	25%	19%	50%	25%	100%	22%
<i>Medical Degree</i>							
Foreign trained	10%	0%	0%	50%	0%	0%	8%
Domestic trained	5%	0%	19%	50%	0%	0%	3%

As a way to enroll and maintain a more diverse student body, USC is committed to providing financial support to students who might otherwise be unable to attend. MPH students seek out and receive a number of assistantships,

both in teaching and research. The following table illustrates the number of MPH students receiving assistance each semester since the program began in fall of 1998.

Table IX.-5 Summary of MPH Program Student Support

Semester	Student Name	Type of Assistance (RA or TA)*	Percentage of Time (25% or 50%)
1998			
Fall	Besaw, Michelle	RA	50
	Hoffman, Beth	TA	50
	Huang, Terry	RA	50
	Skara, Silvana	RA	50
	Steinberg, Jill	RA	25
	Teran, Lorena	RA	50
	Trinidad, Dennis	RA	50
	Zheng, Cindy	RA	50
1999			
Spring	Besaw, Michelle	RA	50
	Hoffman, Beth	TA	50
	Huang, Terry	RA	50
	Skara, Silvana	RA	50
	Steinberg, Jill	RA	25
	Teran, Lorena	RA	50
	Trinidad, Dennis	RA	50
	Zheng, Cindy	RA	50
Summer	Besaw, Michelle	RA	50
	Skara, Silvana	RA	50
	Steinberg, Jill	RA	50
	Trinidad, Dennis	RA	50
Fall	Besaw, Michelle	RA	50
	Hoffman, Beth	TA	50
	Huang, Terry	RA	50
	Nelson, Patric	TA	50
	Skara, Silvana	RA	50
	Steinberg, Jill	RA	50
	Teran, Lorena	RA	50
	Trinidad, Dennis	RA	50
	Zheng, Cindy	RA	50
	2000		
Spring	Besaw, Michelle	RA	50
	Hoffman, Beth	RA & TA	50
	Huang, Terry	RA	50
	Nelson, Patric	RA & TA	50
	Skara, Silvana	RA	50
	Steinberg, Jill	RA	50
	Teran, Lorena	RA	50
	Trinidad, Dennis	RA	50
	Summer	Besaw, Michelle	RA
Hoffman, Beth		RA	50
Nelson, Patric		RA	50
Skara, Silvana		RA	50
Steinberg, Jill		RA	50
Trinidad, Dennis		RA	50
Zheng, Cindy		RA	50
Fall	Besaw, Michelle	RA	50
	Fosados, Raquel	RA	50

Semester	Student Name	Type of Assistance (RA or TA)*	Percentage of Time (25% or 50%)
	Ginzl, Dawn	RA	50
	Hawkins, Margaret	RA	50
	Hoffman, Beth	RA	50
	Nelson, Patric	RA & TA	50
	Skara, Silvana	RA	50
	Teran, Lorena	RA	50
	Trinidad, Dennis	RA	50
2001			
Spring	Besaw, Michelle	RA	50
	Fosados, Raquel	RA	50
	Ginzl, Dawn	RA	50
	Hawkins, Margaret	RA	50
	Hoffman, Beth	RA	50
	Skara, Silvana	RA	50
	Teran, Lorena	RA	50
	Trinidad, Dennis	RA	50
	Zaichik, Ralph	RA	50
	Zheng, Cindy	RA	50
Summer	Fosados, Raquel	RA	50
	Ginzl, Dawn	RA	50
	Hawkins, Margaret	RA	50
	Hoffman, Beth	RA	50
	Nsilu, Pierre	RA	50
	Teran, Lorena	RA	50
	Trinidad, Dennis	RA	50
	Zaichik Ralph	RA	50
	Zheng, Cindy	RA	50
Fall	Booker, Cara	RA	50
	Fosados, Raquel	RA	50
	Galacgac, Romalyn	RA	50
	Garay, Elvira	RA	50
	Ginzl, Dawn	RA	50
	Guo, Qian	RA	50
	Hawkins, Kellie	RA	50
	Hawkins, Margaret	RA	50
	Ibrahim, Dalia	TA	25
	Kendall, Adam	TA	25
	Nguyen, Selena	RA	50
	Ortega, Enrique	RA	50
	Leitner, Bill	TA	25
	Schreiner, William	RA	50
	Sehgal, Ajay	RA	50
	Watkins, Michael	RA	50
	Yamahara, Kimberley	TA	50
	Zaichik, Ralph	RA	50
2002			
Spring	Booker, Cara	RA	50
	De Calice, Paride	RA	50
	Galacgac, Romalyn	RA	50
	Guo, Qian	RA	50
	Kendall, Adam	RA & TA	50
	Lam, Susanna	TA	25
	Magallanes, Maria	TA	25

Semester	Student Name	Type of Assistance (RA or TA)*	Percentage of Time (25% or 50%)
	Nguyen, Selena	RA	50
	Ortega, Enrique	RA	50
	Leitner, Bill	RA	50
	Montes, Michael	RA	25
	Schreiner, William	RA	50
	Sehgal, Ajay	RA	50
	Solomon, Robert	TA	50
	Teran, Lorena	RA	50
	Wong, Jennifer	TA	25
	Zaichik, Ralph	RA	50
Summer	Booker, Cara	RA	50
	De Calice, Paride	RA	50
	Guo, Qian	RA	50
	Kendall, Adam	RA	50
	Montes, Michael	RA	33
	Nguyen, Selena	RA	50
	Ortega, Enrique	RA	50
	Leitner, Bill	RA	50
	Schreiner, William	RA	50

*RA = research assistant, TA=teaching assistant

3. Identification of measures by which the program may evaluate its success in achieving a demographically diverse student body, along with data regarding the programs performance against these measures over the last three or more years.

The program monitors many aspects of student information. All information appearing in the University Graduate School application and MPH student supplemental form is entered into an Excel database on a weekly basis. The applicant information is then compiled and distributed to the Admissions Committee for review. If the applicant is accepted, s/he is followed each year. At the beginning of each semester, the registered course list is entered. At the conclusion of each semester, the grades for each course are added and overall GPA for each student is computed. These procedures are currently in expansion through the development of a student database system similar to that employed by the USC Department of Occupational Therapy. The database will enable program staff to maintain current information on student demographics, course work, internships, awards, service and financial assistance. The MPH program (as well as the BS and PhD programs) intends to convert to this new system in late summer 2002. The addition of this database will enable the program to better monitor and analyze student demographic data (e.g., ethnicity), and financial information (e.g., student aid). It will also allow the program to assess to the extent to which the program is achieving a demographically rich student body.

In analyzing data from the last three years, it appears that the composition of the student body has changed somewhat to reflect a more diverse population. Although the majority of the students are Caucasian and Asian, more Latinos and African Americans have been admitted to the program. Also, there is a trend towards an increasing number of students receiving some type of financial assistance. The average number of MPH students serving as teaching or research assistants is nearly 10. Since the fall semester 2001, however, that number has more than doubled.

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

The program has been successful in attracting and retaining many students who are highly qualified in terms of traditional academic criteria. Many students come with experience in and proven commitment to public health. The overall GPA attests to the ability of the students to respond positively to the rigor of academic requirements at USC. The percent of enrollees from diverse backgrounds ethnically indicates serious consideration of students and the protection of affirmative action standards. Further, an increasing number of assistantships are available for MPH students who seek aid. This criterion is met.

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

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

a. Academic Advisement

Upon confirmation of enrollment, each student receives a welcoming packet from the University and the MPH Program. The packet serves as a preliminary means of introducing the students to USC and the specifics of their experience as graduate students in public health. Among the items included in the packet are a schedule of fall course offerings, a curriculum summary sheet, faculty profile, degree checklists for all tracks, housing information for three local cities and contact information regarding their MPH buddy.

Before matriculation, all students are required to attend a mandatory orientation session and social attended by MPH program faculty, staff and students, both current and past. At this time, students receive explanations regarding program requirements (e.g., coursework and practicum) and administrative procedures (e.g., graduate assistantships). A MPH student handbook ([Appendix V.-2](#)) is distributed to furnish more detailed program information, methods of monitoring student progress, registration procedures and maps of the various campuses. The MPH Student Association (MPHSA) also maintains a student-mentoring program where second year MPH students are assigned as “buddies” to first year students. The purpose of this program is to ease the transition to graduate student life by offering study tips, social support and guidance, networking opportunities and housing information. Incoming students are introduced to their MPH buddies during orientation.

Academic advisement with the MPH Program Manager follows orientation. Throughout the year, announcements are made regarding upcoming course offerings. This information can also be found on the USC and MPH websites. Students are required to meet with the MPH Program Manager at least once a year to plan coursework, and are encouraged to meet with the faculty member of their selected track to discuss their course work, field experience and plans for the future. All MPH faculty are available to advise and mentor students on coursework, research, community service activities and career counseling. All advising meetings are documented using the degree checklist forms for the student’s selected track ([Appendix IX.-2](#)). A copy is given to the student and another is placed in the student file. Prior to the next advisement meeting, the Program Manager reviews the checklist and discusses outstanding requirements.

Graduate students must meet both university degree requirements and those specific to the MPH program. University degree requirements consist of minimum grade point averages, unit residency and time limit stipulations. Degree requirements specific to the MPH program of study consist of course, examination and field training requirements. Students may elect to follow the degree requirements in the USC Catalogue current for the year of admission to the program or subsequent catalogues provided that students maintain continuous enrollment. Students admitted to the MPH are required to be enrolled for fall and spring semesters each year until all degree requirements have been satisfactorily completed with a five-year time limit. Satisfactory progress toward an advanced degree as determined by the MPH faculty is required at all times. Students who fail to make satisfactory progress (i.e., cumulative GPA below 3.0) receive written confirmation from the MPH Director. The student has two academic semesters to raise the grade point average. The Program Manager and Track Directors play a significant role in referring the student to academic (e.g., tutoring) and personal resources (e.g., psychological counseling). The faculty has the right to recommend at any time after the probationary period that a student be dismissed for failure to meet the minimum grade point average requirement. Students are apprised of these requirements in the MPH Student Handbook and during academic advisement sessions.

b. Career Advising

Career advising takes two forms: (1) selection of practicum sites and (2) post-graduation placements. MPH students are eligible for the practicum upon completion of core coursework. Students are advised to contact the Program Manager 4-6 weeks prior to the beginning of the semester in which they wish to take their practicum. If a student desires to complete their field training in a site that is not currently on the list of approved sites, then students should

begin the process even earlier. During the first meeting with the Program Manager, the student completes the Student Field Training and Career Counseling Form included in the student practicum manual. With this information in hand, the Program Manager is able to recommend practicum sites with the appropriate focus and learning opportunities. Through the public health practicum seminar (PM 593), students receive career advice via the USC Career Counseling Center and lectures/activities addressing professional development. Similarly, MPH faculty, practicum preceptors and members of the MPH Community Advisory Committee serve as mentors. Once students complete the practicum requirement, they meet with the Program Manager a final time to discuss permanent placement options.

For some of our students, their public health field training has evolved into full-time employment. Additionally, both current students and alumni have access to job postings via the MPH website which assists them in securing internships and permanent employment and access to the Career Planning and Placement center which offers counseling, career interest tests, job listings, resume critique and practice interview techniques.

2. Information about student satisfaction with advising and counseling services.

To assess student satisfaction with academic advising and counseling, a survey was developed and disseminated to both former and current students. The results of the alumni and current student surveys are illustrated in Appendix V.-8.

The current MPH student survey was initiated this spring. To assess opinions regarding academic advising, students expressed the extent to which they agreed or disagreed with seven items that captured their perceptions of the MPH requirements and the advisor's role in helping them meet those requirements. Overall, students are quite satisfied with the academic advising they receive. There were strong positive sentiments regarding the advisor's knowledge of program requirements, the approachable nature, the ability to help students set goals, concern about student success, and the availability of information about jobs in public health. Students agreed strongly that the program requirements were reasonable and clear. MPH alumni expressed similar sentiments. Sixty-three percent strongly agreed that the academic advisor was knowledgeable about program requirements and about 58% percent expressed similar feelings that the requirements were clear and reasonable.

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

All students are required to meet with the Program Manager following orientation and at least once per year thereafter. Students may also e-mail or phone the Program Manager to receive advice on course selection at any time during the semester. A tracking system is used to determine which students fail to receive advising, and are subsequently contacted. A degree progress counselor will start July 1st to manage the academic advising of the increasing number of MPH and dual degree students. Students are also invited to meet with the MPH program director whenever they desire.

Data collected from current and former MPH students indicate an overwhelming satisfaction with academic counseling services. Students are able to monitor their own progress in the program with the use of a degree checklist from their selected track and catalogue year. This standard form and a list of MPH course offerings (Appendix IX.-3) are located outside the MPH suite.

There have been increased efforts to assist students with permanent career placements. The creation of a career counseling form located in the Practicum Manual is used to assist the MPH Program Manager in this endeavor. Continual updates are made to the job board on the MPH website to inform students of current openings. Moreover, a practicum binder is available to students to assist them with selecting an internship site. The field training seminar features professional development topics in resume writing, effective interviewing skills and career development. The students also have access to the University's career counseling center where they may schedule individual appointments to assist in their job search. This criterion is met.

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

1. Description of student roles in evaluation of program functioning.

MPH Students have several mechanisms for providing feedback regarding program functioning:

- Student evaluation of teaching is formally captured in the USC course evaluation form (Appendix VIII.-2) using both quantitative and qualitative indicators.
- Student representation on the MPH curriculum committees offers another important opportunity for input. We have recognized the need to have a student voice in other aspects of the program and have appointed students to all MPH committees for a one-year term. Other mechanisms to evaluate program function include the
- Students participate in an annual survey to current students and the exit survey disseminated at the conclusion of the program.
- Student comments and suggestions are taken very seriously by the Program Director and Manager and dialogue on problems and recommendations is actively sought and encouraged.

2. Description of student roles in governance, as well as in formal students organizations.

MPH students serve key roles in the governance of the program through several mechanisms: (1) evaluation of teaching; (2) student recruitment activities and (3) opinions regarding current and future resource needs. Again, students participate in all MPH committees. One student also serves as the MPH representative to the Medical School Graduate Student Association, which provides MPH students with limited funds each year to use as the MPH Student Association determines. The Program Manager assists students as the faculty advisor to help coordinate the continuing activities of the MPH Student Association. Members have drafted a MPH Student Association Constitution (Appendix IX.-4) and hold elections annually. The organization is responsible for networking, mentoring, community service and recruitment activities. Students also maintain involvement in the accreditation process and provide feedback regarding program operations during annual surveys and a focus group held with the MPH student association.

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

The students play an active role in evaluation and governance. Students have been helpful and constructive in their suggestions during the annual surveys and focus groups. Improvements to the program continue to be made based on their input. The MPH Student Association and membership on MPH program committees provides a formal vehicle for student feedback to the program. There is a current effort among the MPH student association strives to create other methods of program discussion and feedback through the use of a newsletter and website. This criterion is met.

SECTION 10

Evaluation and Planning

X. EVALUATION AND PLANNING

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

1. Description of evaluation procedures and planning process being used.

Evaluation policies and procedures are tailored to the stage of program development. Obviously, the procedures and indicators available for a mature program will be different than those of a nascent program. Further, evaluations need to be tailored to the stakeholders for the program. Evaluation of the USC MPH program will thus be tailored to its five main groups of stakeholders while being aware that the program is still young. The main stakeholders include:

- a) Local community residents, as well as other populations, particularly those “at risk” or disadvantaged.
- b) Local public, private, and community-based organizations that provide public health services
- c) Prospective, current, and former students of the MPH program
- d) Public health professionals and the public health profession
- e) The USC family including the faculty, administrators and students in other programs

All of these constituents should, at some level, feel served by the USC MPH program. Preliminary data both quantitative and qualitative indicate that they do. The indicators are diverse and in some instances may seem unrelated. Yet, taken as a whole they paint a picture of a promising and initially strong and more than competent public health training program dedicated to serving the needs of southern California and beyond.

Local community residents support the program based on feedback communicated through our community liaison organizations and committees. For example, letters of commendation have come from members of our community advisory board ([Appendix X.-1](#)). The program has evidence of reaching residents in disadvantaged communities with public health information and programs by the data presented in Table VII.-2 on community outreach and workshops.

Local agencies report satisfaction with our program by the increase in organizations that want to be practicum sites for our students. Further, practicum preceptors and members of the community advisory committee have sent letters of praise for the program and our students ([Appendix X.2](#)).

Evidence that we will meet the needs of prospective students is the increase in applicants. Evidence that we are meeting the needs of current students comes from interviews and their self reports on course evaluations. Evidence that we have met the needs of former students is their continued participation in our alumni activities, their self reports on exit interviews, and their success at obtaining satisfying and rewarding careers.

Evidence that we are meeting the needs and expectations of other public health professionals comes from our success at peer-reviewed publication and research funding and frequency of continuing education sessions for public health professionals. Further USC-MPH faculty are continually being requested to serve on local, state and national committees providing policy and programmatic advice on important public health issues.

Finally, the USC Family of schools, departments, faculties, committees, staff, and publics feel well served by our program as indicated in a number of ways. First, MPH faculty are asked to serve on university committees. Second, MPH faculty are being promoted within the University system. Third, USC faculty and staff are applying to and enrolling in the MPH program. Fourth, other schools and departments within the USC are continually requesting the establishment of joint programs.

Although none of these indicators may suffice in isolation, taken in their totality, they paint a picture of a young but thriving program. To be sure, much remains to be done. Establishing a program is quite different from maintaining enthusiasm over a 10-15 year period. Second, recruiting more diverse faculty, particularly Hispanic/Latino and African-American tenure track faculty is a priority. Third, identifying and securing increased funding sources for

our students to reduce tuition burden is important. These are challenges that lie ahead, and that face most MPH programs. Fortunately, mechanisms are in place to continue to make progress on these fronts.

Specific program evaluation procedures discussed in earlier sections include:

- 1) Interviews with incoming and current students, exit interviews of recent graduates and alumni
- 2) Degree of growth in the alumni network, and periodic feedback from them on perceptions of the MPH program.
- 3) Continued count of the number and type of participants in USC-sponsored training programs, particularly those for which CEU credit can be obtained. We will also continue to track absolute and relative numbers of applicants and graduates that represent local LA county populations.
- 4) Continued monitoring and tracking of faculty publication rates, research funding rates, and participation on local, regional, and national policy boards and committees.
- 5) Monitoring of the participation of the MPH program faculty and program with other units of the university (joint programs, committee appointments, etc.).

2. Identification of measures by which the program may evaluate the effectiveness of its evaluation and planning activities, along with data regarding the programs performance against these measures over the last three years.

Measures of effectiveness differ depending on the aspect of the program being evaluated. Course and curriculum performance is measured by course evaluation, student surveys and focus groups, matching the course learning objectives against the objectives of the program, and course enrollment. The conduct and outcomes of the various committees are assessed by review of the minutes of each meeting. The program’s performance as a whole is measured using overall student GPA’s, the student and field supervisor evaluations, inquiries about the program, number and quality of applications, and, in the future, by placement of students after graduation and indicators of progress in their career tracks (positions of leadership, certifications etc.). A majority of these indicators are quantitative and so are relatively unambiguous counts. Others are more subjective and represent letters and interpersonal feedback from relevant groups. Both types of data are necessary to judge a program’s worth and impact.

Table X.-1 Summary of MPH Program Outcome Measures

	Year		
	2000	2001	2002
1. Program applicants (#)	97	135	165
2. MPH graduates (#)	12	26	10
3. Alumni Network (#)	0	0	1
4. Faculty publications (#)	36	41	6
5. Faculty research funds (\$)	4,061,688	3,462,067	4,248,725
6. Joint program (#)	2	2	5

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

Judging by the objective and subjective data presented, this criterion has been met.

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

1. Provision of all documentation specified as being expected.

The documentation required by CEPH is provided in this self-study report. Additional materials are available in our program office, for review by the site team, or upon request at any time by CEPH.

2. Description of the process used for the self-study.

The self study and accreditation process has been a high program priority, one that is an ongoing and valuable effort over the long-term. During the first self study, we invited the CEPH Director, Pat Evans, to review the program, early in 1999, and made changes based upon her recommendations. Considerable input has always been solicited and received from faculty, students, and committees. In the summer of 1999, an interim Program Director, Tess Cruz, was hired to oversee the process, and to assure completion of the first self-study document. A site visit was held in the spring of 2000, and pre-accreditation status was granted in summer 2000. At that time, a permanent Director, Thomas Valente was hired to lead the MPH program. Valente has been responsible for the program in the past years and in January 2002, an MPH self-study committee, which met twice monthly was created to oversee and continue the process. Furthermore, the MPH Steering Committee has been involved in helping to improve the program based on comments expressed in the final report from CEPH. All program stakeholders have been apprised of the process and solicited for ideas and comments.

3. An analysis of the programs responses to recommendations in the last accreditation report, if any.

The prior self-study/site visit review or the USC MPH program noted several weaknesses that we have addressed in the past two years. Four areas needed improvement:

- 1) the degree to which program faculty reflected LA county demographic characteristics;
- 2) community outreach and impact of the program;
- 3) perceived deficiencies in the MPH core course, Environmental and Occupational Health (PM 529); and
- 4) lack of faculty with expertise in nutrition.

The USC MPH program has addressed each of these issues as follows.

1) The MPH program has attempted to hire ethnically diverse faculty so that the faculty reflects the demographics of LA County. Since our last review, Lourdes Baezconde-Garbanati has been promoted to a tenure-track position. She is Hispanic and active in organizing coalitions and networks for health promotion and disease prevention in Hispanic/Latino communities. In 2000, Richardo Calderon, Area Health Officer for the Los Angeles County Department of Health Services was hired as an adjunct professor. The director, Thomas Valente, was a member of the department search committee and was hopeful that we would receive applicants for two faculty positions that represented traditionally underserved ethnic minorities; however, this did not happen. Although the university is not allowed to track such information, the search committee had hoped to hire one if not two ethnic minorities. Unfortunately, there were no qualified applicants that met this criterion. We continue to search for qualified ethnic minority faculty. We are pleased that our students reflect diversity as our students may become the faculty of tomorrow.

2) Community outreach and program impact on local public health has been expanded in a number of ways.

First, through the Hispanic/Latino Tobacco Education Network, we have conducted numerous workshop and trainings to promote health. Second, we have included a needs assessment exercise in PM 501 that requires students to contact, interview and assess the public health needs of local community health organizations. Third, we have greatly expanded the practicum site network so that many more agencies and programs participate in hosting a USC MPH student for their practicum experience, thereby making valuable contributions to local public health agencies. Finally, MPH faculty and students continue to be involved in a wide variety of local and national health promotion activities designed to improve community health.

3) The prior review raised concerns that PM 529, Introduction to Environmental Health, was not of sufficient rigor to be a core course in an MPH program. A number of specific changes to that course have been made to address this concern. First, the learning objectives have been revised to reflect more rigorous content. Thus, students would need to have taken PM 510 (Biostatistics) and PM 512 (Epidemiology) prior to enrollment. Second, student presentations were added to the course so that students would have the experience of researching and then making an oral presentation on an environmental health topic. Third, the use of a standard textbook (Dade W. Moeller, "Environmental Health", Harvard University Press, 1997) was implemented.

4) The prior review raised some concerns regarding the lack of faculty with expertise in nutrition. It was noted that the nutrition is one of three tracks in the program, yet there were few faculty available to teach courses in this track and most of the teaching was performed by adjunct faculty. Since the earlier review, we have hired faculty to teach and train students in nutrition and obesity prevention. Specifically, the following faculty were hired: (1) Donna Spruit-Metz, an expert on eating disorders and exercise promotion among adolescents; (2) Kim Reynolds, an expert in nutrition including evaluation of the 5-A-Day Campaign; and (3) Carol Koprowski a registered dietician and a nutritional epidemiologist. These faculty play an active role in teaching nutrition courses and mentoring students. Dr. Koprowski will direct the nutrition track of the MPH program

In these ways, the MPH program has attempted to address concerns that were raised in the prior review. Most significantly has been our growth and experience of the last 2 years. The program was able to recruit an excellent program director and program manager. Dr. Valente and Ms. Schuster have brought tremendous talent to the program and have allowed the program to grow in size and quality of educational experience. They have implemented policies and procedures that provide a rigorous and engaging learning environment. Additionally, mechanisms are now in place to evaluate the program on many more levels.

4. Summary statement of the programs strengths and weaknesses in regard to each accreditation criterion.

The MPH program at USC has nearly completed its fifth year. It has grown steadily and strategically. As of 2002, the program admits its fifth year of students. We do not anticipate reaching full program capacity for 2 more years. This slow but steady growth has provided the opportunity to expand our program without sacrificing quality or personal attention to our students. The program staff has grown to include a Director, Program Manager, Student Advisor I and part-time Degree Progress Counselor and Program Assistant in addition to employing periodic work-study students. We have initiated several new courses, fully established all committees and memberships, evaluated course content and quality, revised our mission, goals, and objectives, completed the self-study process, developed practicum procedures and sites and staff, and formalized the budget planning and administrative procedures. We have also created a presence and a positive identity, in the minds of the existing faculty, the university, and the community. Sources of great strength for the program include:

- 1) strong core MPH faculty including new faculty recruits;
- 2) related degree programs that lend support (including faculty) to the MPH program;
- 3) strong community-based research program,
- 4) outstanding practicum opportunities in public and private community settings locally and abroad;
- 5) faculty and administration who are committed to the success of the program;
- 6) five accepted dual degree programs;
- 7) regular student assessment activities, and
- 8) student representation and input in program functioning and governance.

Overall, the self-study process has identified certain strengths and weaknesses, generated very productive discussions, and served as the basis for future planning. We believe the program to be extremely strong, and we look forward to continued growth.

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

The self-study document is complete and responds to all criteria as expressed in the CEPH manual. Program materials are attached as appendices or available at our offices, as indicated in the document. This criterion is met.